



# USAID Project Profiles:

## **Children Affected by HIV/AIDS**

Second Edition



U.S. Agency for  
International  
Development

July 2002

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*By:*

The Synergy Project  
TvT Associates, Inc.  
1101 Vermont Avenue NW  
Suite 900  
Washington, DC 20005  
**[www.synergyaids.com](http://www.synergyaids.com)**

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# Table of Contents

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<b>INTRODUCTION</b>	<b>1</b>
<b>AFRICA</b>	<b>7</b>
Burkina Faso	8
Cote D'Ivoire	11
Ethiopia	14
Ghana	17
Kenya	19
Malawi	28
Mozambique	31
Namibia	33
Nigeria	39
Rwanda	45
South Africa	47
Tanzania	55
Uganda	57
Zambia	66
Zimbabwe	74
<b>USAID EDUCATION ACTIVITIES IN SUB-SAHARAN AFRICA</b>	<b>79</b>
<b>ASIA AND THE NEAR EAST</b>	<b>85</b>
Cambodia	86
India	96
Nepal	107
<b>EUROPE AND EURASIA</b>	<b>109</b>
Romania	110
Russia	113
<b>LATIN AMERICA AND THE CARIBBEAN</b>	<b>117</b>
Brazil	118
Dominican Republic	121
Haiti	123
<b>GLOBAL AND REGIONAL PROJECTS</b>	<b>125</b>
<b>PREVIOUSLY FUNDED PROJECTS</b>	<b>145</b>
<b>ACRONYMS</b>	<b>147</b>



# Introduction

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## IMPACT OF HIV/AIDS ON CHILDREN AND ADOLESCENTS

One of the most tragic consequences of HIV/AIDS is its devastating impact on the emotional and physical health and well-being of children.

Affected are both those who are HIV-infected and the millions of children throughout the developing world whose lives are radically altered when their parents become ill and die. According to *Children on the Brink 2002*, as of 2001, AIDS had orphaned more than 13 million children under age 15 in 88 countries (i.e., they had lost one or both parents). By 2010, this number is expected to jump to more than 25 million.

HIV/AIDS affects not only the children themselves, but also the families that care for them, and the communities in which they live. Not only do children lose the security and safety of their immediate families, they frequently end up taking on adult responsibilities at very early ages. They provide care for ill or dying parents, take over farm and household work, care for younger siblings, and earn money for basic necessities. They are often forced to give up school, have less access to health care, and become vulnerable to malnutrition as family resources dwindle. Substantial gains in improving child survival and health are quickly unraveling in countries hardest hit by HIV/AIDS.

During the past 15 years, USAID has been a global leader in assisting countries and communities to address some of the enormous challenges posed by the pandemic. USAID-supported activities have helped establish and refine strategies to address the needs of children and adolescents affected and infected by HIV/AIDS.

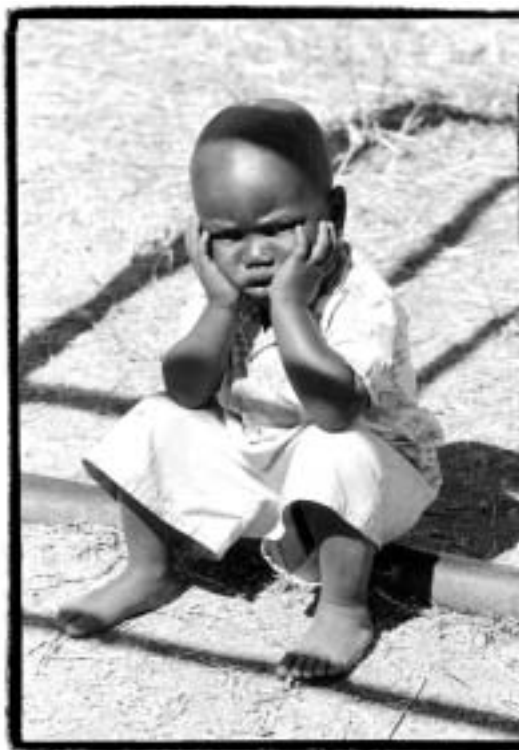


Photo: Rich Marchewka © 2000

This updated report (the first version was published October 2001) highlights 77 currently funded USAID initiatives implemented in 24 developing countries or on a regional/global basis to support vulnerable children and adolescents. The report also includes a section on USAID projects that assist Ministries of Education in Africa; these projects illustrate efforts to provide education for all children, especially those in AIDS-affected areas. A section covering previously funded projects highlights activities illustrating, in part, USAID's historical involvement in addressing the needs of children and adolescents affected by HIV/AIDS. As this document is updated, the status of currently and previously funded projects will be tracked for sustainability and scale of efforts.

## **A STRATEGIC FRAMEWORK FOR ACTION**

In *Children on the Brink 2002*, five strategies are proposed to guide the response to children affected by HIV/AIDS. The importance of these strategies has become increasingly apparent over the years, and they have been adopted worldwide by local, national, and international partners. In November 2001, as a follow-up to the United Nations General Assembly Special Session on HIV/AIDS, the strategies were endorsed by the UNAIDS Committee of Co-sponsoring Organizations. The committee also endorsed 12 principles to provide guidance to the practical implementation of the strategies. These strategies and principles provide direction to implementing programs that address the needs of orphans and other children made vulnerable by HIV/AIDS.

Most of the activities supported by USAID to assist children and adolescents affected by HIV/AIDS incorporate the five core strategies described below.

### **1. Strengthen and support the capacity of families to care and cope.**

The first and most important responses to HIV/AIDS are being carried out by the children, families, and communities that have been affected. Nearly all USAID-supported projects aim to increase family and community capacity to provide care and support to children affected by AIDS. Activities undertaken to strengthen and support the capacities of families include training on caregiving practices, providing school-related expenses, promoting the use of technologies to save time and labor, and training and support in income generation or micro-finance. For example, the K-Rep project in Kenya provides vulnerable households with business training, access to low-interest credit, and group savings schemes.

USAID-supported interventions that target families often include economic strengthening, material and psychosocial support, as well as measures to help those living with HIV/AIDS, such as home-based

care. Supportive home-based care involves training, but it can also include treatment of AIDS-related conditions and providing food. In several USAID projects, family care programs help sick parents to write wills, make arrangements, and plan for the future of their children.

### **2. Mobilize and strengthen community-based responses.**

For children whose families cannot adequately provide for their basic needs, the community is the next safety net. Supporting community-led initiatives to care for children and adolescents affected by HIV/AIDS is a priority for USAID. Some USAID-funded activities provide direct support to community efforts. Others focus on building the capacity of local nongovernmental and community-based organizations so that they can, in turn, support a greater number of community efforts. Effective community interventions include community care coalitions, orphan monitoring committees, community schools, mutual assistance groups, psychosocial support, community daycare centers, volunteer visiting programs for HIV-affected households, and community-wide economic strengthening activities.

In Malawi, for example, district AIDS committees have learned mobilization skills and have set up AIDS committees, which in turn, have organized and supported 208 village committees to raise funds and channel resources to affected children and adults. The village committees have aided more than 12,583 orphans and other vulnerable children.

### **3. Fortify the capacity of children and adolescents to meet their basic needs.**

A hallmark of many USAID-funded projects is the understanding that children and adolescents affected by HIV/AIDS are not merely recipients of assistance; they are participants in the solution to mitigating the pandemic's impact.

Several projects involve young people in activities such as making home visits to orphans or other



vulnerable children, helping households affected by HIV/AIDS with basic tasks, and using drama and other public forums to engender a compassionate and informed response to the effects of HIV/AIDS. Efforts to strengthen the capacity of children and adolescents include ensuring protection from exploitation and abuse, enabling children to stay in school or to take advantage of other educational opportunities, training in vocational skills; helping orphaned siblings remain together, providing at least one meal a day and nutrition monitoring,

offering life skills education, establishing youth clubs, developing youth-friendly and accessible health services, and conducting health and educational outreach to child-headed households and street children.

For example, through one Zambian project, 240 youth club members were trained in HIV/AIDS prevention activities; 60 club patrons and matrons were trained in prevention, and monitoring and evaluation activities; 300 club members were trained in care and support issues; and nearly

### PRINCIPLES TO GUIDE PROGRAMMING

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

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

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

30 clubs provided care and support to people living with HIV/AIDS.

**4. Build on the ability of government to protect the most vulnerable children and provide essential services.**

USAID-supported projects are working with government ministries and other organizations to institute policy reform, ensure access to essential quality social services for children, and create special protection and care measures for children outside the family and community. USAID-supported policy initiatives are engaging Ministries of Education across Africa in strengthening HIV/AIDS mitigation and prevention activities within the education sector. Efforts range from developing life-skills curricula for children affected by HIV/AIDS to establishing community schools to reach children not enrolled in government-sponsored schools.

**5. Create a supportive environment for affected children and families.**

In an effort to improve the environment of children and adolescents affected by AIDS, a range of activities is being conducted by USAID-supported projects. These activities include providing information and education on HIV/AIDS, challenging myths, advocating for basic legal protection, and transforming the public perception of HIV/AIDS by engaging government and religious leaders and the media to reach the wider community. For example, several projects in Cambodia have developed models for cooperation among the military, monks, and people living with AIDS to care and support children affected by HIV/AIDS and their families.

**APPLYING GLOBAL PRINCIPLES AND STRATEGIES**

Mitigating the impact of HIV/AIDS will require more than the direct application of proven intervention strategies and guiding principles. No single government, international organization, or donor can unilaterally make a sufficient difference. Collaborative and coordinated action is key to mobilizing effective responses. By documenting and tracking efforts to apply the five core strate-

gies, USAID aims to foster the further adoption of those activities that work well, facilitate partnerships, and increase the leveraging of resources. A primary objective of this report is to facilitate and encourage coordination and collaboration among USAID-supported projects. The collaboration will be reinforced among USAID projects and also with external partners who focus on orphans and other vulnerable children in AIDS-affected areas.

This report includes summaries of 64 country-specific projects and 13 global and regional initiatives that include activities to benefit children and adolescents affected by HIV/AIDS. Each summary presents information in a common format, including USAID funding and timeframes, project objectives, strategies, key accomplishments, activities for the year ahead, and materials and tools available to assist other projects in meeting the needs of children and adolescents affected by HIV/AIDS.

Activities summarized in this report are supported through several USAID funding sources, including the fund for the Child Survival and Health programs, Title II Food for Peace funds, basic education funds, the Displaced Orphans and Children's Fund, the FREEDOM Support Act, Assistance to Eastern Europe and the Baltic State, and Leadership and Investment in Fighting an Epidemic (LIFE) funds. Further extending the reach and effectiveness of USAID support, many activities outlined here receive additional funding or matching assistance from other donors. Many other USAID-supported development activities that are not specific to orphans and other vulnerable children also benefit these children, especially those that are implemented in areas that are severely affected by HIV/AIDS.

More than one-half of the 77 initiatives presented in this document are multifaceted and include a combination of at least four of the following types of activities:

- Support to community-based organizations;

- Psychosocial support to HIV/AIDS-affected children and families;
- Education assistance (payment of school-related expenses, support of community schools, and distance education programs);
- Food security or nutritional supplementation for people affected by HIV;
- Household or community economic strengthening (income-generating activities, vocational training, and micro-finance);
- Health care access or provision; and
- HIV/AIDS prevention.

More than 40 percent of the projects include advocacy efforts among their activities to decrease stigma and discrimination experienced by individuals who are infected and affected by HIV. A project in Namibia, for example, facilitates a legal and social environment supportive of HIV-infected persons through workplace policy reform, litigation, and promotion of a human rights-based approach to HIV/AIDS.

Other project efforts include legal assistance and reforms, policy-level interventions, family reunification of institutionalized orphans, and youth involvement in supporting HIV-affected children and households. For instance, the Child Welfare Project in Romania helps government and county organizations reduce the number of children in institutions by providing crisis intervention and community services for at-risk families and children, pregnancy counseling, domestic adoption and foster care services, and services to HIV-positive children and their families.

#### **LINKING HIV PREVENTION AND MITIGATION**

The urgency of the situation and the needs of children and adolescents affected by HIV/AIDS require comprehensive measures that incorporate the spectrum of HIV/AIDS services. Several projects in this report with a historical emphasis on HIV prevention for extremely vulnerable children and youth

have added or strengthened care and support activities for children and families infected or affected by HIV/AIDS. For example, the POMMAR project in Brazil has recently added HIV/AIDS mitigation activities to its decade-long efforts in HIV/AIDS prevention for at-risk youth (i.e., street children). Other projects in Cambodia and India likewise link HIV prevention and mitigation by providing community-based care and assistance to extremely vulnerable children and families living with HIV/AIDS.

USAID will track and feature in future versions of this report projects that link HIV prevention and mitigation. This would include adolescent reproductive health efforts and projects that administer antiretroviral therapy or aim to prevent mother-to-child transmission of HIV while also providing counseling and other assistance to the affected families.

#### **MEASURING PROGRESS**

Many of the projects described in this report are in the early implementation phases. Their aim is to significantly improve the lives of as many vulnerable children and adolescents as possible. To advance this goal, USAID provides technical guidance on monitoring and evaluation of activities that benefit children and adolescents affected by HIV/AIDS. This includes guidance on specific indicators for tracking progress in benefiting orphans and other vulnerable children in a document that will be available from USAID this year (see [www.usaid.gov](http://www.usaid.gov)).

#### **TAPPING COMMUNITY POTENTIAL**

Supporting community mobilization is the most viable, sustainable, and cost-effective strategy for assisting HIV/AIDS-affected children and strengthening the families and communities that care for them. Supporting communities to mobilize, however, requires time and concentrated effort to identify, organize, and maximize a community's fullest contribution to caring for and supporting its chil-

dren and adolescents. The majority of USAID-funded projects support community mobilization or other community initiatives and many have produced related materials that are noted in this report.

### **GOING TO SCALE**

Reaching the vast numbers of children made vulnerable due to AIDS will require action from all levels of society. USAID is working in partnership with donors, national governments, private voluntary organizations, nongovernmental organizations, faith-based organizations, and other stakeholders to unify and expand the response to children and adolescents affected by HIV/AIDS. To bolster efficient and effective efforts, research and technical support activities are underway to identify and share successful program models.

Finally, USAID recognizes that going to scale is a collaborative effort that requires information exchange and networking to convey lessons learned, provide guidance, and build consensus for moving forward. USAID will continue to contribute to this collaboration, providing timely information on funded activities, such as this report; developing and field-testing program tools and guides, as well as other instructive materials; and supporting town hall meetings, interagency working groups, the Children Affected by AIDS Listserv, regional consultations and training, and ongoing efforts to develop and implement national policies, strategies and national plans of action.

In line with the UNGASS Declaration on HIV/AIDS, USAID is collaborating with other international organizations to reach the 2005 goal of implementing policies and strategies directed at building and strengthening governmental, family, and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS.

Through these collaborations, USAID and its supported activities also aim to contribute to the 2007 goal of providing community care and support to 25 percent of children affected by AIDS in high-prevalence countries—a goal that will require a massive, coordinated effort and significant financial resources. To advance the 2007 goal, current levels of support for children and adolescents affected by HIV/AIDS will be assessed, which will enable USAID and supported projects to set benchmarks toward progress, identify gaps in overall efforts, and direct technical and financial assistance to address the gaps.

Through these and other efforts, USAID and its supported projects strive to mitigate the impact of HIV/AIDS on children, their families, and the communities in which they live, and in the process, improve the well-being of these children so they are better able to live their lives to the fullest potential.

# Africa



Photo: Rich Marchewka © 2000

# Burkina Faso

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## PROJECT:

**Supporting nongovernmental organization HIV/AIDS service expansion and promoting effective responses to address the needs of orphans and vulnerable children affected by HIV/AIDS**

**Lutte Contre le VIH/SIDA (IPC);  
International HIV/AIDS Alliance**

## USAID FUNDING PERIOD:

**September 1999–December 2002 (extension under negotiation)**

## IMPLEMENTING ORGANIZATIONS:

**Initiative Privée et Communautaire de**

## USAID AMOUNT:

**\$625,000**

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## PURPOSE

The International HIV/AIDS Alliance works with Initiative Privée et Communautaire de Lutte Contre le VIH/SIDA, a national linking organization, to mobilize and strengthen the capacity of local nongovernmental organizations to mobilize community responses to orphans and other vulnerable children; and integrate services for orphans and vulnerable children into existing prevention and care activities.

Specifically, this involves:

- Training and strengthening the capacities of nongovernmental and community-based organizations to mobilize communities to support orphans and other vulnerable children. In 2002, this includes the mobilization of five new nongovernmental and community-based organizations and support to five other nongovernmental organizations mobilized earlier. Technical support is provided in community mobilization methods, project planning, strengthening prevention and care activities, monitoring, evaluation, documentation, communication, and advocacy.
- Enabling organizations engaged in HIV/AIDS prevention and care and support work to incorporate attention to the needs of orphans and other vulnerable children into their programs.
- Documenting and sharing lessons learned nationally, regionally, and internationally. In 2002, this includes organizing two national workshops on orphans and vulnerable children with other stakeholders.

## KEY ACCOMPLISHMENTS

- Approximately 5,000 orphans and vulnerable children have benefited from increased positive attitudes toward orphans and vulnerable children in the communities participating in the program; at least 1,850 individuals have benefited from direct support by their community.
- 59 nongovernmental organizations/community-based organizations were supported to mitigate the impact of AIDS on orphans, vulnerable children, and affected households and to link orphans and vulnerable children work to care and prevention activities.
- 15 nongovernmental organizations/community-based organizations (out of the total of 59) were supported to undertake child-focused work, and a further 9 were mobilized and trained to undertake child-focused work.
- 40 community groups were trained to integrate issues relating to orphans and vulnerable children into the participatory HIV/AIDS prevention program.
- Modules and tools for training on community mobilization related to orphans and vulnerable children were developed.
- Tools on psychosocial support for orphans and vulnerable children and youth-to-youth prevention were developed and disseminated to nongovernmental organizations/community-based organizations.

- 5 community-based organizations identified in 2000 were trained in needs assessment and project development to facilitate a long-term community response for care and support for orphans and vulnerable children.
- A participatory situation analysis was conducted to assess the situation of orphans and vulnerable children in 10 communities.
- A partnership with local organizations, AQUADEV and STEP/ILO, which specialize in community-based poverty alleviation strategies (i.e., micro-finance and health micro-insurance) and community-based care and support for orphans and vulnerable children, was established.
- A first national workshop on orphans and vulnerable children issues and policy was organized in collaboration with the Ministry of Social Welfare.

#### PRIORITY ACTIVITIES

- Identify five new nongovernmental organizations/community-based organizations for child-focused work, and then train them in community mobilization and capacity-building regarding orphans and other vulnerable children's work;
- Provide technical and financial support to these organizations and 10 existing partners;
- Support eight youth groups mobilized and trained in the 2000 prevention program to implement awareness-raising activities on orphans and vulnerable children's issues and the promotion of voluntary testing and counseling;
- Refine/adapt the tools for community mobilization;
- Reinforce training and use of people living with AIDS techniques;
- Further develop linkages with savings-mobilization, micro-finance schemes, or both;
- Explore strategies for reaching more orphans and vulnerable children with community support;
- Continue to support the Ministry of Social Welfare for the development of a national orphans and vulnerable children policy;
- Engage in national advocacy efforts to raise awareness on orphans and vulnerable children;
- Organize the second of two national workshops on orphans and vulnerable children with other stakeholders; and

- Document and disseminate lessons learned regionally.

#### PROJECT MATERIALS AND TOOLS

The following materials and tools are available in French:

- Tools on reducing stigma and increasing community support;
- Tools on youth-to-youth HIV prevention approaches;
- Community mobilization guide;
- Tools on community program development;
- Training modules on working with orphans and vulnerable children;
- Training modules on situation analysis on orphans and vulnerable children; and
- Training modules on mobilizing and working with community volunteers

#### TECHNICAL ASSISTANCE

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

- Access to resource people trained in community mobilization and orphans and vulnerable children issues;
- Nongovernmental organizations/community-based organizations training in community mobilization;
- Orphans and vulnerable children policy development; and
- Psychosocial support for orphans and vulnerable children.

#### CONTACT INFORMATION

IPC:

Dr. Brice Millogo (ipcbf@cenatrin.bf)

Tel: 226-38-03-60

International HIV/AIDS Alliance (Ouagadougou):

Beth Mbaka (bmbaka@aimsalliance.org)

Tel: 44-1273-71-8930, Fax: 44-1273-718901

Kate Harrison (kharrison@aimsalliance.org)

Tel: 44-1273-8956

Fax: 44-1273-718901

Web site <http://www.aimsalliance.org>

IO

USAID/Washington:

Clif Cortez (ccortez@usaid.gov)

Lloyd Feinberg (lfeinberg@usaid.gov)

USAID/REDSO/West:

Jim Allman, Senior Program Manager

(jallman@usaid.gov)

Willibord "Willy" Shasha, HIV/AIDS Coordinator

(wshasha@usaid.gov)



# Côte d'Ivoire

**PROJECT:**  
**Youth at risk**

**USAID FUNDING PERIOD:**  
**October 1999–April 2002**

**IMPLEMENTING ORGANIZATIONS:**  
**Médecins du Monde/Family Health  
International/IMPACT**

**USAID AMOUNT:**  
**\$103,827**

## PURPOSE

This is an information, education, and communication project focused on prevention of HIV and sexually transmitted infections for street and incarcerated youth. Methods for reaching youth include formal and informal educational opportunities and youth centers. The project aims to:

- Improve availability of information on HIV/AIDS and sexually transmitted infections for street and incarcerated youth, aged 10 to 18;
- Develop strategies with the target group for preventing HIV and sexually transmitted infections;
- Establish youth centers;
- Train or retrain educators and peer educators in HIV/AIDS and sexually transmitted infections; and
- Provide formal and informal educational opportunities for youth.

## KEY ACCOMPLISHMENTS

- The project was featured in a documentary on street youth organizations in Abidjan;
- 35 trainers received HIV/AIDS information and education;
- 104 peer educators were trained to work in 25 youth clubs;
- Professional training was provided for 42 youths;
- Vocational training was provided for four youths (three from a club and one out of prison);
- Literacy courses were conducted for 100 youths in the youth centers and in prison;
- 40 education campaigns were organized that reached 16,610 youths; and

- 5 buildings were remodeled and refurbished to create youth centers.

## PRIORITY ACTIVITIES

- Plans are in place for approximately 5,000 at-risk youth to receive education;
- Plans are in place to train approximately 100 educators;
- Youth-appropriate educational materials will be developed on HIV/AIDS and sexually transmitted infections;
- A mid-term and end-of-project evaluation and focus groups will be conducted; and
- 5,000 pieces of written educational material will be distributed.

## PROJECT MATERIALS AND TOOLS

The following are available in French:

- A Médecins du Monde knowledge, attitudes, and practices survey with youth population;
- Sidapoly game;
- Focus group discussion guide;
- IEC materials;
- Calendar 2002 with IEC messages;
- Paintings by incarcerated youth;
- T-shirts and banners with messages on HIV/AIDS and sexually transmitted infections; and
- Use of drama to convey messages on HIV/AIDS and sexually transmitted infections.

## TECHNICAL ASSISTANCE

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

- Assistance in the technical quality of instruments, materials, evaluations, and technical reports;
- A referral system for nongovernmental organizations working to support orphans and vulnerable children;
- Training to nongovernmental organizations in activities planning; and
- Assistance in developing skills in monitoring and evaluation.

#### CONTACT INFORMATION

Médecins du Monde/Côte d'Ivoire:

Konan Kouassi (mdm@africaonline.co.ci)

Family Health International/IMPACT/Côte d'Ivoire:

Mananza Kone (mkone@fhi.ci)

Dr. Christine Sow (cksow@fhi.ci)

Tel: 225-21-25-2932

Family Health International/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779

Fax: 703-516-9781

Web site: <http://www.fhi.org>

USAID/Washington:

Kate Crawford (katherinecrawford@usaid.gov)

USAID/Côte d'Ivoire:

Dr. Jim Allman (jallman@usaid.gov)

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#### PROJECT:

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

#### IMPLEMENTING ORGANIZATIONS:

**HOPE Worldwide C.I./Family Health International/IMPACT**

#### USAID FUNDING PERIOD:

**February 2002–September 2003**

#### USAID AMOUNT:

**\$119,135**

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#### PURPOSE

This project aims to implement community capacity-building and mobilization strategies to strengthen the well-being of orphans and other vulnerable children. Its main objectives are to:

- Strengthen community-based responses to orphans and vulnerable children in four communities of Abidjan;
- Develop guidelines for lessons learned, specifically methods to scale up community mobilization and capacity-building to benefit orphans and vulnerable children;
- Increase the number of orphans and vulnerable children having access to basic care, education, and psychosocial support;
- Strengthen the capacity of communities and organizations to respond to the needs of orphans and vulnerable children and affected families;
- Develop a pool of community orphans and vulnerable children facilitators who can be utilized to transfer the approach to other organizations, communities and countries in the region;

- Strengthen the care and support continuum for people living with HIV/AIDS and orphans and vulnerable children; and
- Document the community mobilization process and lesson learned.

#### PRIORITY ACTIVITIES

- Implement Hope Worldwide C.I. internal capacity-building;
- Develop national and local advocacy and mobilization;
- Formulate research activities including focus group discussions;
- Develop support groups for people living with HIV/AIDS and orphans and vulnerable children;
- Implement a skills-building workshop;
- Facilitate community activities;
- Identify capacity-building to strengthen psychological/emotional needs of children affected by AIDS and their guardians; and
- Strengthen linkages for comprehensive programming.

**PROJECT MATERIALS AND TOOLS**

The following are available in English and French:

- Strengthening community responses to HIV/AIDS in West and Central Africa: A capacity-building approach: Volume 1. *Methodology and Facilitators Notes*, Volume 2 *HIV/AIDS and Communities: A Journey Into Change. Experiences in Côte d'Ivoire, Nigeria, Rwanda and Senegal*.

The following materials and tools will be developed and used throughout the life of the project:

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

**TECHNICAL ASSISTANCE**

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

- Provision of care and support to people living with HIV/AIDS and affected families;

- Capacity-building and mobilization strategies;
- Training for nongovernmental organizations in orphans and vulnerable children and people living with HIV/AIDS activities planning; and
- Assistance in developing skills in monitoring and evaluation of orphans and vulnerable children projects.

**CONTACT INFORMATION**

Hope *Worldwide*/Côte d'Ivoire:

Dr. Marc Aguirre (aguirrm@ci.refer.org)

Family Health International/IMPACT/Côte d'Ivoire:

Mananza Kone (mkone@fhi.ci)

Dr. Christine Sow (cksow@fhi.ci)

Tel: 225-21-25-2932

Family Health International/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779

Fax: 703-516-9781

Web site: <http://www.fhi.org>

USAID/Washington:

Kate Crawford (katherinecrawford@usaid.gov)

USAID/Côte d'Ivoire:

Dr Jim Allman (jallman@usaid.gov)

# Ethiopia

**PROJECT:**  
**Family Health International/IMPACT**

**USAID FUNDING PERIOD:**  
**2003**

**IMPLEMENTING ORGANIZATIONS:**  
**Family Health International (FHI) and others to be determined**

**USAID AMOUNT:**  
**\$3.6 million (a portion supports activities related to orphans and vulnerable children)**

## PURPOSE

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

From inception, interventions are designed to function within the prevention, care, and support continuum and are developed in collaboration with target group members, community representatives, care providers, the Regional AIDS Secretariat, and the donor. As such, programming for orphans and vulnerable children will not occur as a separate approach, but will be fully integrated in the continuum of prevention, care, and support, and following a community-based planning process in areas of concentrated vulnerability.

## KEY ACCOMPLISHMENTS

- Worked with the Addis Ababa Health Bureau and the Addis Ababa HIV/AIDS Secretariat to hold a consultative workshop with 70 stakeholders involved in care and support provision to assess to what extent services function within a continuum, develop a framework for referral between services

and set minimum criteria for care and services (including voluntary counseling and testing) within the continuum of prevention, care, and support;

- Facilitated setup of a network of care and services; and
- Began assessment of services in Addis Ababa on the needs of people living with HIV/AIDS, including orphans and vulnerable children.

## PRIORITY ACTIVITIES

- Select sites of concentrated vulnerability in Addis Ababa on which to focus continuum of prevention, care, and support program planning with the community; selection to be based on findings of baseline assessments (mapping of high-risk/vulnerable groups, services assessment, formative assessment);
- Work with the target group members and community to develop supporting communication strategies to combat stigma and discrimination;
- Promote care and support and preventive behaviors, and develop a monitoring and evaluation framework for the interventions to enable continuous reflection on program effectiveness and fine tuning;
- Start comprehensive interventions;
- Prepare to implement the program in the three other Family Health International/IMPACT focus regions, Oromia, Amhara, and SNNPR;
- Continue to provide technical assistance for the development of a national monitoring and evaluation framework and setting of indicators to monitor the response to the epidemic at national, regional, and program level. Family Health International will

further work with the National AIDS Committee, the Ministry of Health, and other stakeholders involved in care and support provision to field-test international care and support indicators in the Ethiopian context.

### PROJECT MATERIALS AND TOOLS

Baseline assessment tools (Mapping, Services Assessment, Formative Assessment) can be shared after reports are finalized.

### TECHNICAL ASSISTANCE

To be determined after first community-based planning process is completed and comprehensive interventions started (end FY2002)

### CONTACT INFORMATION

Family Health International/IMPACT Ethiopia:  
Francesca Stuer, Country Director  
(fstuer-fhi@telecom.net.et)

Girum Gebreselassie, Care and Support Officer  
(girum-fhi@telecom.net.et)  
Abaynesh Biru, Behavior Change Communication  
Officer (abaynesh-fhi@telecom.net.et)

Family Health International/Arlington:  
Rachle Newman, Program Officer (rnewman@fhi.org)  
Sara Bowsky, Senior Technical Officer OVC/Children  
Affected by AIDS (sbowsky@fhi.org)  
Tel: 703-516-9779  
Fax: 703-516-9781  
Web site: <http://www.fhi.org>

USAID/Washington:  
Kate Crawford (katherinecrawford@usaid.gov)

USAID/Ethiopia:  
Anne Nolan, HIV/AIDS Advisor (anolan@usaid.gov)  
Vathani Amirthanayagam, Chief HPN  
(vathani@usaid.gov)

**PROJECT:**  
**Nongovernmental Organization Sector  
Enhancement Initiative**

**USAID FUNDING PERIOD:**  
**July 1995–September 2002**

**IMPLEMENTING ORGANIZATION:**  
**Private Agencies Collaborating Together**

**USAID AMOUNT:**  
**\$1,500,000**

### PURPOSE

Private Agencies Collaborating Together (Pact) maximizes the impact of Ethiopian nongovernmental organizations working with orphans and vulnerable children. The capacity of nongovernmental organizations is enhanced directly through a comprehensive series of training and technical assistance projects, small grants, and support to networking groups that facilitate coordination among larger nongovernmental organizations that assist orphans and vulnerable children. The project objectives are as follows:

- Strengthen the capacity of 25 nongovernmental organizations operating at the national and local levels to design, implement, and evaluate programs addressing the needs of street children and orphans;
- Increase the number of street children and orphans either enrolled in formal schools or participating in nonformal education programs;

- Increase the economic status of at-risk families through support for income generation programs;
- Deinstitutionalize children in orphanages through support to family reunification programs; and
- Enhance the ability of street children and orphans to become economically productive and eventually self-supporting.

The distinct elements defining the work of Pact with nongovernmental organizations include:

- Participatory organizational capacity assessments;
- Basic training and mentoring focused on organizational structures, systems, and processes for growth and service delivery;
- Advanced training and mentoring; and
- Networking of groups that take a proactive approach in representing and supporting their members' policy influence via information

exchanges, access to resource materials, and exchange visits.

#### KEY ACCOMPLISHMENTS

- A network for orphans and other vulnerable children was established, which represents the government and 19 nongovernmental organizations;
- The Berhan Integrated Community Development Organization increased its beneficiaries from 402 to 1,812;
- The Integrated Family Service Organization grew from serving 13 beneficiaries to 2,891;
- The Rift Valley Children and Women Development Association grew from 820 to 10,496;
- A total of 18,560 children are enrolled in alternative education centers supported by Pact;
- Pact supports 10 nongovernmental organizations to run 135 alternative education centers;
- Annual budgets of Pact-assisted nongovernmental organizations increased by 121 percent; and
- Training of police officers in Addis Ababa resulted in reduction of number of youth spending time in city jails.

#### CONTACT INFORMATION

Pact/Ethiopia:

Tsegaye Chernet, Leslie Mitchell

(pact.eth@telecom.net.et)

Tel: 251-623794/5 or 251-1-615963

Fax: 251-1-623-789

Pact/Washington:

Sarina Prabasi (sprabasi@pacthq.org)

Tel: 202-466-5666

Web site: <http://www.pactpub.com>

USAID/Washington:

Lloyd Feinberg (lfeinberg@usaid.gov)

Eunyong Chung, (echung@usaid.gov)

USAID/Ethiopia:

Vathani Amirthanayagam

(vamirthanayagam@usaid.gov)

# Ghana

**PROJECT:**

**Support to the Queen Mothers Association of Manya Krobo District**

**USAID FUNDING PERIOD:**

**March 2001–June 2002 (extension planned)**

**IMPLEMENTING ORGANIZATIONS:**

**Queen Mothers Association of Manya Krobo, Family Health International/IMPACT**

**USAID AMOUNT:**

**\$600,000**

**PURPOSE**

Members of the Queen Mothers Association are traditional leaders and mothers who have historically been responsible for the development and welfare of women and children within their communities. They are also responsible for arbitration in domestic and community problems, and referral of issues of a higher level, such as the chief. A key responsibility for the Queen Mothers is the education of women and children in societal and cultural norms and the care and support of those in need. As such, the programmatic and technical support provided to the Queen Mothers is to increase their long-standing capacity to care for and support children and their families in need within the context of HIV/AIDS. The primary target groups for this component of their work are young boys and girls within various communities in the Manya Krobo district of Ghana.

**KEY ACCOMPLISHMENTS**

- Through Queen Mothers, local traditional rulers are accepting that HIV/AIDS is a problem in the community, and are in a position to address the problem.
- More than 70 Queen Mothers, market women, and other female opinion leaders have benefited from HIV/AIDS education counseling and care.
- A resource center has been opened for the program from which various activities are organized. A Queen Mother/counselor is present at the center at all times to provide counseling.

- HIV/AIDS education has been incorporated into traditional puberty rights for young girls. Queen Mothers Association is playing a key role.
- Queen Mothers, through their own efforts, provide care and support for a number of orphans.

**PRIORITY ACTIVITIES**

- Establish a resource and counseling center in another location (Krobo Odumase);
- Develop and strengthen HIV/AIDS capacity-building of more Queen Mothers and other opinion leaders;
- Develop continuous education programs within the various communities of Manya Krobo, specifically for adolescents; and
- Work in close collaboration with other sectors, such as the District Response Initiative, local non-governmental organizations, and district health management teams to present a unified response to the epidemic.

**PROJECT MATERIALS AND TOOLS**

- Adolescent reproductive health cue cards in the Krobo language were developed to support educational programs;
- Numerous drama sketches on various aspects of HIV/AIDS were developed for educating the communities; and
- A Video docudrama on HIV/AIDS in the Krobo language is in development.

**TECHNICAL ASSISTANCE**

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

- Manya Krobo
- Yilo Krobo
- Asuogyaman, and
- Fanteakwa districts.

**CONTACT INFORMATION**

Queen Mothers:

Esther Kpabitey (Manye Nartekie I), Program Manager  
c/o Manya Krobo Traditional Council  
P.O. Box 4  
Odumase-Krobo

Family Health International/Ghana:

Kwame Essah (kessah@fhi.org.gh)

Family Health International/Virginia

Sara Bowsky (sbowsky@fhi.org)

Rachel Newman (rnewman@fhi.org)

Tel: 703-516-9779

Web site: <http://www.fhi.org>

USAID/Washington:

Kate Crawford (katherinecrawford@usaid.gov)

USAID/Ghana:

Peter Wondergem, HIV/AIDS Team Leader  
(pwondergem@usaid.gov)



# Kenya

## PROJECT:

**Community-Based Program on HIV/AIDS Care, Support, and Prevention (COPHIA)**

## IMPLEMENTING ORGANIZATIONS:

**Pathfinder International, Population Services International, Family Planning Private Sector, Kenya Rural Enterprise Program, Medical Assistance Program International, Kenya Association of Professional Counselors**

## USAID FUNDING PERIOD:

**June 1999–June 2002 (plus a one-year cost extension to June 30, 2003, pending approval)**

## USAID AMOUNT:

**\$1,989,553 (plus an additional \$1.6 million, pending approval)**

## PURPOSE

The Community-Based Program on HIV/AIDS Care, Support, and Prevention (COPHIA) was launched in 1999 to increase the ability of communities to identify their needs and develop and implement activities focused on HIV/AIDS-related prevention, care, and support. The project focuses on home-based care and support for persons living with HIV/AIDS and their families. To normalize home-based care, COPHIA aims to build the capacity of communities, local implementing partners, volunteers, people living with HIV/AIDS, caregivers, and orphans to enable them to develop appropriate coping mechanisms. The project has 30 project sites in five districts: Busia, Kakamega, Mombasa, Nairobi, and Thika. Anticipated outcomes include:

- Local implementing partners will be identified and equipped with necessary skills to manage and implement home-based care activities;
- Local authorities, and community and religious leaders in the project's targeted districts will be trained to be sensitive to HIV/AIDS issues and supportive of home-based care, prevention, and orphan support activities;
- Community structures (e.g., HIV/AIDS committees and family support teams) will be established; and
- A sustainable home-based care and support model unique to rural and periurban Kenya is to be established.

## KEY ACCOMPLISHMENTS

- COPHIA has undertaken intensive community mobilization, including working with leaders to support the project. More than 2,300 community meetings have been held with more than 280,000 people in attendance.
- The home-based care interventions have 1) trained 56 trainers/supervisors, 316 community health workers, and 15,913 caregivers in home-based care; 2) provided care to more than 6,000 clients (1,795 of whom have died); and 3) made more than 25,000 home visits. Of the 316 active community health workers, 116 received refresher/additional training in reproductive health and basic counseling techniques.
- Support services included 1) training of 129 service providers in counseling; 2) training 145 religious leaders to provide psychosocial counseling; 3) training 261 people in income-generation activities, lending more than \$6,400 to individuals and groups in support of micro-businesses with assistance from Kenya Rural Enterprise Program; and 4) facilitating the formation of 35 widow support groups, 26 orphan support groups, and 72 support groups for people living with HIV/AIDS. Direct support (in the form of school fees, uniforms, books, and clothing) is being provided through COPHIA to 81 orphans, and indirect support (food, clothing, and school fee waivers through local implementing partner agencies) is provided to more than 6,900 orphans or vulnerable children.

- HIV/AIDS prevention activities included 1) facilitating formation of 25 youth groups in five districts, 2) establishment of four voluntary counseling and testing sites, and 3) referral of more than 6,400 individuals for voluntary counseling and testing.
- More than 175 drama presentations on condom efficacy and trusted partner myth were held, reaching approximately 200,000 persons (facilitated through Population Services International). Sixty-four schools participated in essay writing competitions in the COPHIA areas, with 288 teachers trained on HIV/AIDS prevention.
- Capacity-building for 18 local implementing partners included training and provision of information, education, and communications equipment (audio/visual, generators).

#### PRIORITY ACTIVITIES

- Access to credit facilities for individuals and groups trained in income-generating activities will be expanded;
- Voluntary counseling and testing services and increased referrals will be promoted;
- Additional service providers will be trained, including an additional 400 community health workers and 7,000 caregivers;
- Vulnerable households with Title II food aid under the LIFE initiative will be linked;
- Other health care services will be introduced with-in home-based care services such as the integration of prevention of mother-to-child transmission of HIV through collaboration with other donors;
- Home-based care service providers will be equipped with holistic skills to include home-based care, basic counseling, and reproductive health including family planning;
- Donors will collaborate to leverage support for the care program; and

- The Ministry of Health will be supported in an effort to finalize and launch home-based care national documents including policy and service guidelines, curriculum for community health workers, and a reference manual for caregivers.

#### PROJECT MATERIALS AND TOOLS

- Home-based care curriculum;
- Home-based care handbook;
- Indicators for home-based care; and
- Home-based care kits.

#### TECHNICAL ASSISTANCE

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

- Home-based care;
- Income-generating activities;
- HIV/AIDS prevention;
- Counseling/other supportive care;
- Community mobilization; and
- Enabling environment through support to the Ministry of Health to develop a national home-based care policy and service guidelines, national curriculum for community health workers, and home-based care reference manual for community health workers.

#### CONTACT INFORMATION

Pathfinder:

Charles Thube (cthube@pathfind.org)

Georgianna Platt (gplatt@pathfind.org)

Tel: 254-2-224154/222397/222490

Web site: <http://www.pathfind.org>

USAID/Kenya:

Esther Ndiang'ui (endiangui@usaid.gov)

Cheryl Sonnichsen (csonnichsen@usaid.gov)

Dana Vogel (dvogel@usaid.gov)

**PROJECT:**  
**Leadership and Investment in Fighting an Epidemic (LIFE)**

**Agency (ADRA), Kenya, Food for the Hungry International (FHI) Kenya, and World Vision Kenya.**

**IMPLEMENTING ORGANIZATION:**  
**Catholic Relief Services (CRS) Kenya is importing the commodities on behalf of itself and three other cooperating sponsors of the project and will work with its implementing partners, the Archdiocese of Mombasa, Pathfinder International, and the Children of God Relief Institute. The other three cooperating sponsors are Adventist Development and Relief**

**USAID FUNDING PERIOD:**  
**2002–2005**

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

#### **PURPOSE**

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

- Home-based care,
- Counseling of orphans and vulnerable children,
- Community mobilization, and
- Linking of care and prevention.

#### **KEY ACCOMPLISHMENTS**

- Initial food commodities under the project arrived in Kenya in May 2002.

#### **PRIORITY ACTIVITIES**

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

#### **TECHNICAL ASSISTANCE**

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

#### **CONTACT INFORMATION**

Catholic Relief Services:

Shirley A. Dady

Catholic Relief Services—Kenya Program

P.O. Box 49675—00100

Nairobi

Tel: 254-2-3741355/3751246

(crskenya@crskenya.org)

Catholic Relief Services HQ:

Helen K. Rottmund

209 W. Fayette Street

Baltimore, MD 21201

Tel: 410-625-2220

(hrottmund@catholicrelief.org)

USAID/Washington:

Michelle Cachaper (mcachaper@usaid.gov)

Rene Berger (rberger@usaid.gov)

**PROJECT:**  
**HIV/AIDS Home Care and Support Project**

**USAID FUNDING PERIOD:**  
**October 2000–September 2002**

**IMPLEMENTING ORGANIZATIONS:**  
**International Community for Relief of Starvation and Suffering (ICROSS), Family Health International/IMPACT**

**USAID AMOUNT:**  
**\$197,531 (a portion supports activities related to orphans and vulnerable children)**

#### **PURPOSE**

Within a social development context, this project aims to develop a response to orphans and other vulnerable children with specific reference to psychological and physical health, education, and land rights. The project builds upon existing ICROSS efforts focused on community mobilization and home-based care for orphans and other children made vulnerable by AIDS in western Kenya. A micro-finance component, in collaboration with Society for Women and AIDS in Kenya, mobilizes local resources for the care of children affected by AIDS. Other project activities include establishing orphans and vulnerable children committees with multisectoral representation, increasing access to education and health care for orphans and vulnerable children, and securing community placement of street and institutionalized children. Specific project objectives include:

- Studying and documenting the needs, circumstances, and coping mechanisms for orphans and vulnerable children in the home-based care project areas in general, and within homes of terminally ill patients receiving home care in particular. Findings are to be disseminated at a community stakeholders forum.
- Building the capacity of the community health workers and trainers to:
  - Assist children to care for ill parents; and
  - Promote safer care practices to reduce children's risk of infection.
- Building the capacity of local leaders to:
  - Protect children against exploitation and abuse and to help enforce the rights of the children;
  - Work closely with the district AIDS control committees, constituency AIDS control committees, community-based organizations, and local non-

governmental organizations to establish an effective referral network of essential services for orphans and vulnerable children; and

- Sensitize the community on the needs of orphans and other vulnerable children.
- Building the capacity of communities to:
  - Respond to the needs of orphans and vulnerable children through orphans and vulnerable children assistance groups and networks and viable income-generating activities; and
  - Reduce stigma and discrimination against orphans and vulnerable children.

#### **KEY ACCOMPLISHMENTS**

- 79 community health workers have been trained and are providing home-based care and support in three areas of Western Province: Bungoma, Nzoia, and Webuye;
- 25 supervisory trainers have been trained and are working; and
- A full-time medical officer is monitoring and providing technical assistance to the community health workers.

#### **PRIORITY ACTIVITIES**

- A workshop will be conducted in Bungoma with selected community health care providers, community leaders, and social/child welfare agencies;
- An orphans and vulnerable children training curriculum for community health workers and local leaders will be designed, and three training workshops (one per site) will be conducted;
- A series of meetings will be hosted with key community leaders including the spiritual, social, political, and health leaders in the communities served by community health workers to support community mobilization and strengthen referral systems;

- Linkages among the district AIDS control committees, constituency AIDS control committees, community-based organizations, local nongovernmental organizations, and other social and child welfare are being strengthened; and
- Ability of community leaders to address issues facing orphans and vulnerable child-rem such as stigma, institutional care, legal status, schooling, and nutrition will be strengthened.

#### PROJECT MATERIALS AND TOOLS

- Progress and outcome indicators

#### CONTACT INFORMATION

Family Health International/IMPACT/Virginia:  
Sara Bowsky (sbowsky@fhi.org)  
Tel: 703-516-9779; Fax: 703-516-9781  
Web site: <http://www.fhi.org>

#### ICROSS:

Dr. Michael Elmore-Meegan (icross@form-net.com)  
Tel: 254-2-560494

#### Family Health International/IMPACT/Kenya:

Simon Ochieng (sochieng@fhi.or.ke)  
John McWilliam (jmcwilliam@fhi.or.ke)

#### USAID/Washington:

Kate Crawford (katherinecrawford@usaid.gov)  
Lloyd Feinberg (lfeinberg@usaid.gov)

#### USAID/Kenya:

Victor Masbayi (vmasbayi@usaid.gov)  
Cheryl Sonnichsen (csonnichsen@usaid.gov)  
Dana Vogel (dvogel@usaid.gov)

**PROJECT:**  
**Linking Micro-Finance Institutions and HIV/AIDS Activities**

**IMPLEMENTING ORGANIZATIONS:**  
**Kenya Rural Enterprise Program (K-Rep)**  
**Collaborating partners: Society for Women and AIDS in Kenya (SWAK),**

**Pathfinder/COPHIA, Family Health International/IMPACT**

**USAID FUNDING PERIOD:**  
**August 2000–August 2002**

**USAID AMOUNT:**  
**\$300,000**

#### PURPOSE

The goal of this project is to mitigate the social-economic impact of HIV/AIDS through linkages with micro-finance activities in target sites. The Kenya Rural Enterprise Program is pilot testing the Financial Services Association model, also known as "Village Bank," to address the economic impact of HIV/AIDS on low-income populations in Butere/Mumias district in western Kenya. The project supports development of new methodologies and mechanisms for financial interventions, particularly for individuals affected and infected by HIV/AIDS. The project aims to make a sustained financial difference in the lives of project participants by building family assets. The second purpose of the project is to establish and finance group-based savings and lending schemes in Butere-Mumias, Kakamega, and Busia districts of western Kenya.

K-REP works closely with the Family Health International HIV/AIDS prevention project (IMPACT) and the Pathfinder International community-based care and support project (COPHIA). Implementation at the community level is in collaboration with community-based organizations involved in community mobilization, social support, and other HIV/AIDS activities—all affiliated with IMPACT and COPHIA projects. Project objectives include:

- Promoting the Financial Services Association model in Butere-Mumias district of western Kenya, which has high HIV/AIDS prevalence;
- Establishing a special line of credit for HIV/AIDS-infected and affected persons and agents of change such as the COPHIA community health workers and IMPACT peer educators;
- Training Financial Services Association leaders, shareholders, and staff in small business management skills;

- Training borrowers, including people living with HIV/AIDS and their caregivers, in basic business skills and providing them with technical support; and
- Establishing an equity stake in the Financial Services Association.

Activities include community mobilization and recruitment of Financial Services Association shareholders; launching of new Financial Services Associations or working with existing ones; small business skills training, access to low-interest credit, establishing group-based savings schemes; and establishing linkages with psychosocial support for HIV-infected persons and their children. The Kenya Rural Enterprise Program links with Pathfinder and Family Health International/IMPACT project groups in western Kenya.

#### KEY ACCOMPLISHMENTS

- A good working partnership was established with USAID-funded HIV/AIDS projects, IMPACT, and COPHIA.
- A Financial Services Association was established in Butere-Mumias area with 469 shareholders with a share equity of \$3,500, savings of \$1,900, and an income of \$600.
- The special line of credit for group-based savings and credit scheme was started, with a total membership of 432, of whom 84 were HIV-positive. Of the 432 members, 218 had been trained in small business skills and 191 had received loans totaling \$17,000. Of the 191 members who had received loans, 74 orphan-caregiver members were reached indirectly by linking them with another existing Financial Services Association in one of the target sites.
- Financial Services Association staff and board of directors were trained on governance and operational issues.
- Sound lending policies and systems were developed.
- HIV-positive clients were integrated into a Financial Services Association where one of them is a board member.

- Better self-esteem was facilitated among HIV-positive clients who are discriminated against in other financial institutions and credit schemes.

#### PRIORITY ACTIVITIES

- Establish another Financial Services Association; a membership drive has already begun in the Butere area of the Butere-Mumias district;
- Provide credit to members of the already established Ekeru Financial Services Association;
- Introduce check clearance, money transfer, and insurance schemes to the Financial Services Association; and
- Follow up on loan recoveries from those who have received credit through the group-based savings and lending schemes.

#### TECHNICAL ASSISTANCE

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

- Formation of Financial Services Associations;
- Economic strengthening/income generation;
- Support of community initiatives;
- Group-based savings and credit schemes;
- Training in small business management skills; and Financial Services Association governance, marketing, costing, bookkeeping, cash control and banking.

#### CONTACT INFORMATION

Family Health International/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779; Fax: 703-516-9781

Web site: <http://www.fhi.org>

Family Health International/IMPACT/Kenya:

Simon Ochieng (sochieng@fhi.or.ke)

John McWilliam (jmcwilliam@fhi.or.ke)

K-Rep:

Aleke Dondo

Tel: 254-2-572; Fax: 254-2-711-645

Pathfinder:

Georgianna Platt (gplatt@pathfind.org)

Peter Kagwe (pkagwe@swiftkisumu.com)

USAID/Washington:  
Lloyd Feinberg (lfeinberg@usaid.gov)

USAID/Kenya:  
Esther Ndiang'ui (endiangui@usaid.gov)

Zakary Ratemo (zratemo@usaid.gov)  
Cheryl Sonnichsen (csonnichsen@usaid.gov)  
Dana Vogel (dvogel@usaid.gov)  
Margaret Brown (mbrown@usaid.gov)

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**PROJECT:**  
**Speak for the Child**

**USAID FUNDING PERIOD:**  
**August 2000–March 2003**

**IMPLEMENTING ORGANIZATION:**  
**Academy for Educational  
Development/Ready to Learn Center**

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**USAID AMOUNT:**  
**\$530,340**

**PURPOSE**

Ready to Learn works with families and communities to improve the physical, cognitive, and psychosocial care and development of orphans and vulnerable children age 5 and under. A child development team is piloting a model program for improved care of young orphans and vulnerable children. Core activities include recruitment and training of community mentors to support caregivers in vulnerable households; school fees to local preschools for children in vulnerable families; health cards and immunizations for vulnerable children without complete immunizations; and capacity-strengthening of community-formed *Speak for the Child* committees to increase human resources for better care of orphans and vulnerable children. Information on effective models, tools, and strategies to address the physical and psychosocial situation of young children will be disseminated through policy briefs, manuals, and reports.

- 50 vulnerable households were linked with local health and preschool services;
- Links to two local community-based organizations were developed for joint proposal writing to access funding for longer-term sustainability; and
- A mentor training for improved care of young orphans and vulnerable children was carried out for community volunteers and *Speak for the Child* committee members of two communities.

**PRIORITY ACTIVITIES**

- Recruitment, training, and monitoring of home visit volunteers will continue;
- Targeting, assessment, and volunteer training tools will be revised and published; and
- Model program activities in two to three more communities will be initiated.

**PROJECT MATERIALS AND TOOLS**

- A simple, user-friendly survey tool for rapid identification of vulnerable households;
- Simple, user-friendly tool for assessment of orphan care in households; and
- Volunteer training protocol for young orphans and vulnerable children home-visiting programs.

**TECHNICAL ASSISTANCE**

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

- Early childhood care and development;
- Community mobilization;
- Home-based care; and

**KEY ACCOMPLISHMENTS**

- A survey tool for rapid and transparent identification of most vulnerable households with children under 5 was tested and data were collected for 1,572 households;
- A home-visiting program for 70 orphans and vulnerable children is being implemented in two communities;
- Child-oriented needs assessment and program development tools have been field-tested for 1) caregiver and child relationships, 2) health and nutrition, 3) physical development, 4) cognitive development, and 5) language development;

- Orphan and vulnerable children assessment and programming.

#### CONTACT INFORMATION

AED/Ready to Learn, Washington:

Chloe O'Gara (cogara@aed.org)

Tel: 202-884-8249

Diane Lusk (dlusk@aed.org)

Tel: 434-245-6463

Sarah Dastur (sdastur@aed.org)

Tel: 202-884-8261

AED/Kakamega, Kenya at "Speak for the Child":

Jael Mararu, Project Coordinator

(jmararu@swiftkisumu.com)

Tel: 254-331-20068/30386

USAID/Washington:

Tim Quick (tquick@usaid.gov)

USAID/Kenya:

Jerusha Karuthiru, Project Officer

(jkaruthiru@usaid.gov)

Victor Masbayi (vmasbayi@usaid.gov)

Cheryl Sonnichsen, Senior Health and HIV/AIDS

Advisor, OPH (csonnichsen@usaid.gov)

Dana Vogel (dvoel@usaid.gov)

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#### PROJECT:

**Lea Toto Community-based Project for the Care of HIV-Positive Orphans**

#### USAID FUNDING PERIOD:

**August 1999–February 2002 (currently discussing a second phase of funding)**

#### IMPLEMENTING ORGANIZATIONS:

**Catholic Relief Services, The Children of God Relief Institute (COGRI)**

#### USAID AMOUNT:

**\$249,989**

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#### PURPOSE

To strengthen the capacity of the Lea Toto program to carry out community-based project activities through the provision of technical, managerial, and financial assistance. The program has four objectives:

- 200 families with HIV-positive orphans will receive physical care and essential medical supplies to alleviate their suffering;
- 200 families with HIV-positive orphans will receive psychological and moral support together with their families;
- The Kangemi community will have identified or established six sustainable community strategies to enable the community to cope with the needs of orphans due to AIDS; and
- The organizational capacity of the Lea Toto program to manage community-based support to orphans will be improved.

#### KEY ACCOMPLISHMENTS

- 176 children were identified and enrolled in the project;
- Opportunistic infections for 151 clients and 1,067 family members were diagnosed and treated;

- Routine antibiotic prophylaxes and simple medications were provided;
- Monthly growth monitoring was initiated for enrolled children;
- 142 caregivers were trained to provide home care for children living with AIDS, and management of tuberculosis, diarrhea, and recognition of simple ailments;
- Monthly food supplementation was provided for 73 households;
- An average of 40 children reported good health per quarter;
- 142 caregivers/guardians received routine support counseling;
- 3 monthly support group meetings were established and are active;
- Monthly home visits were made to all enrolled clients and their families;
- 1,106 children were tested after guardians received pretest and post-test counseling;
- 473 adults were tested and all received pretest and post-test counseling;



- 2 caregiver solidarity groups were established and are active;
- 1 economic self-help group was created and is active. The group is engaged in basketry; weaving, crocheting, and revolving loan activities;
- 31 families were supported in the sale of donated second-hand clothing to generate income;
- Monthly HIV/AIDS prevention education workshops were held for 488 youth;
- Community education and sensitization sessions were held for 7,859 persons;
- 25 community health workers were trained;
- Strong working/collaborative relationships were established with six nongovernmental organizations in Kangemi, Moi University Medical School, Nyumbani Children's home, and key stakeholders;
- 2 staff are undergoing long-distance learning in community-based health care and planning;
- 2 staff are undergoing certificate in counseling training; and
- 3 staff members were trained in behavior change communication.

#### PRIORITY ACTIVITIES

- Target 1,000 HIV-positive children and 5,000 family members with high-quality home-based care and counseling services;
- Improve the ability of the targeted communities to prioritize needs of HIV-positive children and carry out activities to meet these needs;
- Provide target communities with skills necessary to negotiate, support, and maintain safe behaviors;
- Pursue voluntary counseling and testing aggressively with the use of Rapid Test Kits;

- Address linking care with prevention activities;
- Address integrating care and micro-finance;
- Continue community mobilization and capacity-building;
- Continue collaboration with government of Kenya health facilities; and
- Explore expansion into five new locations with renewed funding for Phase 2.

#### PROJECT MATERIALS AND TOOLS

- An evaluation report;
- Training records;
- Lessons learned; and
- National voluntary counseling and testing guidelines.

#### TECHNICAL ASSISTANCE

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

- Physical and psychological care to the children and their families;
- Counseling services to caretakers; and
- Income-generation activities.

#### CONTACT INFORMATION

Catholic Relief Services:

Yvonne Ferguson (y.ferguson@crsnaairobi.org)

Tel: 254-2-741355, 254-2-750787

USAID/Kenya:

Victor Masbayi (vmasbayi@usaid.gov)

Cheryl Sonnichsen (csonnichsen@usaid.gov)

Dana Vogel (dvogel@usaid.gov)

# Malawi

**PROJECT:**  
**Safety Net**

**USAID FUNDING PERIOD:**  
**February 2000–September 2004**

**IMPLEMENTING ORGANIZATIONS:**  
**Catholic Relief Services with Catholic Development Commission in Malawi (CADECOM), Project Hope, and International Eye Foundation**

**USAID AMOUNT:**  
**\$14,309,000**

## PURPOSE

The Safety Net Program aims to enhance food access to orphans and other vulnerable children and households by providing food rations to households with persons living with HIV/AIDS and families caring for orphans and other vulnerable children. The program currently is being implemented in 43 villages in Phalombe and 41 villages in Chikwawa. Identification of eligible vulnerable children and monitoring of nutritional status is done by orphan care committees, agriculture development facilitators, and growth-monitoring volunteers.

The presence and role of the field staff are critical to ensuring a smooth process of registering households eligible for food assistance. Staff members help to identify and verify vulnerable households and individuals. The overall goal is to improve access to food. The aim is to increase feeding and care of children and sick adults infected and affected by HIV/AIDS through community-based orphan care organizations. The objectives are:

- Increase adoption of child care practices by orphan guardians/families;
- Increase community participation in providing for destitute children and vulnerable groups; and
- Increase self-reliance of older orphans.

## KEY ACCOMPLISHMENTS

- 1,830 birth-to-age-5 orphans, 3,547 orphans ages 6–18 years, and 1,408 other vulnerable children have been provided rations since the project started.

- More than 1,652 households have participated in agricultural production activities. Demonstration plots have been established. Communal gardens are also in operation in several locales of Phalombe and Chikwawa.
- Local artisans are being sensitized to start training approximately 900 older orphans for specified skills development.
- Training of identified volunteer caregivers for established childcare centers started and 94 growth-monitoring volunteers have already been trained.
- 107 community organizations have been supported since the beginning of the project.

## PRIORITY ACTIVITIES

- Start the child survival/health component;
- Introduce savings-led micro-finance program, and introduce IGAs;
- Support vocational training for eligible orphans and other vulnerable children;
- Initiate activities in early childhood development centers;
- Consolidate agriculture–Safety Net linkage; and
- Support collaboration linkages with other development stakeholders.

## PROJECT MATERIALS AND TOOLS

- Indicators; and
- Detailed selection criteria for beneficiaries.

**TECHNICAL ASSISTANCE**

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

- Linking agriculture and micro-finance activities;
- Supporting community initiatives;
- Strengthening community mobilization;
- Monitoring health care, nutrition, and growth;
- Strengthening economic and income-generating activities;
- Distributing food for vulnerable households; and
- Strengthening agriculture productivity.

**CONTACT INFORMATION**

CRS Malawi:

Laura McCarthy/Martin Mtika (crs@malawi.net)

Tel: 265-755 534

USAID/Washington:

Angelique Crumbly (acrumbly@usaid.gov)

USAID/Malawi:

Alfred Chirwa (achirwa@usaid.gov)

Mexon Nyirongo (mnyirongo@usaid.gov)

Elise Jensen (ejensen@usaid.gov)

**PROJECT:**

**Community-Based Options for Protection and Empowerment II (COPE II)**

**USAID FUNDING PERIOD:**

**September 1997–December 2001 (extension pending)**

**IMPLEMENTING ORGANIZATION:**

**Save the Children/US**

**USAID AMOUNT:**

**\$1,619,459**

**PURPOSE**

Community-Based Options for Protection and Empowerment II (COPE II) works with local residents to form or reform and mobilize district, subdistrict, and village AIDS committees. Through these structures, the project facilitates sustainable community action to prevent the spread and mitigate the impact of HIV/AIDS. Specific objectives for COPE II include:

- Strengthening community capacities to mitigate the impact of HIV/AIDS in communities of four districts in Malawi;
- Identifying, assisting, and protecting orphans and other vulnerable children;
- Increasing economic opportunities and resources available to especially vulnerable households;
- Strengthening the capacity of government and community organizations to lead and sustain effective responses to meet the needs of HIV/AIDS-affected children and families; and
- Advocating policy change at national, district, and local levels.

Low-cost, multisectoral efforts being undertaken by communities affected by HIV/AIDS include home-based care, community resource mobilization to

increase income and food security, psychosocial support, and community-wide education on HIV/AIDS prevention.

**KEY ACCOMPLISHMENTS**

- Seedlings and other planting materials were delivered to more than 100 village AIDS committees to establish nurseries;
- 374 village AIDS committees were mobilized by 27 community AIDS committees;
- 15,221 orphans and other vulnerable children in four districts are receiving care and support via village AIDS committees;
- 1,639 children affected by AIDS received clothing, food donations, and assistance in 2001, with school fees paid through village AIDS committees;
- Communal vegetable gardens were established on 40.2 hectares, benefiting more than 6,000 vulnerable households per year;
- 7,000 youth are participating in 249 youth clubs; and
- \$20,500 was raised by district AIDS coordinating committees and community action committees through local fundraising.

**PRIORITY ACTIVITIES**

- Increase psychosocial support (including the succession planning–memory book project) to families and children affected by HIV/AIDS;
- Improve prevention activities, especially for the youth;
- Advocate for increased voluntary counseling and testing services, especially at the community level;
- Provide technical assistance to other organizations to enable them to replicate/introduce COPE II in other districts to increase coverage of families and children affected by HIV/AIDS;
- Strengthen the capacity of COPE II staff to help expand and replicate the model both nationally and internationally;
- Increase documentation of the COPE II program and dissemination of lessons learned;
- Provide small matching grants for community-based income generating activities to benefit orphans and vulnerable children, youth, and caregivers of orphans; and
- Diversify funding sources for COPE II through advocacy and fundraising.

**PROJECT MATERIALS AND TOOLS**

- Home-based care training module;
- Handbook on community mobilization;
- COPE II model of care and support for children and families affected by AIDS;
- Guidelines on establishing and maintaining orphan care committees;
- Resource mobilization trainers' guide; and
- Youth trainer's guide.

**TECHNICAL ASSISTANCE**

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

- Training and facilitation workshops;
- Community mobilization;
- Home-based care, linking care and prevention;
- Resource mobilization at the community level;
- Networking and collaborating with other private volunteer organizations, nongovernmental organizations, and community-based organizations; and
- Mentoring of other private volunteer organizations, nongovernmental organizations, and community-based organizations.

**CONTACT INFORMATION**

Save the Children/Washington:

Namposya Serpell (nserpell@dc.savechildren.org)

Neil Boothby (nboothby@dc.savechildren.org)

Tel: 202-530-4361

Save the Children:

Web site: <http://www.savethechildren.org>

Save the Children/Malawi:

Justin Opoku

Chifundo Kachiza (scus@malawi.net)

Tel: 265-753-888/753, 919/755 020

USAID/Washington:

Lloyd Feinberg (lfeinberg@usaid.gov)

USAID/Malawi:

Alfred Chirwa (achirwa@usaid.gov)

Mexon Nyirongo (mnyirongo@usaid.gov)

# Mozambique

**PROJECT:**

**Maputo Corridor HIV/AIDS Prevention and Care Project, KULHUVUKA—Corridor of Hope**

**IMPLEMENTING ORGANIZATION:**

**Foundation for Community Development**

**USAID FUNDING PERIOD:**

**2001–2003**

**USAID AMOUNT:**

**\$500,000**

**PURPOSE:**

The Foundation for Community Development (FDC), a Mozambican organization, supports a community-based HIV/AIDS (behavior change) prevention and care program in the Maputo transport corridor (Provinces of Maputo, Gaza, Inhambane, and Maputo City). The Mozambican Government's National Strategic Plan for Combating HIV/AIDS gives priority to the transport corridors, with the Beira and Maputo Corridor being the most important. The latter was chosen, notwithstanding the high prevalence in the center (20 percent in Sofala, Manhica, and Tete), because it is the most economically active and fast-growing area, and is where the greatest impact may be attained.

Activities to address the needs of orphans and vulnerable children are included as part of a major component directed to youth networks. While recommendations have been made for award of sub-grants in other areas, the institutional arrangements for encouraging the emergence of youth networks and for undertaking programs for prevention and care of orphans and vulnerable children through the networks are still in the formative stage.

Strong emphasis will be placed on establishing community involvement to address the needs of orphans and other vulnerable children and mobilizing community leaders to initiate support programs for those infected and affected. Also, the Foundation for Community Development has raised funds privately (\$1.0 million) to expand programming for orphans and vulnerable children and women affected by HIV/AIDS.

**KEY ACCOMPLISHMENTS**

At this moment, sub-grants have not yet been made. Principal accomplishments have been in team-building within the Foundation for Community Development and in identifying sources of technical expertise to facilitate accomplishment of the activities.

**PRIORITY ACTIVITIES**

- Define how youth networks will be built (the approach may differ from one province to another based on organizations available, resources, and target areas);
- Identify organizations that may contribute to building the youth network;
- Conduct a research analysis and needs assessment to determine the best approaches to meeting the needs of orphans and vulnerable children in the Corridor (or segments);
- Develop and implement an education strategy for orphans and vulnerable children;
- Develop a community mobilization strategy, including leadership mobilization and psychosocial response;
- Strengthen networks, local organizations, and community-led responses;
- Provide training to community leaders and organization staff, including to orphans themselves, who are needed as peer leaders and to deliver specific products and services; and
- Use the purchase order mechanism to provide small resources to local organizations.

#### PROJECT MATERIALS AND TOOLS

- The project will develop networking tools and tools for specific activities and events.
- Educational materials for youth will be made available in a variety of formats.

#### TECHNICAL ASSISTANCE

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

- Organizational capacity building; and
- Creating and maintaining youth networks.

#### CONTACT INFORMATION

USAID/Mozambique:

Juliet Born (jaborn@usaid.gov)

Howard Helman (hhelman@usaid.gov)

Abucharama Saifodine (asaifodine@usaid.gov)

# Namibia

## PROJECT:

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

## USAID FUNDING PERIOD:

**May 2001–September 2002**

## USAID AMOUNT:

**\$117,815**

## IMPLEMENTING ORGANIZATIONS:

**Catholic AIDS Action and Family Health International/IMPACT**

## PURPOSE

Family Health International/IMPACT has contracted with Catholic AIDS Action to expand their work with communities to ensure that orphaned and other vulnerable children succeed in school. The project goal is to promote full school participation for “identified” orphaned and other vulnerable children with a special emphasis on increasing educational opportunities for girls in three regions in Namibia where Catholic AIDS Action has ongoing home-based care programs. Based on the success of the pilot program (which provided support for 100 orphans and other vulnerable children), an expanded program, using trained volunteers and a school voucher system wherever possible, has been implemented over the past eight months. Within this context, Catholic AIDS Action has pledged to try to obtain a fee discount (or waiver) from the school for each orphan and vulnerable child.

Catholic AIDS Action is using its existing home-based care program volunteers to identify and register “needy” orphans and other vulnerable children using a simple questionnaire and a request for assistance form. Catholic AIDS Action has been building on this infrastructure of volunteers to provide care and psychosocial support to more than 5,500 orphaned and vulnerable children, of whom approximately 1,000 are supported by Family Health International/IMPACT in the three target regions.

Specific activities include:

- Identifying and registering needy children in the target areas;

- Assessing children’s needs, past level of education, grade, and school to attend;
- Advocating for acceptance in selected schools;
- Providing a means to continue school attendance;
- Developing a system of periodic supervision for successful school attendance; and
- Identifying and providing additional psychosocial needs of orphans and other vulnerable children;
- Training volunteers in psychosocial support, based on experiential learning and curricula advice from other programs in East and Southern Africa (e.g., Humiliza, Tanzania, and Masiye Camp in Zimbabwe). This training is provided for government colleagues, church leaders, nongovernmental organization affiliate staff, and Catholic AIDS Action staff.

As the project expands it will focus on HIV/AIDS prevention and education for parents, teachers, and pupils in addition to providing support to participating schools. Contacts are being made with community and church-based volunteers (Anglican, Lutheran, other interested church groups, and the Red Cross) to expand support for orphans and other vulnerable children within their communities. The project is working closely with the Directorate of Developmental Social Welfare Services within the Ministry of Health and Social Services and other line ministries involved with orphans and vulnerable children.

To facilitate the emotional well-being of orphans and other vulnerable children, the project is developing and pilot-testing a curriculum (for teachers and home-

based care workers) on psychosocial support for orphans and other vulnerable children.

In addition to this project, Family Health International/IMPACT provides support to the national multisector Orphans and Vulnerable Children Steering Committee, which is tasked to develop national policies and guidelines to offer care and support to orphans and other vulnerable children, including psychosocial support, community and foster care, lobbying for legislative reform, and advocacy for children's rights.

#### KEY ACCOMPLISHMENTS

- 129 school-age orphans and vulnerable children who never attended school are now attending;
- 1,175 orphans and vulnerable children have received school uniforms, assistance, or both;
- 2,600 orphans and vulnerable children have benefited from psychosocial support;
- 3,627 orphans and vulnerable children registered as needy in the three regions were supported through Family Health International and are being visited by volunteers;
- A volunteer assessment of the needs of orphans and other vulnerable children has been completed;
- A household data form for orphans and other vulnerable children form has been finalized and implemented;
- 2 key staff members have been hired and trained;
- Memory Box training is continuing;
- 20 staff members and volunteers participated in the first national conference on orphans and other vulnerable children (with 20 more scheduled for this year's second national conference);
- A national survey of volunteers plus a one-day workshop was held on the psychosocial training needs of Catholic AIDS Action staff and volunteers;
- A two-week training of trainers program on psychosocial needs of orphans and other vulnerable children was held for representatives from across the country; and
- Implementation has begun of the training of trainers on psychosocial support of orphans and other

vulnerable children via training of trainers program graduates around the country.

#### PRIORITY ACTIVITIES

- A second training of trainers workshop will be held in Namibia for Catholic AIDS Action and other non-governmental organization staff and volunteers;
- Psychosocial training curriculum will be finalized;
- Training of volunteers and community leaders will be expanded in all regions; and
- Selected volunteers will be trained as community paralegals (based on the availability of legal assistance training programs).

#### PROJECT MATERIALS AND TOOLS

- Orphans and other vulnerable children household data form;
- Memory Box; and
- Psychosocial training manual.

#### TECHNICAL ASSISTANCE

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

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

#### CONTACT INFORMATION

Family Health International/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779; Fax: 703-516-9781

Web site: <http://www.fhi.org>

Family Health International/Namibia:

Rose De Buysscher (rose@fhi.org.na)

Tel: 264-61-239463

Catholic AIDS Action/Namibia:

Lucy Steinitz (caa.co-ordinator@ncbc.com.na)

Tel: 264-61-259-847

USAID/Washington:

Kate Crawford (katherinecrawford@usaid.gov)

USAID/Namibia:

C. Kirk Lazell (klazell@usaid.gov)



**PROJECT:**

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

**USAID FUNDING PERIOD:**

**April 2001–September 2002**

**USAID AMOUNT:**

**\$116,567**

**IMPLEMENTING ORGANIZATIONS:**

**AIDS Law Unit–Legal Assistance  
Centre/Family Health  
International/IMPACT**

**PURPOSE**

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

Through the project, the AIDS Law Unit will be able to work more closely with other Namibia AIDS service organizations, including Catholic AIDS Action, AIDS Care Trust, and Lironga Eparu. The project provides training for some staff members of these on inheritance, will writing, basic rights, and access to benefits and entitlements. The AIDS Law Unit has close working relationships with the Ministries of Health and Social Services, and Basic Education and Labor; with trade unions such as the National Union of Namibian Workers and the National Transportation Union; and with employer organizations such as the Chamber of Mines and the Namibian Employer's Federation.

The project addresses HIV/AIDS discrimination and rights through litigation, research, policy formulation, education, and advocacy with the aim of raising the disease as a human rights issue. It runs a legal advice clinic for people living with and affected by HIV/AIDS at the offices of Catholic AIDS Action in Katutura, and attendance is consistent. The clinic helps people draft wills, and maintenance and social security claims; it helps them with insurance and adoption issues; and to address unprofessional conduct by medical practitioners, including breaches of confidentiality. The clinic also serves as an important referral agency for other, non-legal problems.

The project aims to enhance understanding and respect for the rights and requirements of people with HIV/AIDS and to promote a human rights–based approach to HIV/AIDS in Namibia. It focuses on HIV prevention and mitigation in the workplace, and on reducing the vulnerability of children in the epidemic by addressing discrimination and promoting a human rights-based approach to HIV/AIDS in both contexts.

Key results to be pursued include:

- Adopting and implementing appropriate workplace policies on HIV/AIDS and ensuring access of people with HIV/AIDS to employment and employment benefits;
- Ensuring access of people with HIV/AIDS, and particularly children, to adequate health care in the public sector and nondiscrimination by private medical aid schemes and insurance;
- Ensuring nondiscriminatory access of children orphaned by HIV/AIDS or living with HIV/AIDS to education;
- Ensuring that people who are dying have access to information and advice on adequately planning for their children through wills, insurance, and alternative mechanisms of financial security for their dependents;
- Ensuring that children orphaned by HIV/AIDS have access to foster care, adoption, and places of safety without discrimination; and
- Ensuring that people who care for orphans have advice and information on their rights and entitlements under social security and welfare legislation.

### KEY ACCOMPLISHMENTS

- Conducted research on HIV discrimination in obtaining access to insurance and medical aid;
- Provided assistance to employers and trade unions in developing appropriate HIV/AIDS policies in the workplace;
- Hosted a preparatory meeting for Namibian AIDS service organizations, nongovernmental organizations, and other civil society representatives for the United National General Assembly Special Session on HIV;
- Gave fundraising technical assistance to a newly formed association of people living with AIDS;
- Provided training to top and middle management and workplace peer educators on HIV/AIDS rights and legal issues in the workplace;
- Conducted training workshops and presentations on the law and human rights associated with HIV/AIDS in all regions of Namibia to raise awareness about the need for a human rights-based response to the epidemic and the importance of combating stigma and discrimination; and
- Gave presentations to educators about the relationship between HIV/AIDS and human rights. The unit has also been engaged in assisting the ministries of education to develop a new policy on HIV and AIDS for the entire education sector.

### PRIORITY ACTIVITIES

- Review the Labor Act and Labor Court rules to more adequately address issues of discrimination on the basis of HIV status in the workplace and the possibility of seeking redress for discrimination in the workplace anonymously;
- Review Employee Compensation and Social Security Acts to ensure that HIV/AIDS is adequately addressed in access to benefits;
- Review new legislation relating to child protection to ensure that children and young people are less vulnerable in the context of the epidemic;
- Engage in advocacy work with government and the private sector to adopt appropriate policies and legal mechanisms to address HIV/AIDS discrimination; and
- Design and run education and training programs on HIV/AIDS and discrimination for decision-makers,

employer and employee organizations, health care and social workers, educators, and community-based organizations.

### PROJECT MATERIALS AND TOOLS

- *Namibian HIV/AIDS Charter of Rights* (funded by the U.S. Embassy in Windhoek) is used as an educational tool to promote a human rights-based approach to HIV/AIDS.
- *Guide to the Namibian HIV/AIDS Charter of Rights*, drafted in simple language with illustrations, provides a guide to the Charter of Rights, and is widely used as a tool in training and in raising awareness on HIV and human rights.
- *Inheritance and Wills* contains information on the importance of making a will, how to make and change a will, and what can be covered in a will.
- *HIV and Pregnancy* contains information about HIV and pregnancy, parent-to-child transmission of HIV, and women's rights.
- A paralegal training manual on HIV/AIDS and rights is in development.
- Training pamphlets on HIV/AIDS in the workplace, HIV/AIDS insurance and social benefits, and the rights of children orphaned by or living with HIV/AIDS are in development.

### TECHNICAL ASSISTANCE

The AIDS Law Unit of the Legal Assistance Centre can provide technical assistance in Namibia and the region. The center can assist local AIDS services organizations to improve their knowledge and skills in proposal writing, planning, advocacy, HIV and discrimination, and workplace policies. At the regional level, staff members from the Legal Assistance Centre can make presentations on HIV, human rights, and discrimination at conferences and workshops.

### CONTACT INFORMATION

Legal Assistance Centre:  
 Michaela Figueira (mfigueira@lac.org.na)  
 Tel: 264-61-223356

Family Health International/Virginia:  
 Sara Bowsky (sbowsky@fhi.org)  
 Tel: 703-516-9779; Fax: 703-516-9781  
 Web site: <http://www.fhi.org>

Family Health International/Namibia:  
Rose De Buysscher (rose@fhi.org.na)  
Tel: 264-61-239463

USAID/Washington:  
Kate Crawford (katherinecrawford@usaid.gov)  
USAID/Namibia:  
Kirk Lazell (klazell@usaid.gov)

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

**USAID FUNDING PERIOD:**  
**February 2002–September 2003**

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

**USAID AMOUNT:**  
**\$82,033**

### PURPOSE

To address the issue of abuse and sexual violence against children, LifeLine/Childline is implementing a child-focused program to complement its existing counseling and hotline services. The project aims to break the cycle of trauma, more specifically violence, to children through a program focusing on children of primary school age and involving adults, including committed teachers and parents.

LifeLine/Childline adapted an educational drama program for young children that had been produced by the National Film Board of Canada. The original script was adapted to for Namibia, and LifeLine/Childline added scenes to address HIV/AIDS and domestic violence in order to address the specific needs of children growing up in Southern Africa.

The LifeLine/Childline program *Feeling Yes, Feeling No* started in Namibian schools in 1998. The current project is supported by Family Health International/IMPACT, and focuses on 34 schools in the Khomas and Erongo regions. It aims to improve children's verbal communication skills through drama and role-playing of their "Yes and No" feelings so that they can verbalize them to adults and peers. The program teaches children about HIV/AIDS and sexuality before they become sexually active; about sexual assault and abuse and how to prevent it from happening, it gives children the skills to respond to unwanted sexual approaches, and it teaches them how to deal with strangers. In addition, lay counselors and teachers receive training to recognize abused children and to provide initial support and counseling, and when to

seek out specialized counselors and child protection services. The project works to improve access by vulnerable and abused children to specialized counseling and other services in line with the International Convention on the Rights of the Child.

LifeLine/Childline also seeks to help communities covered by the school program to address the needs of children at risk of sexual assault those who have been traumatized by it.

### KEY ACCOMPLISHMENTS

- A core group of community actors have been trained;
- More than 20,000 school children have participated in the past three years in eight regions;
- The drama program was performed in 39 Grade 3 classes in 12 schools, for 2,093 children in the first two months of the project;
- 1 school in Windhoek for special children with severe mental disabilities, Dagbreek, was visited, and three children were referred for additional counseling; and
- Follow-up visits were paid to 11 Grade 4 classes to reinforce the messages promoted there last year.

### PROJECT MATERIALS AND TOOLS

- The *Feeling Yes, Feeling No* film;
- Information, education, and communication materials for children (collectors cards) on protection and rights of children; and
- A CD-ROM version of the *Feeling Yes, Feeling No* radio program.

**TECHNICAL ASSISTANCE**

- LifeLine/Childline provides training for lay people to become counselors. The training course occurs in three phases; phase 1 focuses on personal growth and awareness, phase 2 on basic counseling skills, and phase 3 is a hands-on practical training.

**CONTACT INFORMATION**

LifeLine/Childline:

Amanda Kruger (llinenam@mweb.com.na)

Tel: 264-61-226889

Family Health International/Namibia:

Rose De Buysscher (rose@fhi.org.na)

Tel: 264-61-239463

Family Health International/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779; Fax: 703-516-9781

Web site: <http://www.fhi.org>

USAID/Namibia:

C. Kirk Lazell (klazell@usaid.gov)

USAID/Washington:

Kate Crawford (katherinecrawford@usaid.gov)

# Nigeria

**PROJECT:**  
**Rivers State Enhanced Care of Orphans**

**USAID FUNDING PERIOD:**  
**October 2000–February 2003**

**IMPLEMENTING ORGANIZATIONS:**  
**Implementing organizations: Africare, Forward Africa, the Ogoni Youth Development Project, and the Centre for Development and Population Activities (CEDPA)**

**USAID AMOUNT:**  
**\$899,968**

## PURPOSE

Africare, working in partnership with the Centre for Development and Population Activities, Forward Africa, and the Ogoni Youth Development Project, is implementing the Enhanced Orphan Care Project in five areas of Rivers State (Bonny, Eleme, Khana, Obio-Akpor, and Okirika). The goal is to improve the quality of life for children under age 15 who have lost one or both parents to AIDS. To avoid stigmatizing them, all children deprived of parents due to sickness or death are being targeted. The purpose is to improve the quality of life of orphans in targeted communities by making community-based organizations stronger and providing economic empowerment for primary caregivers of children who have been orphaned by AIDS. The objectives of this project are to:

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

Strategies to achieve these objectives include:

- Educational support to orphans in target areas through the provision of school books, uniforms, sandals, fees/levies;
- Vocational training for older orphans to receive life skills and a micro-finance scheme to provide grants to establish their own businesses after training;
- Facilitating access to health care and establishing a fund to pay for treatment;
- Training in small business management and income generation, and a revolving credit program for caregivers; and
- Counseling services to address the needs of orphans on HIV/AIDS control.

## KEY ACCOMPLISHMENTS

- Provided educational support to 777 orphans;
- Provided vocational training to 38 of these orphans;
- Provided access to health for 500 orphans;
- Provided income-generating training for orphan caregivers;
- Provided micro-credit grants to 463 caregivers;
- Provided leadership training to community-based organizations in project communities to sustain the project;

- Provided HIV/AIDS education on prevention and control for stakeholders in project communities;
- Conducted formative research, including a baseline survey, and participatory learning and action focus groups with caregivers, to evaluate orphans and their needs; and
- Hosted training/capacity-building workshops on HIV/AIDS and income generation for 60 community-based organizations.

#### PRIORITY ACTIVITIES

- Use experience in the selected local government areas to inform policy and service development at state and federal levels;
- Network with other nongovernmental organizations to promote HIV/AIDS awareness and prevention activities;
- Plan for 300 more orphans to enroll in schools, health care programs, and vocational training;
- Introduce economic empowerment to 300 additional caregivers;
- Improve community-based organizations; and
- Improve advocacy among local, state, and federal governments.

#### PROJECT MATERIALS AND TOOLS

- Handbook on *Income-Generating Activities Training for Caregivers*.

#### TECHNICAL ASSISTANCE

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

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

#### CONTACT INFORMATION

Africare:

Alan C. Alemian (aalemian@africare.org)

Dr. Chinwe A. Effiong (afrinig@infoweb.abs.net)

Tel: 234-1-262-0648

CEDPA/Washington:

Robert Kelly (rkelly@cedpa.org)

Web site: <http://www.cedpa.org>

USAID/Washington:

Lisa Childs (lisachilds@usaid.gov)

USAID/Nigeria:

Dr. Temitayo Odusote (temitayoodusote@gdo@lagos)

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**PROJECT:**  
**Orphan and Vulnerable Children**  
**Assessments and Implementation**

**IMPLEMENTING ORGANIZATION:**  
**Family Health International/IMPACT**

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**USAID FUNDING PERIOD:**  
**2001–2007**

**USAID AMOUNT:**  
**\$500,000**

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#### PURPOSE

Family Health International/IMPACT conducted an in-depth assessment in three local government areas in four states (Anambra, Kano, Lagos, and Taraba) that included a comprehensive care and support assessment with a component for orphans and vulnerable children. Findings of the assessment indicated a need for additional information on the status of orphans and vulnerable children. Family Health International then worked with implementing agencies and the public

sector to conduct a qualitative and quantitative assessment of orphans and vulnerable children in the focal states. This was based on the recognized need to adequately address and build a strong foundation for sustainable and cost-effective projects for orphans and vulnerable children that can be replicated elsewhere.

The information provides baseline data for monitoring and evaluating interventions, and it will contribute to the documentation of lessons learned in addressing the

needs of orphans and vulnerable children. The assessment is the first stage of a series of actions to facilitate a mobilized national and state response. The assessment informs development of projects in six states:

- Taraba State: Jalingo and Zing;
- Kano State: Fagge and Tarauni;
- Lagos State: Ajeromi/Ifelodun and Lagos Mainland;
- Osun State: Ilesha and Ejigbo;
- Anambra State: Awaka South and Onitsha North; and
- Ebonyi State: Abakaliki and Ezza South.

The objectives of the assessment were to:

- Begin mobilizing key stakeholders;
- Provide baseline information for the design, monitoring, and evaluation of projects for orphans and vulnerable children projects in Family Health International focal states;
- Gather information that can be used to monitor the well-being of orphans and vulnerable children over time;
- Gather information to help describe the impact of HIV/AIDS on children and their families;
- Identify existing structures, systems, and mechanisms capable of supporting or complementing the project;
- Identify current coping mechanisms within families and communities for orphans and vulnerable children;
- Obtain data in a standardized format that will enable comparison with similar studies in other countries; and
- Identify and assess local nongovernmental organizations with capacity, experience, or potential to participate in or implement community-based projects for orphans and vulnerable children.

An important factor of the situation analysis was to mobilize key stakeholders around the issues affecting orphans and other vulnerable children in Nigeria. Therefore, the research team included representatives

from community, state, and national organizations and government ministries.

The study methodology for the Nigerian assessment consisted of the following:

- Key informant interviews with community leaders;
- Focus group discussions with three distinct groups;
- An organizational response and capability assessment;
- A quantitative survey of heads of households; and
- A government perception and response assessment.

#### KEY ACCOMPLISHMENTS

- Results of the situation analysis results and the mobilization process were presented at the first orphans and vulnerable children stakeholders meeting in Abuja. Recommendations gathered from the meeting were incorporated into a final report, which was presented at the first West and Central African Regional Orphans and Vulnerable Children Conference in April 2002, in Côte d'Ivoire.
- Family Health International/Nigeria is represented on and supports the National Orphans and Vulnerable Task Force, in collaboration with UNICEF and NACA.
- Family Health International/Nigeria is currently developing subagreements to provide program and technical support to four local nongovernmental organizations to improve the well-being of orphans and vulnerable children.

#### PRIORITY ACTIVITIES

- Award subagreements to provide programmatic and technical support to three local nongovernmental organizations;
- Facilitate implementation of interventions based on findings from assessments. This will include ongoing identification and registration of orphans and vulnerable children;
- Collaborate and maintain linkages with other agencies and local nongovernmental organizations involved in orphan and vulnerable children initiatives to learn and share experiences; and

- Collaborate with government and other relevant agencies to organize a conference to address the needs of orphans and vulnerable children conference and formulate a national policy.

#### PROJECT MATERIALS AND TOOLS

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

#### TECHNICAL ASSISTANCE

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

- Training in networking and training to link care and prevention;
- Home-based care;

- Counseling;
- Orphans and vulnerable children situation analysis and mobilization; and
- Monitoring and evaluation.

#### CONTACT INFORMATION

Family Health International/IMPACT/Nigeria:  
Rosemary Nnamdi-Okagbue (rnokagbue@usips.org)  
Tel: 234-1-267-0361

Family Health International/IMPACT/Virginia:  
Sara Bowsky (sbowsky@fhi.org)  
Tel: 703-516-9779; Fax: 703-516-9781  
Web site: <http://www.fhi.org>

USAID/Washington:  
Kate Crawford (katherinecrawford@usaid.gov)

USAID/Nigeria:  
Dr. Temitayo Odusote (todusote@usaid.gov)

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**PROJECT:**  
**Vulnerable Children's Project**

**USAID FUNDING PERIOD:**  
**August 1999–December 2002**

**IMPLEMENTING ORGANIZATIONS:**  
**Centre for Development and Population Activities/ENABLE, Catholic Women Organization, Opiatoha Kanyin Idoma Multi-Purpose Cooperative Society**

**USAID AMOUNT:**  
**\$900,000**

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#### PURPOSE

The project is being implemented in two areas of Benue State, Otukpo and Okpokwu, and mirrors the project by Africare and the Centre for Development and Population Activities in Rivers State. The goal is to improve the quality of life for children under age 15 who have lost one or both parents to AIDS. To avoid assigning children with an HIV/AIDS stigma, all children deprived of parents due to sickness or death are eligible to receive assistance. The project offers direct emergency assistance, and help for caregivers through income-generating activities and community mobilization. The project goals are to:

- Provide opportunities to empower orphans and vulnerable children;
- Identify existing community support structures and strengthen their ability to care for orphans and vulnerable children;
- Promote positive attitudes, beliefs, and practices of community members toward orphans and people living with HIV/AIDS;
- Develop the capacity of communities, especially women's groups and local associations, to advocate for positive policy and social changes for persons infected and affected by HIV/AIDS; and



- Use experience gained during the project's first year to inform policy and service development at state and federal levels.

#### KEY ACCOMPLISHMENTS

- Program implementation committees were organized in 10 communities.
- 700 indigent orphans and vulnerable children under age 15 are receiving health care, education, and vocational training, and 46 older siblings and 78 caregivers are receiving vocational training. Of those targeted, 617 children have been placed in schools or in vocational training programs.
- 521 households with orphans and vulnerable children are receiving care and support through income-generating activities, micro-credit, and advocacy and social mobilization training.
- 34 community-based organizations received training, capacity-building assistance, better access to small loans, and assistance with income-generating activities.
- 66 Christian and Muslim leaders attended meeting on HIV/AIDS.
- The Nigerian government donated the services of six social workers to conduct home visits in order to provide psychosocial support to orphans and vulnerable children.
- \$31,000 of international funding was leveraged in the past year from other sources.
- Communities and local government authorities committed farmland, buildings for mill equipment, seedlings, pigs, and time for home care visits.
- Income-generating activities have been established in three of the five project communities. They include a rice mill, a palm oil plantation and mill, a cassava plantation and mill, and two pig farms.

#### PRIORITY ACTIVITIES

- The project plans to expand to additional areas and reach an additional 200 indigent orphans.
- Community-based organizations and caregivers

will receive training in coalition-building, advocacy, community mobilization, and networking.

- Partnerships are continuing with schools, vocational centers, and health facilities that include services for vulnerable children.
- Broader health and family planning initiatives will be developed, including HIV/AIDS prevention for youth.
- Stakeholders at all levels will be trained in basic HIV/AIDS education and prevention skills, including home-based care and provision of psychosocial support for affected children.
- A presentation will be made in Idomaland on HIV/AIDS to 70 community members (gatekeepers, educators, traditional rulers, and religious leaders).

#### PROJECT MATERIALS AND TOOLS

Indicators to measure interventions exist for:

- Orphans and vulnerable children;
- Caregivers;
- Community gatekeepers and traditional rulers, and stakeholders in community-based organizations, nongovernmental organizations, and churches; and
- Local and state governments.

#### TECHNICAL ASSISTANCE

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

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

**CONTACT INFORMATION**

CEDPA/Nigeria:

Margaret Agbeje and Chineze Okala  
(cokala@usips.org)

Tel: 234-01-2600022

CEDPA/Washington:

Robert Kelly (rkelly@cedpa.org)

Tel: 202-667-1142

USAID/Washington:

Lisa Childs (lchilds@usaid.gov)

USAID/Nigeria:

Dr. Temitayo Odusote (temitayoodusote@gdo@lagos)

# Rwanda

## PROJECT:

**Safety Net and Leadership Initiative for Fighting Epidemics (LIFE) Food Programs**

## IMPLEMENTING ORGANIZATIONS:

**Safety Net: Catholic Relief Services; LIFE: CARE International, Caritas Rwanda, World Relief, Association Nationale de Soutien aux Sero-Positifs (ANSP)**

## USAID FUNDING PERIOD:

**January 2001–July 2005**

## USAID AMOUNT:

**\$680,000 per year (Safety Net and LIFE Activities)  
\$1.3 million per year (total development activities program)**

## PURPOSE

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

Currently, the Safety Net project reaches 7,000 institutionalized orphans, street children, infants in prison with their mothers, and handicapped and elderly persons each month. Rations are calculated to meet approximately 80 percent of the daily needs of the target population, with the remaining 20 percent provided by partner centers. Catholic Relief Services provides training in commodity management, general management practices, and small-income generation to increase the operational capacity of its partners.

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

numbers of children affected by HIV/AIDS. Food assistance will be maintained until households can generate sufficient income to meet basic needs.

## KEY ACCOMPLISHMENTS

The major accomplishments of the past year can be found in the start-up of LIFE activities and the efforts made by Catholic Relief Services and its subgrantee agencies to successfully reach its target population of 22,000 beneficiaries by the end of the fiscal year. Because program operations started on January 1, 2001, the LIFE program was required to accomplish this task in nine months, with the added burden of finalizing efforts to coordinate a project baseline, to identify the appropriate target population, and to finalize operational agreements between all of subgrantees.

## PRIORITY ACTIVITIES

Present and future priority activities center on:

- Advocacy for HIV/AIDS affected populations of Rwanda;
- Continued collaboration with government and civil society to find sustainable alternatives to institutional care for orphans and other vulnerable children;
- Increased support and funding for small income generation activities in LIFE and Safety Net centers; and
- Mid-term evaluation of Safety Net and LIFE projects (November 2002).

# **TECHNICAL ASSISTANCE**

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

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

# **CONTACT INFORMATION**

Catholic Relief Services:

Maureen Capps (crs1@rwandatel1.rwanda1.com)

Stephen Morgan (crs-rwan@rwandatel1.rwanda1.com)

Tel: 00250-82109, or 82112 or 82114

Arthur Price (aprice@catholicrelief.org)

Tel: 410-625-2220

Web site: <http://www.catholicrelief.org>

USAID/Washington:

Bridget Ralyea (bralyea@usaid.gov)

USAID/Rwanda:

Heather Goldman (hgoldman@usaid.gov)

# South Africa

**PROJECT:**  
**Ndwedwe District Child Survival Project**

**USAID FUNDING PERIOD:**  
**September 1995–September 2005**

**IMPLEMENTING ORGANIZATIONS:**  
**Medical Care Development International (MCDI), Department of Health, DramAIDe, local Diakonia Council of Churches**

**USAID AMOUNT:**  
**\$1,603,850 (includes cost extension)**

## PURPOSE

The Ndwedwe Child Survival Project is currently implementing a second four-year program in an extended area of the Ndwedwe District, in KwaZulu Natal. The goal of the project is to reduce morbidity and mortality among children under the age of 60 months, and to improve the health status of women of reproductive age. The levels of effort for the phase II interventions are as follows:

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

The estimated number of beneficiaries in the extended program area is 119,036. The HIV/AIDS/sexually transmitted infections intervention focuses on community-based interventions designed to strengthen and improve the care and support of children affected by AIDS and concentrates on three levels of effort: preventing new HIV cases, strengthening the willingness and capacity of families and communities to care for orphans and vulnerable children, and supporting and improving home-based care of people living with AIDS. Direct beneficiaries are HIV/AIDS caregivers; community care and support workers, and professionals who receive training from project staff; and youth in primary and secondary schools. Other beneficiaries include women of reproductive age and children who are orphaned due to AIDS, who are HIV-positive, those

living with an HIV-positive parent, and members of community health committees.

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

Home-based care for people living with AIDS includes training and support for volunteers, nutritional care and counseling, and pilot-testing of drugs for opportunistic infections. Activities include material support, monitoring by community committee members who are trained to address the epidemic and its effect on populations, training in psychosocial support, pilot-testing a crèche program for orphans and vulnerable children, micro-enterprise schemes, and strengthening regional and district-level AIDS councils.

## KEY ACCOMPLISHMENTS

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

- Catalyzed the formation of seven community health committees; more are planned;
- Introduced rapid testing for HIV and syphilis in selected facilities of the district; rapid tests are implemented on a trial basis, and cost-effectiveness analyses indicate that the rapid HIV tests are a cost-effective option for government;
- Developed a wealth-ranking tool as a participatory exercise with the Shangase community health committee to prioritize assistance to children affected by AIDS, which has been translated into Zulu;
- Provided home-based care volunteers with follow-up training, including three five-day refresher training workshops;
- Hosted implementing workshops for communities in six tribal authorities on how to access child care and foster care grants from the Department of Welfare; and
- Held Action on AIDS workshops for church leaders of faith-based organizations, in collaboration with Diakonia.

#### PRIORITY ACTIVITIES

- Creating an enabling environment for behavior change by developing support groups and a more health-promoting peer culture;
- Working with local churches to serve not only as channels for messages but as support systems for behavior change;
- Implementing an education program to reduce stigma toward people affected by HIV/AIDS;
- Training home-based care volunteers to provide care for neighbors (including children, their caregivers, or both) living with AIDS, including counseling families and teaching them to care for ill household members;
- Training clinic nurses in counseling and communication skills; particularly maternal counseling to discourage abandonment of infants, and nutritional counseling to prolong the health and well-being of persons living with HIV/AIDS;
- Strengthening community and extended family care of orphans and vulnerable children through a variety of activities including:

- Establishing a model crèche pilot program that performs growth monitoring; psychosocial counseling; and collects blankets, clothing, etc., from the community to distribute to the caregivers;
- Establishing systems through which community health centers track the well-being of all orphans and vulnerable children in their community and assist substitute caregivers to access the government grants and benefits available to them;
- Offering income-generating programs for families caring for orphans and vulnerable children;
- Providing health communication programs to non-maternal caregivers on essential actions to prevent childhood illnesses, such as diarrhea, and appropriate feeding and treatment seeking during illness; and
- Organizing church groups, in collaboration with the Diakonia Council of Churches, that will develop plans to meet the needs of orphans and other vulnerable children in the church community.

#### PROJECT MATERIALS AND TOOLS

- In-service training modules for home-based care volunteers;
- Rapid testing algorithms;
- A wealth-ranking instrument to gauge levels of need;
- Workshop guidelines for accessing government grants for children affected by AIDS; and
- Output indicators for school HIV prevention activities.

#### TECHNICAL ASSISTANCE

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

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

**CONTACT INFORMATION**

MCDI/South Africa:

Dr. Farshid Meidany

Tel: 27-31-304-0357

MCDI/Washington:

Blasques de Oliveira (mcdi@mcd.org)

Tel: 202-462-1920

Web site: <http://www.mcd.org>

USAID/Washington:

Nitin Madhav (nmadhav@usaid.gov)

USAID/South Africa:

Melinda Wilson (mwilson@usaid.gov)

**PROJECT:****Community-Based Care and Support for Orphans and Vulnerable Children/Siyawela Project****USAID FUNDING PERIOD:****October 1999–June 2002****USAID AMOUNT****\$600,000****IMPLEMENTING ORGANIZATIONS:****HOPE Worldwide, Family Health International/IMPACT****PURPOSE**

HOPE Worldwide/South Africa provides integrated care and support for orphans and other vulnerable children as part of its comprehensive community-based care, prevention, and support activities. The project links care and prevention of HIV through care and support services, community mobilization, and referral networks. HOPE Worldwide, with technical assistance from Family Health International/IMPACT, developed a community mobilization approach to create a community support system for orphans and other vulnerable children, which included nutritional support, recreational activities, life skills, referrals, and assistance with counseling, disclosure, and future planning.

The project strengthens links between the community and the Perinatal HIV Research Unit at the Chris Baragwanath Hospital in Soweto to provide a continuum of care after voluntary counseling and testing. The project serves orphans, vulnerable children, HIV-infected children, persons with AIDS, home caregivers, and family and community members in Soweto.

**KEY ACCOMPLISHMENTS**

- Support groups for children were established within the adult support groups (some support groups include only after-school activities);
- Staff members were trained in home-based care, social auxiliary work, psychosocial support for children, and community mobilization tools;

- 4 task teams for community orphans and vulnerable children were established with various working groups (health, poverty, job creation, education, recreation, abuse, cultural, and environment);
- A referral and follow-up system to community care and support services was developed and implemented;
- Welfare grants to clients were facilitated;
- Promotional and educational brochures were developed; and
- 13 mother-to-child transmission/voluntary counseling and testing lay counselors in Soweto were trained, given supplies, and supervised.

**PRIORITY ACTIVITIES**

- Continue community mobilization by working with task teams and groups for orphans and vulnerable children through workshops and networking (i.e., leadership and management development);
- Increase competency of task teams and working groups on orphans and vulnerable children and among community members;
- Initiate a community monitoring system of orphans and vulnerable children through the CARE Group model such as World Relief in Mozambique;
- Establish a resource center for capacity-building;
- Strengthen and perfect the referral and follow-up system that is linked to mother-to-child transmission and voluntary counseling and testing efforts;

- Establish a referral and follow-up database;
- Develop close relationships with care and support service providers; and
- Enhance the child support groups by implementing psychosocial support and counseling activities.

#### PROJECT MATERIALS AND TOOLS

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

#### TECHNICAL ASSISTANCE

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

- Mentoring, training, networking, or a combination of these in monitoring and evaluation;
- Community mobilization;
- Referral and follow-up systems;

- Psychosocial support and counseling for children;
- Linking care and prevention;
- Home-based care, and
- Counseling in mother-to-child transmission/voluntary counseling and testing.

#### CONTACT INFORMATION

Family Health International/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779; Fax: 703-516-9781

Web site: <http://www.fhi.org>

HOPE Worldwide:

Dr. Mark Ottenweller

Edward Phillips (edward\_phillips@hopewww.org)

Tel: 27-11-463-6119; Fax: 27-11-463-6498;

Mobile: 27-83-445-0011

USAID/South Africa:

Melinda Wilson (mwilson@usaid.gov)

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#### PROJECT:

**Siyawela II Project, Community-Based Care and Support for Orphans and Vulnerable Children**

#### USAID FUNDING PERIOD:

**October 2001–September 2004**

#### USAID AMOUNT:

**\$2,000,000**

#### IMPLEMENTING ORGANIZATIONS:

**HOPE Worldwide South Africa, Soweto Hospice**

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#### PURPOSE

With previous funding through Family Health International, HOPE Worldwide/South Africa developed comprehensive urban and periurban care systems that integrate care and support for orphans and vulnerable children into existing community-based prevention and care activities. The now-expanded project links care and prevention of HIV through care and support services, community mobilization, and referral networks.

HOPE Worldwide developed a community mobilization approach to create a community support system for orphans and vulnerable children that included nutritional support, recreational activities, life skills, referrals, and assistance with counseling, disclosure, and future planning. The project strengthens links between

community care and support services (nongovernmental and community-based organizations) and health service centers to provide a continuum of care. Linkages with voluntary counseling and testing are critical entry points to care and support services. The project serves orphans, vulnerable children, HIV-infected children, persons with AIDS, home caregivers, families, and communities in Alexandra, Cape Town, Durban, Port Elizabeth, and Umtata.

#### KEY ACCOMPLISHMENTS

- A staff component in each city was established (coordinator, two counselors, two volunteers);
- Existing care and support services were strengthened;
- Support groups for children were established with-in adult support groups (some support groups



include only after-school and weekend activities); and

- Staff members were trained in counseling, home-based care, and psychosocial support for children.

#### PRIORITY ACTIVITIES

- Complete the baseline survey in all five sites;
- Implement psychosocial support groups for children at all five sites;
- Train and implement community mobilization through workshops to establish task teams and working groups for orphans and vulnerable children;
- Establish a community resource center for network capacity-building;
- Adapt and implement a referral and follow-up system;
- Develop close relationships with other care and support service providers; and
- Develop an approach to strengthen coping mechanisms for vulnerable households.

#### PROJECT MATERIALS AND TOOLS

- Project summary, brochures, baseline surveys report, progress reports.

#### TECHNICAL ASSISTANCE

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

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

#### CONTACT INFORMATION

HOPE *Worldwide*:

Dr. Mark Ottenweller (mark\_ottenweller@hopeww.org, hope@global.co.za)

Edward Phillips (edward\_phillips@hopeww.org)

Tel: 27-11-463-6119; Fax: 27-11-463-6498

USAID/South Africa:

Melinda Wilson (mwilson@usaid.gov)

#### PROJECT:

**Strategic Response to Improving the Well-Being of Orphans and Vulnerable Children in South Africa/Goelama Project**

#### IMPLEMENTING ORGANIZATIONS:

**The Nelson Mandela Children's Fund and Community-Building and Catalyst Organizations, KwaZulu-Natal, Community Law and Rural Development Centre (District 27), Africa Centre for Population Studies and Reproductive Health (Africa Centre) (District 27), KwaZulu Natal Christian Council (District 28), Zululand Chamber of Business**

**Foundation (District 28), Limpopo Province (formerly Northern Province), ACE Consortium, consisting of Centre for Positive Care, Akanani Rural Development Services, ELCSA (District 34), Phalaborwa Foundation, Choice and Itireleng (District 33), Fanang Diatla (District 35), Mpumalanga, PSASA (District 32)**

#### USAID FUNDING PERIOD:

**September 2000–October 2003**

#### USAID AMOUNT:

**\$5 million**

#### PURPOSE

The Nelson Mandela Children's Fund seeks to strengthen household and community capacities to develop sustainable approaches that support orphans and other vulnerable children. The project aims to reach an estimated 250,000 orphans and other vulner-

able children in 10 HIV/AIDS-affected communities in 4 provinces. The Fund employs four strategies:

- Forming partnerships to mobilize multisector community initiatives. The Fund will identify catalyst and capacity-building organizations (i.e., strategic

partners) that work to develop community responses to the needs of orphans and vulnerable children, and provide them with funds, training, and technical assistance.

- Issuing grants to nongovernmental and community-based organizations. In response to emerging and innovative initiatives, organizations are given direct funding, or disbursements are made to smaller supporting initiatives through implementing partners when the partners have the capacity to award subgrants.
- Testing the “marriage” of social development activities and economic strengthening initiatives through partnerships with micro-finance institutions. Partners will develop innovative financial products and provide business support services to targeted households and communities to support orphans and vulnerable children.
- Contributing to the establishment of a national policy framework and strategic plan to assist orphans and vulnerable children as well as to strengthen networks of government and nongovernmental services. The Nelson Mandela Children’s Fund will advocate for policy changes across government sectors to ensure that orphans and vulnerable children receive care. The first priority is to convince policymakers to change their preference to provide community-based care for orphans and vulnerable children rather than institutional care.

#### KEY ACCOMPLISHMENTS

- Catalyst and capacity-building organizations in eight of the targeted 10 sites were appointed;
- Initial training on community mobilization was held with the new organizations, and follow-up workshops were held with the previously funded projects;
- Site work plans are in development for newly funded partners, and KwaZulu Natal partners are in the process of submitting their first progress reports;
- Supporting organizations in some of the sites were approved for funding;
- Goelama staff are active in the National AIDS and Children’s Task Team (NACTT);

- The Nelson Mandela Children’s Fund is an active member of the Gauteng AIDS Council;
- The Nelson Mandela Children’s Fund is reviewing the Gauteng AIDS Strategy through Goelama;
- A baseline survey is in the completion stage for the first phase;
- A micro-finance strategy is in the final stages of development;
- 10 organizations were supported in the last financial year; and
- Site profiles are available, and networks are being established.

#### PRIORITY ACTIVITIES

- Sites will be selected for the remaining two pilot sites and key partners will be appointed (if it is not feasible to do this before the project end date, we will concentrate on the remaining eight sites);
- A baseline survey will be completed for all 10 sites;
- Program planning at sites will be finalized and service providers will be appointed for capacity-building training;
- Funding for innovative approaches to orphans and vulnerable children will be sought (on a continual basis);
- An advocacy strategy will be developed;
- Micro-finance initiatives will begin;
- Training for child care and community-based organizations at sites will be implemented (twice per annum and as needed);
- Technical assistance will be given to the project on operations research, which will be refined and implemented with the Population Council through the Frontiers and Horizons projects; and
- Monitoring indicator achievement will take place (ongoing).

#### PROJECT MATERIALS AND TOOLS

- Detailed household and youth questionnaires for baseline survey (first phase);
- Baseline data (available May 2002);
- Indicators for the project; and
- Several other research reports are available.

**TECHNICAL ASSISTANCE**

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

- Community initiatives, economic strengthening, advocacy, youth, and output indicators;
- Faith-based organizations, community mobilizing; and
- Psychosocial support, education, food security, nutrition, health care, prevention, and child placement/reunification.

**CONTACT INFORMATION**

The Nelson Mandela Children's Fund:  
Sibongile Mkhabela, CEO  
Ally Cassiem (AllyC@nmcf.co.za)  
Goelama Project Manager  
Tel: 27-11-786-9140; Fax: 27-11-786-9197  
Web site: <http://www.mandela-children.org>

USAID/Washington:  
Lloyd Feinberg (lfeinberg@usaid.gov)

USAID/South Africa:  
Melinda Wilson (mwilson@usaid.gov)

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

**USAID FUNDING PERIOD:**  
**January 2000–July 2002**

**USAID AMOUNT:**  
**\$344,618**

**IMPLEMENTING ORGANIZATION:**  
**World Vision South Africa**

**PURPOSE**

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

- Maintain or improve income for households with orphans or acutely ill family members;
- Increase financial abilities and decrease risk behavior among women and youth;
- Increase awareness of and response to HIV/AIDS among civil society, local institutions and groups, and vulnerable individuals;
- Improve the knowledge and skills of household members to provide care and support to chronically ill family members;
- Establish appropriate knowledge and awareness of caring for orphans;

- Document and share project experiences; and
- Ensure sustainability of effective project components.

Measurable outcome indicators have been established for the first five points in the list above. Interventions to achieve these objectives include the Dynamic Business Start-up program (DBSP) to train and support community members in identifying and implementing a business, simple labor-saving technologies (e.g., water carrying and irrigation), technical support for networking and collaboration within the community (e.g., household maintenance), home-based care linkages with other community activities, and quality of care indicators to monitor orphan well-being and promote child rights.

**KEY ACCOMPLISHMENTS**

- A rapid household scan of every third household in Okhahlamba municipality was taken (4,159 households were interviewed in 2000), which generated data on household demographics, individual and household incomes, number of children without parents, and illness levels according to age.

- An in-depth, random economic survey was taken of people in households that care for orphans, ill family members, or that had neither in 2001.
- 115 community members, including 91 women and 20 youth (<25 years), 64 of whom were from households with orphans, were trained through the project and are being mentored after starting their own businesses in 2001.
- An Okhahlamba orphans team is facilitating the development of community responses to enhance the well-being of orphans.
- An Okhahlamba home-based care team is facilitating and strengthening the care and support network for the 80 home-based care volunteers who have been trained.
- A graduation ceremony was held on March 1, 2002, for 269 people who had successful businesses (selling chickens, crafts, fruits, vegetables, baked goods, and sewing wedding dresses and school uniforms), three months after completing the DBSP. An area newspaper covering the event stated, "the people of Okhahlamba are discovering that hope is a powerful motivator, thanks to a project that is measuring the relationship between a positive outlook and meaningful change."
- The orphan team, in partnership with the Okhahlamba Area Development Project, is starting orphan-initiated food security projects (six gardens and six chickens) with the participation of 300 orphans aged 15–25 years.
- The community-based orphan team will receive leadership training.
- Prevention and care messages on well-being, home-based care, orphan care, and HIV/AIDS for youth, women, and other community members will be developed and disseminated.
- A follow-up economic survey will be conducted to assess the effect and relevance of business training and mentoring as an HIV/AIDS mitigation activity.
- Orphans registered in each ward will be given priority attention for accessing orphan grants, and community responses to child rights for orphans within a community context will be facilitated.

#### PROJECT MATERIALS AND TOOLS

- Output and outcome indicators;
- Home-based care training modules;
- Transformational leadership modules;
- Participatory learning and action survey results;
- Household scan report and tool; and
- Detailed household income and expenditure questionnaire.

#### CONTACT INFORMATION

World Vision/South Africa Operations:  
 Steve Goudswaard (steve\_goudswaard@wvi.org)  
 Tel: 011-671-1322  
 Web site: <http://www.worldvision.org>

HIV/MED Grant Amendment:  
 Monika Holst (monika\_holst@wvi.org)  
 Tel: 036-448-2044

USAID/Washington:  
 Nitin Madhav (nmadhav@usaid.gov)

USAID/South Africa:  
 Melinda Wilson (mwilson@usaid.gov)

#### PRIORITY ACTIVITIES

- Training and mentoring of an additional 60 community members and 24 orphans in the DBSP will continue, and will specifically include more households with orphans or ill family members.
- The DBSP training programs will continue to link with the current home-based care project.
- A two-day pretraining will be added to the DBSP in basic financial life-skill modules as part of the screening process for selecting trainees with entrepreneurial inclinations.

# Tanzania

**PROJECT:**  
**Voluntary Sector Health Program**

**USAID FUNDING PERIOD:**  
**July 4, 2001–July 31, 2004**

**IMPLEMENTING ORGANIZATIONS:**  
**CARE/Tanzania, Healthscope Tanzania, Ltd., The Johns Hopkins University–Center for Communications Programs**

**USAID AMOUNT:**  
**\$15,000,000 (a portion supports activities related to orphans and vulnerable children)**

## PURPOSE

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

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

## KEY ACCOMPLISHMENTS

- To date, the Voluntary Sector Health Program (VSHP) has initiated assistance to 14 nonprofit organizations that provide support to orphans and vulnerable children in 10 districts. Assistance includes nutrition, education, and psychosocial support. Grantees are learning to work with orphans and foster families to identify strategies to improve the quality of their lives. They are funded for an initial 12 months and may be eligible to receive funding for an additional 12 months.

## PRIORITY ACTIVITIES

- Finalize the care and support assessment report commissioned by USAID and undertaken by Family Health International and the National AIDS Control Program;
- Identify organizations currently working with orphans and vulnerable children, assess their capacity, and review funding details. Organizations will be requested to account for the number of children they supported. National and regional resource organizations will provide technical support as determined; and
- Scale up key activities at the district level, which are already strong in some regions (e.g., Social Action Trust Fund, which is currently a major supporter of vulnerable children through paying of school fees, food, etc.).

## PROJECT MATERIALS AND TOOLS

- Designing guidelines for proposal design workshop (draft); and
- Breaking the HIV/AIDS cycle conceptual framework.

## TECHNICAL ASSISTANCE

Although it is still under development, VSHP is developing expertise in the following areas:

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

**CONTACT INFORMATION**

CARE/Tanzania:

Dr. Binagwa, Team Leader (Fbinagwa@care.or.tz)

Tel: 255-22-2666775

Aida Swai (aswai@care.or.tz)

USAID/Tanzania:

Robert Cunnane (rcunnane@usaid.gov)

Vicky Chuwa (vchuwa@usaid.gov)

Amy Cunningham (acunningham@usaid.gov)

**PROJECT:****Organizational Capacity Building****IMPLEMENTING ORGANIZATION:****Tanzania Social Action Trust Fund****USAID FUNDING PERIOD:****1998-onward (reinvestment of earnings from initial capital)****USAID AMOUNT:****\$12 million (initial capital)****PURPOSE**

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

The Fund is governed by a five-member board of trustees from the business community and is managed on a day-to-day basis by a chief executive officer and small supporting staff. Its performance has reflected effective management and consistent growth enabling it to become a local, sustainable mechanism to respond to the problems of HIV/AIDS facing Tanzania. The Fund invests in two funds; the first uses capital of \$2 million to invest in small and micro-enterprises, and surpluses are returned to the Fund. The second fund (capital \$10 million) offers medium- and long-term loans, and all profits are used to support orphans.

SATF grants to nongovernmental organizations primarily support basic education costs such as school fees, uniforms, textbooks, and occasionally, transportation.

The staff monitors nongovernmental organization performance and ensures that its grants directly benefit the maximum number of orphans. Grants must be used for direct assistance to orphans and cannot be used for operational costs of recipient nongovernmental organizations, which must be covered from other sources. The Fund is exploring ways to increase its capitalization so that more orphans can benefit. The project goal is to support as many orphans as cost-effectively as possible without compromising the quality of interventions.

**KEY ACCOMPLISHMENTS**

- SATF has expanded grants per year from an initial of \$112,000, distributed through nongovernmental organizations in 8 regions in 1999, to more than \$320,000 in 14 regions in 2001.
- More than \$950,000 in grants has been distributed.
- 16,108 orphans benefited in 2001.

**CONTACT INFORMATION**

The Social Action Trust Fund:

Valentine Rweyemamu, CEO

P.O. Box 10123

Dar es Salaam (satf@twiga.com)

Tel: 255-22-2118740/3; Fax: 255-22-2118741

USAID/Tanzania:

Rob Cunnane (rcunnane@usaid.gov)

Amy Cunningham (acunningham@usaid.gov)

Vicky Chuwa (vchuwa@usaid.gov)

# Uganda

## PROJECT:

**Applied Research on Child Health (ARCH) Project**

**Health, and Makerere Institute for Social Research**

## IMPLEMENTING ORGANIZATIONS:

**Center for International Health at Boston University School of Public Health, Makerere University Institute of Public**

**USAID FUNDING PERIOD:  
2001–2004**

**USAID AMOUNT:  
\$500,000**

## PURPOSE

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

The project aims to provide the government of Uganda, Ugandan civil society institutions, and the donor community with a better understanding of the status of orphans and vulnerable children in Uganda. Relevant data are being collected through a situation analysis and being used to help guide a national policy to enable Uganda to better respond to the needs of orphans and vulnerable children. Further, the work done by the ARCH project increases capacity-building within these organizations through an exchange and feedback on best practices. The project strengthens resources and services for orphans and their caretakers within Uganda by providing information on:

- Known estimates of the number, causes, and distribution of orphaned children in Uganda;
- A policy framework for government, the donor community, and civil society institutions to assist orphans;

- Strategies (best practices) for addressing the growing needs of orphans, including innovative interventions within their care environment;
- Existing governmental and nongovernmental, local (grassroots), national, and international resources and service networks assisting orphans;
- Physical, mental, and social welfare effects specific to child-headed households and street children; and
- Disproportionate burdens on girls and women who are caregivers, and their greater vulnerability resulting from rape, prostitution, or homelessness.

## KEY ACCOMPLISHMENTS

- A situation analysis of orphans based on a comprehensive literature review and a field survey of 326 households in the eight districts of Apac, Katakwi, Kitgum, Masaka, Masindi, Mbarara, Mpigi, and Tororo was carried out. In addition, more than 150 interviews were held with local and national key informants, institutions, and street children.
- In collaboration with the Institutes of Public Health and Social Research at Makerere University, a draft report of the findings was produced, titled *A Situation Analysis of Orphans in Uganda: Orphans and Their Households—Caring for the Future Today*.
- The report was presented to the Government of Uganda at a national stakeholder workshop in Kampala on February 4, 2002, at which the first lady of Uganda was the guest of honor. Attendees included key policymakers, Ugandan government

officials, USAID and UNICEF representatives, international and national nongovernmental organizations, and academic staff from Makerere University.

- The key findings of the report can be found on the Web site for the Boston University Center for International Health. The report will be posted in late 2002.
- A CD-ROM of more than 600 pieces of literature reviewed by the research team has been produced. Four centers with reference databases of the collected literature on orphans are being set up at the Institutes of Public Health, Social Research at Makerere University, UNICEF, and the Center for International Health, Boston University School of Public Health.
- A proposal writing and development workshop for eight Ugandan policy analytical and program evaluation teams was held in Jinja, February 6–15, 2002. Research proposal topics include the effect of orphanhood on psychosocial health, health-seeking behavior by caretakers, reproductive health among adolescents, legal aspects of inheritance of property, and educational attainment and response by nongovernmental organizations. These studies will examine more than 1,000 households in Uganda.

#### **PRIORITY ACTIVITIES**

- A National Policy and Strategic Plan for orphans is being drafted by the Ministry of Gender, Labor and Social Development with the support of the ARCH project;
- 4 orphan policy analyses and program evaluations are being reviewed; and
- 4 centers with reference databases of the collected literature on orphans are being set up at the Institutes of Public Health, Social Research at Makerere University, UNICEF and the Center for International Health, Boston University School of Public Health.

#### **PROJECT MATERIALS AND TOOLS**

- Draft situation analysis of orphans in Uganda (February 2002);

- Appended annotated bibliography of approximately 150 key references (February 2002);
- Household survey instruments (February 2002);
- CD-ROM of more than 600 pieces of literature reviews compiled by the research team (March 2002);
- National Policy and Strategic Plan for orphans in Uganda (late-2002);
- Six policy analyses and program evaluation final reports/manuscripts (mid-2004);
- Synthesis of Ugandan orphan policy analyses and program evaluations (late-2004);
- Applied research study methodologies;
- Orphan study proposal development;
- Orphan policy analyses;
- Orphan policy evaluations;
- National orphan policy formulation; and
- Monitoring and evaluation methodologies for orphan care interventions.

#### **TECHNICAL ASSISTANCE**

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

- Applied research study methodologies;
- Orphan study proposal development;
- Orphan policy analyses;
- Orphan policy evaluations;
- Formulation of national orphan policies; and
- Monitoring and evaluation methodologies for orphan care interventions.

#### **CONTACT INFORMATION**

ARCH/Boston:

Kris Heggenhougen (kheggenh@bu.edu)

Tel: 617-414-1450

Angela Wakhweya (wakhweya@bu.edu)

Tel: 617-414-1264

Megan Williams (megwynne@bu.edu)

Tel: 617-414-1263

MISR/Uganda (Kampala):

Dr. Nakanyike-Musisi (diremisr@imul.com)

Tel: 256-41-532207



IPH/Uganda (Kampala):

Dr. Fred Wabwire (fwabwire@iph.ac.ug)

Tel: 256-41-532207

USAID/Washington:

Ruth Frischer (rfrischer@usaid.gov)

USAID/Uganda:

Elise Ayers (eayers@usaid.gov)

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**PROJECT:**

**Operations Research on Modified Approach to Support AIDS Affected Children**

**USAID FUNDING PERIOD:**

**August 1999–July 2002**

**USAID AMOUNT:**

**\$190,000**

**IMPLEMENTING ORGANIZATIONS:**

**Population Council/HORIZONS, Makerere University in collaboration with PLAN International**

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**PURPOSE**

HORIZONS and Makerere University conducted operations research to test the effect of two interventions for orphans and vulnerable children. The experimental interventions being independently implemented by Plan International and local nongovernmental organizations include an orphan support program and a succession-planning program. The objectives of the research were:

- To explore the acceptability of succession planning;
- To assess the effect of succession planning on child well-being;
- To assess the effect of succession planning on adult well-being and guardian capacity to care for orphans; and
- To assess the effect of an orphan support program on the physical, educational, and emotional well-being of children.

The succession-planning program, which begins once a parent has tested positive for HIV, includes legal training, will writing, family memory books, identifying and preparing standby guardians, counseling, and other services to promote long-term child well-being.

Each of two rural districts was divided into three divisions: a control division, a division with orphan support, and a division with succession planning. Three surveys were collected at yearly intervals, one before and two after the programs started. The baseline study

group included 353 HIV-positive parents, 495 children aged 5–18 of HIV-positive parents, 99 standby guardians, 233 orphans aged 5–18, and 227 active guardians. Qualitative data were also collected from program implementers. The control group was dropped from the study after the second round of interviews in order to enable the program implementers to expand their services in that area.

Baseline data demonstrated a need and interest in the program elements of both orphan support and succession planning. Few parents had written wills or appointed guardians, for example. Qualitative findings and a preliminary impact analysis indicated that succession planning is an effective approach for engaging HIV-positive parents in planning for their children.

**KEY ACCOMPLISHMENTS**

- A baseline study was conducted and findings were disseminated;
- All three rounds of surveys were completed and the impact analysis is underway;
- Research findings were disseminated through international and regional conferences, the internet, gray literature, etc.; and
- Preliminary findings from the operations research on succession planning has fueled further promotion and implementation of this approach to supporting HIV-positive parents/guardians and their children.

**PRIORITY ACTIVITIES**

- Complete the impact analysis; and
- Write a final report and distribute electronic and hard copy versions.

**PROJECT MATERIALS AND TOOLS**

Research instruments are available at the AIDSQuest  
Web site, <http://www.popcouncil.org>.

**TECHNICAL ASSISTANCE**

The project can provide expertise to other orphans and vulnerable children projects in operations research and instrument design.

**CONTACT INFORMATION****HORIZONS:**

Laelia Gilborn ([laelia\\_gilborn@hotmail.com](mailto:laelia_gilborn@hotmail.com);

[lgilborn@pcdc.org](mailto:lgilborn@pcdc.org))

Tel: 202-237-9400

Web site: <http://www.popcouncil.org/horizons>

Makerere University:

Rebecca Nyonyintono ([anppcan@infocam.co.ug](mailto:anppcan@infocam.co.ug))

USAID/Washington:

David Stanton ([dstanton@usaid.gov](mailto:dstanton@usaid.gov))

USAID/Uganda:

Elise Ayers ([eyayers@usaid.gov](mailto:eyayers@usaid.gov))

**PROJECT:**

**The AIDS/HIV Integrated Model District Program (AIM)**

**IMPLEMENTING ORGANIZATIONS:**

**JSI Research and Training Institute, Inc.,  
World Education, Inc., World Learning,  
Inc.**

**USAID FUNDING PERIOD:**

**May 2001–May 2006**

**USAID AND CENTERS FOR DISEASE CONTROL  
AND PREVENTION (CDC) AMOUNT:**

**\$20 million total project (a portion supports activities related to orphans and vulnerable children)**

**PURPOSE**

The overall goal of the AIM program is to support 10 selected districts in planning, implementing, and monitoring decentralized HIV/AIDS prevention, care, and support services, and to strengthen the capacity of nongovernmental organizations and community-based organizations to plan, manage, and provide essential HIV/AIDS services at national, district, and subdistrict levels. The approach is driven by the needs of local government agencies, nongovernmental organizations, community-based organizations, faith-based organizations, and private sector agencies working in the selected districts. This bottom-up approach involves grassroots-level stakeholders supporting long-term sustainability, ownership, and decentralized management. To achieve this goal, a four-part approach has been developed consisting of:

- Partnering of coordinating and linked districts;
- Phasing in 10 districts simultaneously: Apac, Bushenyi, Katakwi, Kumi, Lira, Ntungamo, Pader, Rukungiri, Soroti, and Tororo;

- Subgranting through districts and directly to non-governmental organizations and community-based organizations; and
- Capacity-building through organizational development, training, information, education, and communications and advocacy.

To ensure that comprehensive, integrated HIV/AIDS services are offered; program activities in each district depend on the identified needs of a given district. Activities include those aimed at voluntary counseling and testing, reducing mother-to-child transmission of HIV, diagnosis and treatment of opportunistic infections, youth (both in-school and out-of-school), and children who are orphaned and vulnerable due to AIDS.

The component of the program to address the needs of orphans and vulnerable children focuses on expanding efforts to address the unique needs of children affected by HIV/AIDS and their caregivers. The needs of orphans and vulnerable children will vary by districts, and each district is encouraged to develop innovative

strategies for the most urgent issues using existing social and community structures within a broader context of HIV/AIDS prevention, care, and support. Activities include improving school attendance and retention, addressing whole-life needs of out-of-school youth, facilitating apprenticeship programs, supporting grandparents and other family members caring for orphans and vulnerable children, and improving income generation. The project aims to integrate HIV/AIDS services at the district level in order to:

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

#### PRIORITY ACTIVITIES

- 10 districts will be selected;
- Rapid assessment of 10 districts are to be completed and strategic planning is to take place with the appropriate district AIDS committees;
- A baseline survey is to be developed;
- Materials for national initiatives, including those for voluntary counseling and testing and nongovernmental organizations, are to be developed;
- Programs are to be implemented simultaneously in all selected districts;
- A two-pronged approach to training is to be implemented to begin service delivery. Initially, training

will be conducted directly by program staff for district health, nongovernmental organizations, community-based organizations, and commercial sector partners. However, to build local training capacity, program staff will also train a cadre of master trainers in each district who will be able to meet future local training needs.

#### PROJECT MATERIALS AND TOOLS

- District selection criteria and selection matrix;
- Criteria for an integrated model of HIV/AIDS core services;
- Strategic plan;
- Monitoring and evaluation plan;
- Training materials; and
- Innovative approaches to prevention, care, and support.

#### TECHNICAL ASSISTANCE

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

- Materials development;
- Dissemination of lessons learned; and
- Networking as it relates to the delivery of comprehensive, integrated HIV/AIDS services.

#### CONTACT INFORMATION

JSI/AIM Uganda:

Maurice Adams, Program Director  
(info@aimuganda.org)

Tel: 256-41-346292/8 or 256-77-765432

USAID/Uganda:

Elise Ayers (eayers@usaid.gov)

**PROJECT:**  
**Child Survival Support Project**

**FUNDING PERIOD:**  
**October 1999–September 2002**

**IMPLEMENTING ORGANIZATIONS:**  
**The Child Support project is implemented by The AIDS Support Organization (TASO) in partnership with the National Community of Women Living with HIV/AIDS (NACWOLA)**

**AMOUNT:**  
**\$1 million**

#### **PURPOSE**

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

The project is implemented in the seven TASO service centers and directly assists 438 children. The children, who are among the neediest of TASO clients, receive support for primary, secondary, and vocational education expenses. These project beneficiaries are within a 35-kilometer distance of TASO service centers in seven districts: Jinja, Kampala, Masaka, Mbale, Mbarara, Tororo, and Wakiso.

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

The project has also trained 71 teachers and other school staff in basic child counseling. Training in income-generating activity management has been given to 232 parents and guardians with a view toward improving their economic status; and 336 support visits to schools, and 874 support visits to families have been conducted. Training in basic child counsel-

ing skills will be offered to 438 parents and guardians to help them address the needs of children who have experienced the trauma of living with parents who are chronically ill or have already died.

Modest interest-free loans will be provided to at least 56 organized community-based groups of parents and guardians to start income generating projects by September 2002. The loans are intended to increase the incomes of foster families so that they can better cope with the economic demands (food, clothing, health care, bedding) of additional children living with them.

#### **KEY ACCOMPLISHMENTS**

- All the 232 children targeted by the project have been enrolled in schools. In year 2002, another 206 children were selected for school enrollment. A total of 408 children are being supported; 215 in primary school, 116 children in secondary school, and 77 in tertiary school;
- 8 project staff were recruited, one project coordinator at the head office and seven social support officers; they have also received training in child rights and income-generating activity management;
- 40 joint workshops for TASO-supported children and their foster parents were held and issues pertaining to school performance and welfare of children were discussed; 2,090 parents and guardians and children attended;
- 15 workshops on child rights were held for foster families to educate them on the rights and responsibilities of the child; 729 people attended;
- 35 facilitators were trained to produce succession plans and memory books; 109 memory books were written;

- 71 teachers and non-teaching staff were trained in basic child counseling to be able to perceive the psychosocial needs of children and offer appropriate assistance;
- 874 support visits to schools were made;
- 948 support visits to families were carried out;
- 232 parents/guardians were trained in IGA management (i.e., micro-enterprise management);
- 7 sensitization workshops on memory book writing for supported children were conducted; 192 children attended;
- 7 sensitization workshops on the memory book project were conducted for parents with supported children; 208 parents attended; and
- 7 training workshops in memory book writing were conducted for parents; 210 parents attended.

#### PRIORITY ACTIVITIES

- 78 teachers and non-teaching staff are to undergo the second phase of training in basic child counseling;
- Seed grants to beneficiaries are to be disbursed;
- Support visits to schools and homes of supported children will continue;
- Child statutes are to be distributed;
- Parents and guardians of supported children are to undergo basic child counseling skills;
- Succession plans are to expand; and

- Fees to schools where supported children attend are to be prepaid.

#### PROJECT MATERIALS AND TOOLS

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

#### TECHNICAL ASSISTANCE

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

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

#### CONTACT INFORMATION

TASO:

Dr. Alex Cotinho (tasodata@imul.com)

USAID/Uganda:

Elise Ayers (eayers@usaid.gov)

Dan Ahimbisibwe Wamanya (dwamanya@usaid.gov)

**PROJECT:**  
**Vocational Apprenticeships for  
Vulnerable Children**

**IMPLEMENTING ORGANIZATION:**  
**The AIDS Support Organization (TASO)**

**USAID FUNDING PERIOD:**  
**October 2000–September 2002**

**USAID AMOUNT:**  
**\$926,355**

#### PURPOSE

The AIDS Support Organization (TASO), using funds from the LIFE Initiative, is implementing a project that has a child survival component. This project focuses on training 900 vulnerable children of TASO clients in practical skills through an apprenticeship approach. Through partnerships with the private sector, TASO has connected children to various trades to learn on the job. Training areas covered include motor vehicle

repairs, tailoring, cookery, hair dressing, and brick laying. When training is complete, the children are expected be able to quickly find employment in order to support their younger siblings.

#### KEY ACCOMPLISHMENTS

- 810 children were selected to benefit from the program and their tuition, bedding, and scholastic materials were purchased;

- 3 parent/guardian and child workshops were conducted; 407 people attended;
- 2 life-skills workshops for children in apprenticeships were held; 138 children attended; and
- 131 follow-up visits to institutions and workshops have been made.

#### PRIORITY ACTIVITIES

- Enroll an additional 90 children in the apprenticeship program;
- Hold 14 life-skills workshops;
- Provide toolkits to children undertaking an apprenticeship;
- Hold 14 holiday workshops; and
- Make 175 support visits to institutions and workshops that support children (25 per center).

#### TECHNICAL ASSISTANCE

TASO is engaged in this activity for the first time and has an innovative approach to address the needs of orphans in Uganda. Indicators of success have been recorded and TASO will be in a pivotal position to offer guidance to other organizations engaging in these activities.

#### CONTACT INFORMATION

TASO:

Dr. Alex Countinho (tasodata@imul.com)

USAID/Uganda:

Elise Ayers (eayers@usaid.gov)

Dan Ahimbisibwe Wamanya (dwamanya@usaid.gov)

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#### PROJECT: Title II HIV/AIDS LIFE Initiative

**IMPLEMENTING ORGANIZATIONS:**  
The project is managed by ACDI/VOCA and implemented through a consortium of four organizations: Africare, Catholic Relief Services (CRS), The AIDS Support

#### Organization (TASO), and World Vision Uganda

**USAID FUNDING PERIOD:**  
September 2001–August 2006

**USAID AMOUNT:**  
\$30 million in Title II food aid resources

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#### PURPOSE

The project aims to alleviate the food insecurity of people living with HIV/AIDS and their family members through direct feeding and complementary programs. Secondary benefits are expected to mitigate the devastating consequences associated with the effects of HIV/AIDS, such as the sale of fixed assets for income and school absenteeism by girls.

Through the four implementing partners, the project serves 10 districts: Jinja, Kampala, Luwero, Masaka, Mbale, Mbarara, Mpigi, Ntugamo, Tororo, and Wakiso and directly targets 60,000 people—12,000 living with HIV/AIDS and 48,000 immediate dependents, approximately half of whom are children aged 15 years and younger. Given that more than 1 million people are estimated to be living with HIV in Uganda, 60,000 beneficiaries is a small portion of the total deserving population. Therefore, rigorous criteria had to be applied

during the selection of the 60,000 beneficiaries to ensure that the neediest of the needy were targeted.

Food is distributed with the help of local village leaders and food distribution committees. Involvement of the community has the inherent benefits of enabling communities to get involved in the HIV/AIDS response and to minimize the stigma of those affected and to ensure that those most in need are reached. Food is distributed following intensive counseling and education focusing on the nutrition benefits of corn soy blend, preparation guidelines, acceptability, and hygiene best practices. Community-based workshops are organized to sensitize residents on the project.

As a complementary pilot effort, ACDI/VOCA expects to integrate selected beneficiaries into income-generating activities such as improved agricultural practices some time late in FY2002. This pilot effort will, hope

fully, offset the loss of a family's income due to illness or death.

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

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

#### KEY ACCOMPLISHMENTS

- 4 distribution cycles have taken place and have provided supplemental rations to 49,842 registered beneficiaries, including 31,875 children, 12,136 adult women, and 5,831 adult men. The program expects to have all 60,000 beneficiaries registered by end of FY2002.
- Several outputs have been completed to include a logistical and food distribution manual, a recipe manual, a centralized database, and training on compliance with Regulation 11.
- The baseline was completed in March 2002 and was presented to each consortium member and USAID/Kampala.

#### PRIORITY ACTIVITIES

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

#### PROJECT MATERIALS AND TOOLS

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

#### CONTACT INFORMATION

ACDI/VOCA:

Bernie Runnebaum

(brunnebaum-pl480@acdivoca-ug.org)

Africare:

Dr. Abdalla Meftuh (abmeftuhl@africaonline.co.ug)

Paul Macek (pmacek@crsuganda.or.ug)

TASO:

Dr. Alex Coutinho (tasodata@imul.com)

World Vision:

Joseph Kamara Kihika (Kihika@wvi.org)

USAID/Washington:

Rene Berger (rberger@usaid.gov)

USAID/Uganda:

Walter Welz (wwelz@usaid.gov)

Dan Ahimbisibwe Wamanya (dwamanya@usaid.gov)

# Zambia

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## CPROJECT:

**Involving Young People in the Care and Support of People Living with HIV/AIDS**

## IMPLEMENTING ORGANIZATIONS:

**Family Health Trust, CARE/Zambia, Population Council/HORIZONS**

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## USAID FUNDING PERIOD:

**January 2000–December 2001**

## USAID AMOUNT:

**\$167,548**

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## PURPOSE

This project is an investigative study to determine whether young people who provide care and support to persons living with HIV/AIDS are more likely to practice safer sex behaviors, and if provision of care and support by young people can reduce stigma against orphans and vulnerable children and HIV-infected people. The study also explores the interaction between young people and orphans.

Qualitative research revealed that involving youth in home-based care is acceptable to clients of home-based care programs and youth. Research also shows that gender roles have been expressed through girls taking responsibility for cooking and housework for persons living with AIDS, and boys teaching affected families about risk reduction. Obstacles to youth participating include fear of infection and lingering stereotypes associating AIDS with immorality. The study involves young people, including orphans and vulnerable children, in anti-AIDS and other community-based clubs.

## KEY ACCOMPLISHMENTS

- 240 youth club members were trained in prevention and club management issues and follow-up training was conducted for 60 clubs;
- 60 club patrons/matrons were trained in prevention, and monitoring and evaluation activities;
- 300 club members were trained in care and support issues;
- Nearly 30 clubs provided care and support to people living with HIV/AIDS and were linked to adult caregiver groups, clinic programs, or both;

- Follow-up on-site training in care and support was conducted for 30 clubs;
- 30 clubs in two districts provided care and support to between 10 and 30 people with HIV/AIDS and chronic illness;
- 60 clubs involving 10 to 20 orphans and vulnerable children began club activities;
- More than 50 orphans and vulnerable children in one district were linked to financial and material support for schooling; and
- A baseline study was conducted and results were disseminated in four districts to club members and stakeholders in Luapula and Northern Provinces and to stakeholders in Lusaka.

## PRIORITY ACTIVITIES

- Strengthen psychosocial support for youth caregivers belonging to 30 clubs;
- Strengthen liaison with existing care and support programs to enhance skills and sustainability;
- Revise THE care and support training curriculum to incorporate emerging needs based on actual field experiences of youth caregivers;
- Assess people living with HIV/AIDS and family members' perspectives on care and support, and stigma reduction contributions made by youth caregivers;
- Assess stigma reduction and community support benefits for orphans and vulnerable children; and
- Conduct a follow-up survey to evaluate the impact of the program.



**PROJECT MATERIALS AND TOOLS**

- A study report of people living with HIV/AIDS;
- Baseline results;
- Training curriculum for prevention activities and youth club management; and
- Care and support training curriculum.

**TECHNICAL ASSISTANCE**

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

- Strengthening community mobilization;
- Training young people to care for and support orphans and vulnerable children;
- Reducing stigma for orphans and vulnerable children;
- Providing youth home-based and community-based care; and
- Mentoring and networking.

**CONTACT INFORMATION****HORIZONS:**

Eka Williams (ewilliams@pcjoburg.org.za)

Tel: 202-237-9400

Web site: <http://www.popcouncil.org/horizons>

**CARE/Zambia:**

Mangala Chambeshi-Moyo (chambeshi@zm.care.org)

**Family Health Trust:**

Mwape Chalowaniya (fht@zamnet.zm)

**USAID/Washington:**

David Stanton (dstanton@usaid.gov)

**USAID/Zambia:**

Karen Shelley (kshelley@usaid.gov)

Robert Clay (rclay@usaid.gov)

**PROJECT:**

**CHIN (Children in Need), The Salvation Army Chikankata Health Services (TSA Zambia)**

**IMPLEMENTING ORGANIZATIONS:**

**The Salvation Army Chikankata Health Services working with The Salvation Army World Services Office (SAWSO-TSAUSA)**

**USAID FUNDING PERIOD:**

**October 2000–September 2003**

**USAID AMOUNT:**

**\$538,744 for a comprehensive community health program. Approximately \$20,000 per year supports the Children in Need program.**

**PURPOSE**

As part of the Community Capacity Building strategy of the Community Health & Development Department (CH&D), Chikankata Health Services has facilitated the establishment of a network of community volunteers called the Care and Prevention Teams (CPTs). These CPTs help address the problems of HIV and other health and development issues in the communities by mobilizing community resources and members to work with people living under difficult circumstances due to ill health or other problems of development in their area. These teams are selected and managed by the community and receive program support from CH&D. Out of this work with communities has emerged the Child in Need program (CHIN), which was a direct

response to the ever-increasing number of orphans and vulnerable children.

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

Working through a community development process, CHIN works hand-in-hand with the five communities to develop a CHIN committee in each community. The

committee members working with the CH&D team are involved in the following activities:

- Providing a wide range of counseling for orphans and vulnerable children and their families to deal with the psychosocial issues related to losing family and increased responsibilities;
- Educating orphans and vulnerable children, their families, and community members on child welfare issues, dealing with legal issues, writing wills, and working on advocacy;
- Providing parenting training for orphans and vulnerable children needing to care for their younger siblings;
- Exploring income-generating activities for orphans and vulnerable children and their families, such as the rearing of chickens and pigs, raising and selling seedlings and trees, and growing crops more efficiently;
- Exploring legal issues and help in writing wills;
- Conducting ongoing research on the orphan problem;
- Visiting and caring for chronically ill people being cared for by vulnerable children and their families;
- Providing caregiver training; and
- Developing water and sanitation services.

#### KEY ACCOMPLISHMENTS

- The CH&D team visits each of the five communities twice a month and has been successful in developing CHIN committees in each community.
- The CHIN program supports 420 orphans and vulnerable children and their families in Nameembo, 320 in Chaanga, 290 in Malala, 250 in Mukela, and 610 in Ngangula.
- 1,890 orphans and vulnerable children receive counseling approximately once a quarter each year;
- 1,890 orphans and vulnerable children and their families have attended at least one training related to child welfare and legal issues;

- 50 percent of the orphans and vulnerable children have taken part in parenting skills training;
- 5 communities are involved in some income-generating activity, in which some of the profit is earmarked for orphans and vulnerable children and their families; and
- 20 percent of orphans and vulnerable children and their families receive home-care visits and training once a quarter each year.

#### TECHNICAL ASSISTANCE

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

- Training in counseling related to HIV/AIDS in general and specific psychosocial issues;
- Training in parenting skills and care giving;
- Setting up programs in partnership with local communities, using a community-centered approach;
- Training and support in setting up income-generating activities, especially in animal husbandry and improved crop production;
- Exploring legal issues and help in writing wills; and
- Conducting ongoing research on the orphan problem.

#### CONTACT INFORMATION

TSA Chikankata Health Services—CHIN Program:  
Elvis Simamvwa (rodgersmwewa@hotmail.com)

SAWSO/US:

Bram Bailey, Program Coordinator  
(Bram\_Bailey@usn.salvationarmy.org)

USAID/Washington:

Regine Douthard (rdouthard@usaid.gov)

USAID/Zambia:

Karen Shelley (kshelley@usaid.gov)

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

**USAID FUNDING PERIOD:**  
**August 2000–August 2005**

**IMPLEMENTING ORGANIZATIONS:**  
**Project Concern International and Fountain of Hope**

**USAID AMOUNT:**  
**\$418,000**

## PURPOSE

KidSAFE provides a continuum of care for street children in Lusaka. With ongoing organizational capacity-building from Project Concern International, local partner Fountain of Hope and nine other Zambian non-governmental organizations have expanded the provision of shelter, food, education, emergency medical care, counseling, skills training, assistance with income generation, and outreach to the growing number of street children. KidSAFE also provides support for family tracing and reintegration, and referral and placement of children for whom reintegration is not possible. The project objectives are as follows:

- Reduce the number of street children through family tracing and reintegration;
- Prevent community-to-street drift of at-risk children by equipping eligible primary caregivers with basic business skills and seed money for income-generating activities;
- Establish a continuum of care for street children in Lusaka by linking outreach to referral and placement of orphans with no extended family support into foster care or stable, community-based, institutional environments; and
- Provide education and skills training to 2,500 street and out-of-school children.

In addition to the KidSAFE project, Project Concern International supports other orphans and vulnerable children activities through Bwafwano and the Nchelenge District HIV/AIDS Task Force.

## KEY ACCOMPLISHMENTS

- 465 children per day are given food, shelter, counseling, health care, and education through the Africa KidSAFE street children centers;
- 2,000 vulnerable children per day receive educational support, medical care, and food;

- 460 households are being reached with income-generation activities through the caregivers' programs;
- 100 children have been reintegrated with their families since 1999–2000;
- Skills training is currently being offered to 49 older youths through the development of apprenticeships with local artisans and organizations; and
- Partnerships with community-based organizations and projects in communities outside Lusaka have been established. Fountain of Hope has helped these organizations establish community schools and other programs to meet the needs of children in these communities, in an effort to prevent their migration to Lusaka.

## PRIORITY ACTIVITIES

- Strengthen the organizational capacity of Fountain of Hope and other local partners;
- Continue to build and strengthen the KidSAFE service-provider referral network and improve standards of service delivery;
- Expand Web-based marketing and publicity for the KidSAFE program; and
- Explore regional expansion of the KidSAFE approach in neighboring countries.

## PROJECT MATERIALS AND TOOLS

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

## TECHNICAL ASSISTANCE

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

- Organizational capacity assessment and capacity-building;

- Child-centered outreach and support services with street youth;
- Social welfare, health, and education services for street youth;
- Drop-in centers/shelters for street youth;
- Data collection methods for street children;
- Income-generation and skills training for mothers;
- Community school development; and
- Partnership development and maintenance.

#### CONTACT INFORMATION

Fountain of Hope:

Rodgers Mwewa (rodgersmwewa@hotmail.com)

Project Concern International:

Tom Ventimiglia, Country Director

(tom@pcizambia.org.zm)

Karen Romano, Program Officer

(kromano@projectconcern.org)

Tel: 858-279-9690

Web site: <http://www.projectconcern.org>

USAID/Washington:

Regine Douthard (rdouthard@usaid.gov)

Eric Picard (epicard@usaid.gov)

Martin Hewitt (mhewitt@usaid.gov)

USAID/Zambia:

Robert Clay (rcclay@usaid.gov)

Karen Shelley (kshelley@usaid.gov)

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#### PROJECT:

**Interactive Radio Instruction Program for Out-of-School Children**

#### USAID FUNDING PERIOD:

**April 2000–March 2003**

#### IMPLEMENTING ORGANIZATION:

**Education Development Center**

#### USAID AMOUNT:

**\$858,675**

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#### PURPOSE

For more than 20 years, Interactive Radio Instruction (IRI) has been used to improve the quality of learning in classrooms. In Zambia, it is delivering basic education to out-of-school children, especially orphans and other vulnerable children, in community learning centers. IRI is a collaborative effort among communities, churches, nongovernmental organizations, and community-based organizations, the Ministry of Education's Education Broadcast Services (EBS), Peace Corps, and the Education Development Center. EBS develops and broadcasts the programs and develops supplementary materials; the Ministry of Education trains mentors and provides supervision/monitoring at participating learning centers.

Participating communities, churches, and nongovernmental organizations provide the learning center venues, mentors to facilitate the radio broadcasts, radio receivers, and some low-cost materials. Communities also mobilize out-of-school children to attend the learning centers each day. The Education Development

Center has trained EBS writers and producers and assisted EBS to develop a training of trainers program for the Ministry of Education resource center staff, who in turn train mentors to run the community-based learning centers.

EBS airs 100 daily 30-minute lessons for Grade 1, and 200 for each of Grades 2 and 3. Grade 4 lessons will be completed by the end of 2002. These programs follow the Zambian curriculum for mathematics, language arts in English, science, and social studies. Due to the psychosocial needs of many of the listeners, the radio instruction programs include 5-minute segments covering life skill themes (hygiene, nutrition, social values, etc.), and 15-minute programs are broadcast each day for teachers and other adults that address explicitly issues relating to HIV/AIDS in Zambia.

#### KEY ACCOMPLISHMENTS

- 300 centers covering all nine provinces have been established, of which 169 centers with a total enrollment of 7,782 are providing detailed feedback. In a sample of 30 centers, 32 percent of

enrollees were orphans, 48.7 percent were girls, and only about 17 percent of enrollees had received schooling prior to IRI.

- Evaluation indicates an average enrollment of 60 learners per center, 47 of whom were still coming each day after 10 weeks. A literacy skills assessment, based on the Ministry of Education's Grade 1 curriculum, indicates a mean score performance of pupils of 56.5 percent compared with a target of 47 percent and the conventional primary school standard set for a passing grade of 50 percent or better.
- Interactive radio in community learning centers was formally adopted by the Ministry of Education as its means for reaching the 50 percent of school-age children not in school.
- 21 writers and production staff have been trained and 200 programs were broadcast for Grade 2 in 2001, and a further 200 programs for Grade 3 have been produced and broadcast in 2002; 200 programs for Grade 4 will also be broadcast in 2002.
- A formal agreement was made with the Zambia Examinations Council to develop criterion-referenced tests for each grade for use in the centers.

#### PRIORITY ACTIVITIES

- Reinforce the system to monitor enrollment, attendance, and learning achievement in community learning centers;

- Improve program quality of broadcasts and mentors' guides;
- Set up a sustainable system of achievement testing in a country where the formal system has examinations only for departing 7th graders and a sample of fourth grade pupils; and
- Improve communication among the Ministry of Education staff and churches, nongovernmental organizations, and communities.

#### PROJECT MATERIALS AND TOOLS

- Sample script;
- Sample pages from the mentors' guide; and
- Evaluation data.

#### TECHNICAL ASSISTANCE

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

#### CONTACT INFORMATION

Education Development Center/Washington:

Michael Laflin (mlaflin@edc.org)

Tel: 202-835-1614

USAID/Washington:

Megan Thomas (mthomas@afr-sd.org)

USAID/Zambia:

Kent Noel (knoel@usaid.gov)

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

**IMPLEMENTING ORGANIZATIONS:**  
**CARE International Zambia, Family**

**Health Trust, and Family Health  
International/IMPACT**

**USAID FUNDING PERIOD:**  
**September 1999–September 2002**

**USAID AMOUNT:**  
**\$3 million**

#### PURPOSE

SCOPE works in 12 districts to mitigate the impact of HIV/AIDS by strengthening community capacity to address the needs of orphans and other vulnerable children. With technical support and guidance from Family Health International/IMPACT, USAID/Zambia, and DCOF, the project aims to:

- Strengthen district and community committees that address the needs of orphans and other vulnerable children;
- Expand the effectiveness and efficiency of local community-based organizations, churches, government ministries, and private sector groups;
- Mobilize, scale up, and strengthen community-led responses and programs; and

- Provide technical assistance to communities and organizations in areas such as HIV prevention, succession planning, community mobilization, and evaluation.

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

#### KEY ACCOMPLISHMENTS

- 12 district committees for orphans and vulnerable children have been established since the project began.
- Monthly district orphans and vulnerable children committee meetings are held in each district.
- Orphans and vulnerable children stakeholders' meetings are held every quarter in each of the 12 districts to share information and plan district activities. These meetings identify gaps in service provision and reduce overlaps and duplication. Lessons learned on interventions for orphans and vulnerable children are disseminated within the districts.
- Links with key institutions and persons in each district and community were established.
- 46 community orphans and vulnerable children's committees (COVCCs) have been formed or strengthened.
- As of March 2002, a total of 64 subgrants worth \$522,029 have been disbursed to build capacity of organizations and communities supporting orphans and vulnerable children. Grants have supported activities in agriculture, HIV/AIDS awareness, household economic empowerment, education, advocacy for children's rights, psychosocial support, and income-generating activities.
- 90,000 orphans and vulnerable children were reached during calendar year 2001. Of these, more than 36,000 orphans and vulnerable children received educational support, which represents about 40 percent of total number of orphans and vulnerable children reached.
- Ongoing capacity-building training activities have been conducted to improve service delivery. District orphans and vulnerable children committees and nongovernmental organizations have received training in strategic planning, proposal writing, record-keeping, community mobilization, resource mobilization, advocacy, psychosocial support, financial management, and monitoring and evaluation.
- Capacity-building activities for COVCCs and other community-based organizations have been held in the 12 districts. These include training in children's rights, advocacy, proposal writing, resource mobilization, basic business management, psychosocial counseling, record keeping, report writing, leadership skills, and HIV/AIDS prevention.
- A household baseline survey and a psychosocial support survey were conducted.
- The findings of the psychosocial support survey was disseminated. In attendance were government ministries, nongovernmental organizations, community-based organizations, churches, United Nations agencies, and international development agencies.
- A psychosocial support strategy for support to orphans and vulnerable children and their caregivers was developed.
- 4 quarterly forums were held on topics of importance to address the needs of orphans and vulnerable children; the following topics have been covered so far: household economic security, education in Zambia, community schools, and child protection. Notes on orphans and vulnerable children were produced and distributed.
- National-level collaboration with government and other implementing organizations has been strengthened. Staff participated in planning and holding the National Orphans and Vulnerable Children Workshop. Lessons learned were shared through presentations and exhibition.
- A media sensitization meeting was held jointly with the government, UNICEF, and USAID. A media network on orphans and vulnerable children was formed.

- Community-based revolving funds and income-generating activities guidelines were formulated.
- A grants management manual and an organization development manual were developed and disseminated in 2001.
- A training guide for community school teachers has been produced and disseminated.
- Grants to support community household economic initiatives, community schools, community advocacy, and HIV/AIDS awareness were disbursed.
- Linkages between communities and resource support organizations, such as the Zambia Social Investment Fund and Micro-Project Unit, have been made.
- A quarterly newsletter was produced and disseminated to SCOPE and other districts.
- The SCOPE brochure was updated in February 2002 and disseminated.

#### PRIORITY ACTIVITIES

- Consolidate activities in the four new districts;
- Implement the psychosocial strategy;
- Strengthen the community-based revolving loan systems;
- Finalize and disseminate toolkits on best practices to all districts;
- Phase out in all the 12 districts; and
- Produce an end-of-project evaluation.

#### PROJECT MATERIALS AND TOOLS

- Grants Management Manual;
- Head-of-household survey report
- Psychosocial support survey report;
- Monitoring and evaluation plan;
- Training guidelines;
- Roles and responsibilities of district orphans and vulnerable children committees;
- Organizational development manual;
- Community mobilization manual;
- Partnership development guidelines;
- Various stakeholder activity reports in the eight districts, minutes from the stakeholders meetings in seven districts, training activity reports, and

SCOPE orphans and vulnerable children quarterly workshop reports; and

- SCOPE-OVC October 2000–September 2001 annual report.

#### TECHNICAL ASSISTANCE

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

- Formation of district and community multisectoral committees at district and community levels;
- Capacity building for district and community-based networks;
- Community mobilization and capacity building;
- Development of a grant disbursement mechanism;
- Psychosocial support interventions;
- Strategies for information dissemination;
- Monitoring and evaluation;
- General program planning and management;
- Organization self-assessment;
- Design and implementation of baseline surveys;
- Resource identification and mobilization; and
- Partnership development.

#### CONTACT INFORMATION

CARE/Zambia: [scope@zamnet.zm](mailto:scope@zamnet.zm)

Brenda Yamba ([brenda@scope-ovc.org](mailto:brenda@scope-ovc.org))

Mary Simasiku ([mary@scope-ovc.org](mailto:mary@scope-ovc.org))

Tenso Kalala ([tenso@scope-ovc.org](mailto:tenso@scope-ovc.org))

Tel: 260-1-255-343

Family Health International/IMPACT/Zambia:

Karen Doll Manda ([kdoll@zamnet.zm](mailto:kdoll@zamnet.zm))

Tel: 260-1-261-668

Family Health International/IMPACT/Virginia:

Sara Bowsky ([sbowsky@fhi.org](mailto:sbowsky@fhi.org))

Tel: 703-516-9779; Fax: 703-516-9781

Web site: <http://www.fhi.org>

USAID/Washington:

Kate Crawford ([katherinecrawford@usaid.gov](mailto:katherinecrawford@usaid.gov))

USAID/Zambia:

Robert Clay ([rclay@usaid.gov](mailto:rclay@usaid.gov))

Karen Shelley ([kshelley@usaid.gov](mailto:kshelley@usaid.gov))

# Zimbabwe

**PROJECT:**  
**"STRIVE" Community Support for**  
**Orphans and Vulnerable Children**  
**Affected by HIV/AIDS**

**USAID FUNDING PERIOD:**  
**2001–2004**

**USAID AMOUNT:**  
**\$2.5 million**

**IMPLEMENTING ORGANIZATION:**  
**Catholic Relief Services/Zimbabwe**  
**(CRS/Z)**

## PURPOSE

This cooperative agreement supports pilot interventions of an umbrella program of subagreements, subcontracts, and technical assistance and training to community-based organizations to strengthen their capacity to deliver and sustain current community efforts to help children affected by AIDS. The cooperative agreement supports innovative interventions that allow resources to reach orphans and other vulnerable children affected by HIV/AIDS living in their communities. CRS/Z is developing three broad activity packages:

- Child-focused activities to improve the psychosocial condition of orphans and other children affected by HIV/AIDS and their caregivers;
- Vocational skills for orphans and other children affected by AIDS to become economically independent; and
- Community activities that improve the nutritional status and food security of children affected by AIDS.

## KEY ACCOMPLISHMENTS

- CRS/Z hosted a successful start-up workshop where potential subgrantees were invited to participate.
- A call for proposals was sent out and CRS/Z is in the process of selecting the initial eight subgrantees.
- Tools for a baseline survey have been developed and the baseline will take place as soon as the selection process has been completed.

## PRIORITY ACTIVITIES

- Work with at least 12 nongovernmental organizations throughout the country in organizational capacity-building, and financial and management training. These organizations will in turn reach 28,000 orphans and vulnerable children before the end of the year. It is estimated that approximately 60 percent of these orphans will be girls.
- Begin phase 1 of a program of assistance to community-based organizations.
- Conduct operational research (e.g., situation analysis) and develop a plan for phase 1 of the project that will consist of testing pilot interventions for sustainability and adaptability in perhaps 12 sites in eight regions.
- Initiate a scholarship program for children affected by AIDS with the same partners as the children affected by AIDS pilot interventions in the same geographical areas.
- Facilitate networking among community organizations.
- Provide life skills training to children affected by AIDS in order to advocate for their won rights.
- Pilot programs will aim to document innovations that can be replicated and shared throughout Zimbabwe.

## PROJECT MATERIALS AND TOOLS

The CRS/Z proposal is available for sharing and can be available on request from the USAID Harare Office.



**TECHNICAL ASSISTANCE**

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

- Supporting community initiatives to assist children affected by AIDS and their families;
- Supporting community mobilization activities that assist the various communities in owning the orphan programs;
- Strengthening economic activities that have been proven to be viable and sustainable with emphasis on marketing research; and
- Supporting psychosocial activities for children affected by AIDS and other vulnerable children in the communities with emphasis on stigma reduction.

**CONTACT INFORMATION**

Catholic Relief Services/Zimbabwe:  
Janet Trucker, Country Representative  
Kathrine Pondo, Head of Programming  
Backson Muchini, Chief of Party for STRIVE  
(bmuchini@crszim.org.zw)  
103 Livingstone Avenue  
P.O. Box CY 1111, Causeway, Harare Zimbabwe  
(general@crszim.org.zw)

USAID/Zimbabwe:  
Peter Halpert (phalpert@usaid.gov)  
Victoria James (vjames@usaid.gov)

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

**IMPLEMENTING ORGANIZATIONS:**  
**Development Alternatives, Inc.,  
International Capital Corporation, Aid To  
Artisans, Vulindlela/ACCION, Junior  
Achievement Zimbabwe**

**USAID FUNDING PERIOD:**  
**March 2001–March 2006**

**USAID AMOUNT:**  
**\$12.5 million total project (a portion sup-  
ports activities related to orphans and  
vulnerable children)**

**PURPOSE**

The project uses a range of economic-strengthening interventions to assist vulnerable populations to cope with the economic impacts of HIV/AIDS and other crises (economic and political). LEAD facilitates market opportunities and develops business skills for disadvantaged communities and youth.

**KEY ACCOMPLISHMENTS**

At this point, seven high-growth product markets have been identified that can be served by poor and disadvantaged households. Programs are now linking productive households to these opportunities, regardless of their HIV/AIDS status or number of orphans absorbed. Baseline data are being collected to identify number of orphans and other vulnerable children reached as well as total number of poor households involved in market linkages.

**PRIORITY ACTIVITIES**

- Identify growth markets and link disadvantaged populations to these markets through brokering, training, and service provision;
- Work with the micro-finance industry in Zimbabwe to better serve clients affected by HIV/AIDS;
- Work with Junior Achievement Zimbabwe (JAZ) to create a business training curriculum for disadvantaged youth at risk of HIV/AIDS and to integrate HIV/AIDS prevention education into the JAZ curriculum; and
- Work with community-based organizations involved in AIDS care and support to develop stronger and higher value income-generating activities through market linkages and skill development.

**TECHNICAL ASSISTANCE**

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

- Linking business skills to community-based organizations;
- Linking adolescents and youth to economic opportunities;
- Developing roles and limits of micro-finance in responding to HIV/AIDS; and
- Monitoring the economic effect of interventions on HIV/AIDS mitigation.

#### CONTACT INFORMATION

Development Alternatives, Inc./US:  
Joan Parker (joan\_parker@dai.com)  
Tel: 301-718-8296

Development Alternatives, Inc./Zimbabwe:  
Paul Bundick (paul\_bundick@dai.com)

USAID/Washington:  
Sarah Bishop (sabishop@usaid.gov)

USAID/Zimbabwe:  
Peter Halpert (PHalpert@usaid.gov)

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**PROJECT:**  
**Nongovernmental Organization**  
**Strengthening Program—Orphan Control**  
**and Care**

**IMPLEMENTING ORGANIZATION:**  
**Pact/Zimbabwe**

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**USAID FUNDING PERIOD:**  
**July 2000–September 2002**

**USAID AMOUNT:**  
**\$300,000**

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#### PURPOSE

The orphan control and care program works to strengthen the capacity of nongovernmental organizations to facilitate and replicate community-driven and sustained programs that integrate effective HIV prevention with care for orphans and other vulnerable children. Pact is working with nongovernmental organizations to strengthen their capacity to carry out three critical activities:

- Facilitate the development of community-led orphan strategies;
- Support communities to implement these program in the long term; and
- Replicate successful programs within other communities.

Pact provides training and mentoring to ensure that nongovernmental organizations have overall organizational capacity to manage and administer orphan-related programs with an emphasis on community and resource mobilization. Assistance includes grants to nongovernmental organizations to supplement and complement the training and mentoring. The grants ensure expanded coverage and improved quality of care programs for orphans and other vulnerable children.

#### KEY ACCOMPLISHMENTS

- A partnership was formed among Pact and six nongovernmental organizations that works with orphans due to AIDS in Zimbabwe;
- Psychosocial support training of trainers for community leaders and teachers in six sites around Zimbabwe was completed;
- Other training sessions in life skills/coping mechanisms and the Memory Box Project were completed;
- Grants were used for community coping methods and projects to fund school fees and health care for orphans and other vulnerable children;
- A network of orphan-focused nongovernmental organizations was formed;
- An organizational capacity assessment tool was developed, pretested, and applied with all program partners;
- Best practices were shared;
- Nongovernmental organizations facilitated the establishment of community-based orphan care support initiatives; and
- Through grants, six nongovernmental organizations have supported orphans and other vulnerable children with school fees and other school requirements.

**PROJECT MATERIALS AND TOOLS**

- Handbook on establishing and maintaining orphan care committees; and
- Psychosocial support training guide.

**CONTACT INFORMATION**

Pact/Zimbabwe:  
Willie Salmond, chief of party  
(salmondw@pact.org.zw)  
Tel: 263-4-251-928

Pact/Washington:  
Sylvain Browa (sbrowa@pacthq.org)  
Tel: 202-466-5666  
Web site: <http://www.pactpub.com>

USAID/Zimbabwe  
Peter Halpert (phalpert@usaid.gov)



# Education Activities in Sub-Saharan Africa



Photo: Harriett Deslier/USAID

# USAID Education Activities in Sub-Saharan Africa

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

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

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

Many of the same regions and populations targeted by USAID education programs are also areas most dra-

matically affected by the AIDS epidemic. HIV/AIDS undermines the provision of quality basic education through losses of teachers and managers. It also undermines the participation of increasing numbers of children in education as more and more of these children are unable to enter school or are forced to drop out due to lack of family support or resources.

Matrix B displays USAID Mission support for MOE education management—the foundation for equitable provision of relevant education in an HIV/AIDS epidemic environment. Examples of these activities include:

- USAID/Zambia supports strategic planning for coordinated HIV response in MOE;
- USAID/Namibia supports HIV impact assessment in education sector; and
- USAID/Zambia supports HIV-relevant district education information system.

## Matrix A: USAID education-funded activities that support access to basic education for under-served populations, especially girls, orphans, and other vulnerable children<sup>1</sup>

COUNTRY	ACTIVITY DESCRIPTION	COVERAGE	PARTNERS
<b>Benin</b>	<ul style="list-style-type: none"> <li>■ <i>School Sanitation and Environment Improvements Program</i> increases children's and parents' knowledge of hygiene, sanitation, and disease prevention and improves the sanitary environment in primary schools</li> <li>■ Support to local NGOs for PTA capacity building and greater community involvement in schools to increase access</li> <li>■ Support to the <i>Network for the Promotion of Girls' Education</i> to increase girls' access to education</li> <li>■ Innovative delivery of technical skills education to out-of-school youth</li> </ul>	<ul style="list-style-type: none"> <li>■ 30 school districts and 969 schools</li> <li>■ 1,200 PTAs served, representing nearly 40% of primary schools</li> <li>■ 13 sub-prefectures with the lowest enrollment rates</li> <li>■ Country-wide</li> </ul>	<ul style="list-style-type: none"> <li>■ Medical Care Development Inc. (MCDI), MOE, MOH, local NGOs</li> <li>■ MOE, World Education</li> <li>■ MOE, local NGOs, World Education, Songhai NGO</li> </ul>
<b>Ethiopia</b>	<ul style="list-style-type: none"> <li>■ <i>Community Schools Grant Program</i> increases children's access to quality education, with a particular focus on girls</li> </ul>	<ul style="list-style-type: none"> <li>■ 1,300 schools participating in program</li> </ul>	<ul style="list-style-type: none"> <li>■ MOE, World Learning</li> </ul>
<b>Guinea</b>	<ul style="list-style-type: none"> <li>■ Community schools established and communities mobilized to expand access to children, especially girls, in under-served areas</li> </ul>	<ul style="list-style-type: none"> <li>■ 247 community schools established</li> </ul>	<ul style="list-style-type: none"> <li>■ World Education, Save the Children, Africare</li> </ul>
<b>Ghana</b>	<ul style="list-style-type: none"> <li>■ Community mobilization program promotes girls' participation in schools as well as greater community participation</li> <li>■ Improved learning environment and teaching in disadvantaged areas</li> <li>■ Capacity building and the provision of incentive grants to District Education officers to enable them to plan, implement, monitor and evaluate district specific school improvement activities</li> </ul>	<ul style="list-style-type: none"> <li>■ 354 schools participating in program</li> <li>■ 282 schools, 76,510 pupils reached</li> <li>■ Country-wide program to benefit 110 districts, 49 districts reached</li> </ul>	<ul style="list-style-type: none"> <li>■ CRS, EDC, MOE</li> <li>■ AED, CRS, MOE</li> <li>■ AED, CRS, MOE</li> </ul>
<b>Malawi</b>	<ul style="list-style-type: none"> <li>■ Community mobilization activity in improved education quality through community participation in school monitoring and management</li> <li>■ <i>QUEST Program</i> assisting communities to establish community schools to expand access to children, especially girls, in under-served areas</li> </ul>	<ul style="list-style-type: none"> <li>■ 14 districts, 45,750 people reached</li> <li>■ 8 community schools established</li> </ul>	<ul style="list-style-type: none"> <li>■ MOE, CRECCOM</li> <li>■ MOE, Save the Children</li> </ul>
<b>Mali</b>	<ul style="list-style-type: none"> <li>■ Community schools established and communities mobilized to expand access to children, especially girls, in under-served areas</li> </ul>	<ul style="list-style-type: none"> <li>■ 1,665 schools and 114,162 school children served</li> </ul>	<ul style="list-style-type: none"> <li>■ Africare, Save the Children, Care, World Education</li> </ul>
<b>Namibia</b>	<ul style="list-style-type: none"> <li>■ Educational quality improvements made in disadvantaged primary schools</li> <li>■ Assistance to OVC, their caretakers and communities, including access to education and provision of psycho social support</li> </ul>	<ul style="list-style-type: none"> <li>■ 40% of the most disadvantaged student population served</li> </ul>	<ul style="list-style-type: none"> <li>■ MOE, AED</li> <li>■ FHI, Catholic AIDS Action, Lifeline, Childline</li> </ul>

<sup>1</sup> In addition to these activities, the Education for Development and Democracy Initiative supports girls' scholarship programs in 38 African countries. For more information go to [www.eddigirlsscholarships.org](http://www.eddigirlsscholarships.org)

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

COUNTRY	ACTIVITY DESCRIPTION	COVERAGE	PARTNERS
<b>Nigeria</b>	<ul style="list-style-type: none"> <li>■ New education program includes job skills training program for unemployed youth</li> </ul>	<ul style="list-style-type: none"> <li>■ New program begun in 2002</li> </ul>	<ul style="list-style-type: none"> <li>■ MOE, OICI</li> </ul>
<b>Senegal<sup>2</sup></b>	<ul style="list-style-type: none"> <li>■ Publicity and awareness raising, community mobilization through School Management Committees, and classroom rehabilitation and construction of latrines to promote access and retention of girls in school</li> <li>■ Awareness raising and mobilization through classroom rehabilitation and construction of latrines to promote access and retention of girls in school</li> <li>■ Promote retention of disadvantaged girls through the Ambassador's Girls' Scholarship Program.</li> </ul>	<ul style="list-style-type: none"> <li>■ 30 primary and 4 vocational schools</li> <li>■ 50 primary and 7 vocational schools</li> <li>■ 100 high-school girls per year from 10 regions in 10th, 11th and 12th grades</li> </ul>	<ul style="list-style-type: none"> <li>■ Project JOG/CAI w/ local NGOs: ADEF &amp; Tostan</li> <li>■ MOE, UNICEF</li> <li>■ MOE, Winrock International w/ Peace Corps</li> </ul>
<b>Uganda</b>	<ul style="list-style-type: none"> <li>■ <i>Equity in the Classroom</i> program promotes learning among girls and other marginalized groups</li> <li>■ <i>Alternative Basic Education for Karamoja</i> (ABEK) provides education to the disadvantaged children of Karamoja</li> </ul>	<ul style="list-style-type: none"> <li>■ Trainers trained in 18 primary teachers colleges covering all 45 districts</li> <li>■ Piloted in 195 Learning Centers in two districts, 30,042 children reached between 1998 and 2000</li> </ul>	<ul style="list-style-type: none"> <li>■ MOE</li> <li>■ MOE, Save the Children/Norway, UNICEF, District Education Offices</li> </ul>
<b>Zambia</b>	<ul style="list-style-type: none"> <li>■ <i>Program for the Advancement of Girls' Education</i> addresses equity in girls' access to education</li> <li>■ Communities mobilized to identify OVC and ensure their access to education and other forms of support.</li> <li>■ Distance education program for out-of-school children, especially targeting OVC</li> </ul>	<ul style="list-style-type: none"> <li>■ Piloted in 42 schools, more than 10,500 students reached</li> <li>■ New program begun in 2000</li> <li>■ More than 170 centers, 10,000 learners served</li> </ul>	<ul style="list-style-type: none"> <li>■ MOE, UNICEF</li> <li>■ MOE, CAI, UNICEF</li> <li>■ MOE/EBS, EDC</li> </ul>



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

COUNTRY	ACTIVITY DESCRIPTION	PARTNERS
<b>Ghana</b>	<ul style="list-style-type: none"> <li>■ Supports MOE strategic and implementation planning process for impact of HIV/AIDS on education sector</li> <li>■ Builds capacity of Ghanaian NGOs and the Ghana Education Service to address the impact of HIV/AIDS in the education sector. Activities include peer education, school-level support and mobilizing parents through Parent Teacher Associations and School Management Committees</li> <li>■ Funds HIV/AIDS Technical Advisor to the MOE</li> </ul>	<ul style="list-style-type: none"> <li>■ MOE, USAID/WA</li> <li>■ MOE, Ghana Education Service, World Education</li> <li>■ MOE</li> </ul>
<b>Malawi</b>	<ul style="list-style-type: none"> <li>■ Supports assessment of impact of HIV/AIDS on education sector</li> <li>■ Supports MOE strategic and implementation planning process for impact of HIV/AIDS on education sector</li> <li>■ Funds HIV/AIDS advisor to the MOE</li> <li>■ Sponsors full-time HIV education advisor at USAID Mission</li> <li>■ Supports the Teachers Union of Malawi (TUM) in the implementation and management of their HIV/AIDS and policy development and education activity</li> </ul>	<ul style="list-style-type: none"> <li>■ MOE, University of Sussex/CERT</li> <li>■ MOE, DFID, USAID/WA</li> <li>■ MOE</li> <li>■ MOE</li> <li>■ TUM, American Federation of Teachers (AFT)</li> </ul>
<b>Namibia</b>	<ul style="list-style-type: none"> <li>■ Supports MOE strategic and implementation planning process for impact of HIV/AIDS on education sector</li> <li>■ Provides assistance for the development of HIV/AIDS Taskforce in the MOE</li> <li>■ Co-sponsors education sector HIV/AIDS Impact Assessment</li> <li>■ Provide assistance for development of National OVC Policy</li> </ul>	<ul style="list-style-type: none"> <li>■ MOE, USAID/WA, USAID/Namibia</li> <li>■ MOE, USAID/Namibia</li> <li>■ MOE, USAID/Namibia, DFID</li> </ul>
<b>South Africa</b>	<ul style="list-style-type: none"> <li>■ Funds HIV/AIDS advisor to the MOE</li> <li>■ Supports assessment of impact of HIV/AIDS on the education sector<sup>1</sup></li> <li>■ Funds two national strategic planning conferences on HIV/AIDS in education</li> <li>■ Funds HIV/AIDS Guidelines for teachers<sup>1</sup></li> <li>■ Funds HIV/AIDS Policy Planning for School Governing Body members at the Provincial level</li> </ul>	<ul style="list-style-type: none"> <li>■ MOE</li> <li>■ MOE, HEARD, ABT Assoc. Policy Project, local government</li> <li>■ MOE, HEARD/Mobile Task Team on HIV and Education</li> <li>■ MOE</li> <li>■ MOE, LINK Community Development Organization</li> </ul>
<b>Zambia</b>	<ul style="list-style-type: none"> <li>■ Supports MOE strategic and implementation planning process for impact of HIV/AIDS on education sector</li> <li>■ Supports policy audit and assessment of HIV/AIDS impact on education sector</li> <li>■ Supports development of HIV/AIDS-related education management information system</li> </ul>	<ul style="list-style-type: none"> <li>■ MOE, USAID/WA</li> <li>■ MOE, USAID</li> <li>■ MOE, DFID</li> </ul>

<sup>1</sup> Health funds jointly programmed with Education



# Asia and the Near East



Photo: Pamela Johnson

# Cambodia

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**PROJECT:**

**Care and Education for Children Affected by AIDS in Takeo**

**USAID FUNDING PERIOD:**

**February 2002–September 2002**

**IMPLEMENTING ORGANIZATIONS:**

**Partners in Compassion and Family Health International/IMPACT**

**USAID AMOUNT:**

**\$5,478**

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**PURPOSE**

This project works to decrease discrimination of persons living with HIV/AIDS in Takeo Province, and to increase the ability of families to care for and support children affected by AIDS. Cambodia's spiritual life centers on Buddhism; Buddhist monks are influential in convincing people that persons living with HIV/AIDS and their families should be treated with kindness and compassion. Partners in Compassion is a unique collaboration between Christians and Buddhists in the fight against HIV/AIDS and in supporting those most in need due to AIDS. The monks of Opot temple have developed a network of monks who provide counseling and home visits to persons living with HIV/AIDS. A clinic based at the temple managed by Christian volunteers provides clinical care and services to those with AIDS. The volunteers also visit families and children not able to access the clinic.

**KEY ACCOMPLISHMENTS**

- 127 children affected by AIDS have received educational materials and clothes and are able to attend school; and
- 60 Buddhist monks received additional training on HIV/AIDS to enable them to go into local villages and disseminate information about HIV/AIDS, and

encourage the community to support and care for those infected and affected.

**PRIORITY ACTIVITIES**

- Provide care to children and patients with serious illnesses at the Opot Temple clinic.

**CONTACT INFORMATION**

Family Health International/IMPACT/Cambodia:  
Prang Chanthy, Children Affected by AIDS Officer  
(pchathy@fhi.org.kh)  
Tel: 855-12-916247

Partners in Compassion:  
Vandin San  
Tel: 855-11-92603

Family Health International/IMPACT/Regional:  
Joan MacNeil (j.macneil@cgiar.org)

Family Health International/IMPACT/Virginia:  
Sara Bowsky (sbowsky@fhi.org)  
Tel: 703-516-9779; Fax: 703-516-9781  
Web site: <http://www.fhi.org>

USAID/Washington:  
Kate Crawford (katherinecrawford@usaid.gov)

USAID/Cambodia:  
Chantha Chak (cchak@usaid.gov)

**PROJECT:**  
**Nyemo II Counseling Center for HIV-  
Positive Women and their Children**

**USAID FUNDING PERIOD:**  
**June 2000–September 2002**

**IMPLEMENTING ORGANIZATIONS:**  
**Nyemo, Family Health  
International/IMPACT Cambodia**

**USAID AMOUNT:**  
**\$105,477**

## PURPOSE

The Nyemo Center serves as a safety net for families headed by HIV-positive women and other vulnerable women who are themselves separated from their extended families. The project works to reduce stigma and increase community responsibility for the welfare of these women and their children. Project beneficiaries have better access to health care facilities and psychosocial support services, and are encouraged to practice self-care. Materials and services offered include food, clothes, child care, and kindergarten. Orphaned children are placed in extended care or with foster families. Women are referred to the Nyemo Center by organizations that work with poor communities, commercial sex workers, and street children.

Women can participate in sessions on health education, hygiene, vocational training, HIV/AIDS and sexually transmitted infections, literacy, "numeracy," and support group discussions. Since the project's beginning, 6,000 beneficiaries have received referrals to public sector and nongovernmental organization services for psychosocial and medical care, including voluntary counseling and testing and home care. A short-term shelter is available for some beneficiaries (up to 15 beds) in a crisis situation. The Nyemo Center is working with government ministries and other nongovernmental organizations to develop a network of foster mothers for children orphaned due to AIDS.

## KEY ACCOMPLISHMENTS

Approximately 800 mothers and their children are being served each month.

## PRIORITY ACTIVITIES

- Improve counseling skills of staff for children affected by AIDS, especially orphans; and
- Maintain and improve services for children affected by AIDS and their mothers.

## TECHNICAL ASSISTANCE

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

- Monitoring and evaluation;
- Counseling;
- Community development; and
- Women's and children's empowerment.

## CONTACT INFORMATION

Nyemo:

Simone Herault (nyemo@camnet.com.kh)

Tel: 855-12-814834

Family Health International/IMPACT/Cambodia:  
Prang Chanthay, Children Affected by AIDS Officer  
(pchanthy@fhi.org.kh)

Tel: 855-12-916247

Family Health International/IMPACT/Regional:  
Joan MacNeil (j.macneil@cgiar.org)

Family Health International/IMPACT/Virginia:  
Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779; Fax: 703-516-9781

Web site: <http://www.fhi.org>

USAID/Washington:

Kate Crawford (katherinecrawford@usaid.gov)

USAID/Cambodia:

Chantha Chak (cchak@usaid.gov)

**PROJECT:**  
**Kien Kes-Battambang**

**USAID FUNDING PERIOD:**  
**February 2000–September 2002**

**IMPLEMENTING ORGANIZATIONS:**  
**Kien Kes Volunteer Network, Family Health International/IMPACT Cambodia**

**USAID AMOUNT:**  
**\$27,217**

#### **PURPOSE**

The project aims to ensure that children and their family members who are affected by chronic illness, including AIDS, receive assistance and support from the community in which they live, and that the community does not discriminate against people living with HIV/AIDS. Specifically, the project:

- Improves the quality of life of children and families in the community (many of whom are soldiers), who are ill due to AIDS or have had family members die of AIDS;
- Develops community-based responses to the burden of AIDS, building on notions of mutual respect and solidarity, compassion, and nondiscrimination;
- Initiates and facilitates cooperation among the military, monks, and people living with AIDS for the care of children affected by chronic illness and their families;
- Develops, documents, and disseminates a model for cooperation among people living with AIDS, the military, and monks that can be replicated elsewhere;
- Increases staff and volunteer capacity to support all aspects of the project to ensure long-term sustainability of the project; and
- Establishes and participates in a network of government and nongovernmental organizations supporting community care for children affected by AIDS in Battambang and Cambodia.

The Kien Kes volunteer network covers three communes and many villages. The network includes representatives from the military, the police, the elderly, local teachers, and other community members. Each commune has a leader with whom the team leaders work as well as village volunteers. At the village level, the volunteers provide prevention information and also visit families caring for orphans and the sick.

Resources from the communities have been donated to the monks, because people believe giving to the monks builds merit. The monks in turn give the donations, mostly in the form of rice, to support vulnerable and orphan children in the communities.

#### **KEY ACCOMPLISHMENTS**

- Quality of life of children and families of soldiers in the target area has improved. Each commune has been mapped to identify the vulnerable children and where the problem is severe. For example, in one commune of 10 villages, 76 orphaned children were identified. Currently, the temple provides a home to 27 male orphans and has supported 79 boys and 48 girls orphaned by AIDS to live with families in the community.
- A sustainable, community-based cooperation among monks, military, and people living with HIV/AIDS is in place. The volunteer network has been functioning since 1999 and receives support from the community leaders, as well as the Social Affairs Department. Family Health International/IMPACT has provided initial training in HIV/AIDS prevention and care to 27 volunteers. The monks in the temple are highly respected by the community and uniting with the volunteers has proved to be a positive link, which promotes compassion and care.
- Community/temple responses to persons living with HIV/AIDS have improved and discrimination and stigma have decreased. Previously, family members would bring those individuals ill with AIDS to die at the temple and not allow children to play with children whose parents had AIDS. This is no longer the case, and village members are starting to assume responsibility for those who are ill with AIDS and their children. Infected and noninfected children play together and go to school together.

- A model for cooperation among monks, military, and people living with HIV/AIDS has been documented and disseminated to partners and policy makers. The model has been presented in Cambodia and internationally at the Chiang Mai 5th Home and Community Care Conference and the 6th ICAAP in Australia.
- Management skills of the network have increased. Because this is a volunteer network, it involves people from different backgrounds and with different skill levels. Family Health International/IMPACT has provided training in behavior change, monitoring and evaluation, and counseling.

#### PRIORITY ACTIVITIES

- Support linkage of the volunteer network with other support if possible (e.g., World Food Program Food Aid for Orphans); and
- Increase knowledge and skills for volunteers, especially counseling skills for children and families, and prevention and care of opportunistic infections.

#### PROJECT MATERIALS AND TOOLS

- Self-care training curriculum; and
- Advisory group notes.

#### TECHNICAL ASSISTANCE

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

- Mapping of children affected by AIDS in the community;
- Linking care to prevention; and
- Community mobilization.

#### CONTACT INFORMATION

Family Health International/IMPACT/Cambodia:  
Prang Chanthay, Children Affected by AIDS Officer  
(pchanthy@fhi.org.kh)  
Tel: 855-12-916247

Kien Kes:  
Siv Lay  
Tel: 855-12-836892

Family Health International/IMPACT/Virginia:  
Sara Bowsky (sbowsky@fhi.org)  
Tel: 703-516-9779; Fax: 703-516-9781  
Web site: <http://www.fhi.org>

Family Health International/IMPACT/Regional:  
Joan MacNeil (j.macneil@cgiar.org)

USAID/Washington:  
Kate Crawford (katherinecrawford@usaid.gov)

USAID/Cambodia:  
Chantha Chak (cchak@usaid.gov)

**PROJECT:**  
**Homeland-Battambang**

**USAID FUNDING PERIOD:**  
**February 2001–September 2002**

**IMPLEMENTING ORGANIZATIONS:**  
**Homeland, Family Health International/IMPACT Cambodia**

**USAID AMOUNT:**  
**\$34,756**

#### PURPOSE

Homeland works to improve the quality of life of children orphaned by the chronic illness of their parents, including AIDS, and to strengthen community mechanisms for care and support of orphans.

#### KEY ACCOMPLISHMENTS

Homeland implemented this project in collaboration with community leaders and members. At the village level, teams of social workers worked with the village

leaders and families to ensure community ownership of the activities. These activities consisted of:

- An assessment conducted among the targeted communities and assistance was provided. A village level assessment was conducted in eight sub-districts, which was essentially a mapping of the vulnerable households and children. The assessment identified many cases of tuberculosis and more than 40 children affected by AIDS in one village. Beside Battambang town, where the office is

located, Homeland decided to focus on two subdistricts with high numbers of children affected by AIDS. Staff were able to help these children attend school, be placed with families in the community, and enroll in skill-training courses and apprenticeships. In these two subdistricts, they have been able to combat discrimination against children whose parents have died and to encourage families to take care of sick family members. Widows and families have been helped to form self-support groups and develop handicrafts for income generation.

- HIV/AIDS awareness rose among target communities and project staff. Project staff show a video and conduct general community education on HIV transmission and nontransmission, sexually transmitted infections, reducing discrimination, and raised awareness about child-trafficking. Staff monitor discrimination by the reaction of the community to someone positive and have noted positive changes with more acceptance of those infected. In Battambang town, they have conducted education sessions for 14 street children, 52 foragers, 132 children of street families, and 226 children of families living in slum areas.
- Foster parenting was facilitated for orphaned children. Homeland is working within the extended family to provide care for children. They are helping orphaned children develop some skills and support for maintaining their health.
- 17 children affected by AIDS have been successfully fostered into extended families or foster families. Three-hundred seven children affected by AIDS have been enrolled in school by Homeland staff, whereas seven children and 27 family members affected by AIDS have received income-generation or vocational training support. Homeland has conducted community HIV-education sessions.

#### PRIORITY ACTIVITIES

- Strengthen the coping capacity (economic and psychosocial support) of widows with many children and fostered families to care for children;

- Increase the staff's capacity to provide family counseling support and in placing children with skill training to ensure the long-term sustainability of the project; and
- Expand the project area to cover more districts and provide support to more children and increase community understanding and support.

#### PROJECT MATERIALS AND TOOLS

- Report on legal project for fostering; and
- Children's case studies.

#### TECHNICAL ASSISTANCE

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

- Community mapping;
- Monitoring and evaluation;
- Counseling training;
- Information, education, and communication material development; and
- Management.

#### CONTACT INFORMATION

Homeland:

Mao Lang, Homeland Director (mpkbtb@camintel.com)  
Tel: 855-12-881784 or 952911

Family Health International/IMPACT/Cambodia:  
Prang Chanthy, Children Affected by AIDS Officer  
(pchanthy@fhi.org.kh)  
Tel: 855-12-916247

Family Health International/IMPACT/Regional:  
Joan MacNeil (j.macneil@cgiar.org)

Family Health International/IMPACT/Virginia:  
Sara Bowsky (sbowsky@fhi.org)  
Tel: 703-516-9779; Fax: 703-516-9781  
Web site: <http://www.fhi.org>

USAID/Washington:

Kate Crawford (katherinecrawford@usaid.gov)

USAID/Cambodia:

Chantha Chak (cchak@usaid.gov)



**PROJECT:**  
**HIV Prevention Among Street Children in  
Phnom Penh**

**USAID FUNDING PERIOD:**  
**August 1999–June 2002**

**IMPLEMENTING ORGANIZATIONS:**  
**Mith Samlanh-FRIENDS; Family Health  
International/IMPACT Cambodia**

**USAID AMOUNT:**  
**\$256,050**

#### **PURPOSE**

Mith Samlanh-FRIENDS works with street children in urban Phnom Penh, offering a series of interlinked programs that include outreach, a transitional home, a boarding house for older street children, a training center, an educational center, a family reintegration program, a drug awareness program, a community outreach program, a project for incarcerated children, and a child rights project.

Family Health International/IMPACT funds Mith Samlanh-FRIENDS to incorporate awareness and prevention of HIV/AIDS and sexually transmitted infections, including outreach education, and safer sex negotiation skills building (for example, skills of treatment-seeking behavior, and the building of self-esteem). Mith Samlanh-FRIENDS also assists street children and their family members at risk for HIV to reduce their vulnerability to HIV transmission by adopting safer sex behaviors. The project focuses on empowering street children and youth, and involving them in project development and implementation.

#### **KEY ACCOMPLISHMENTS**

- Provided support through general counseling and HIV pretest counseling;
- Provided appropriate care and referral for children and affected family members;
- Placed children affected by AIDS with appropriate family or foster care after major disability/death of AIDS-infected parents;
- Improved staff capacity to monitor and manage HIV/AIDS care and support initiatives for street children and their families;
- Linked with existing services that provide support for children affected by AIDS and encouraged

greater capacity where gaps existed in care and support;

- Provided services for 1,000 children per day;
- Established a peer-educator network among young people who either live on the streets, spend much time on the streets, or are considered at risk of doing so; and
- Produced a newsletter written by and for street children, and who were involved in the development of information, education, and communication materials.

#### **PRIORITY ACTIVITIES**

- Maintain and improve social, educational, and health services for children;
- Increase the reach and quality of the peer-education network; and
- Develop information, education, and communication materials.

#### **TECHNICAL ASSISTANCE**

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

- Information, education, and communication materials development;
- Child counseling;
- Monitoring and evaluation;
- Management and communication;
- Maintenance and improvement of health care and support;
- Maintenance and development of community education in HIV, STIs, drug use, and health and hygiene; and
- Improving abilities of street youth through education and vocational training.

**CONTACT INFORMATION****FRIENDS:**

Sebastien Marot (friends@forum.org.kh)

Tel: 855-12-802155

Family Health International/IMPACT Cambodia:

Prang Chanthy, Children Affected by AIDS Officer

(pchanthy@fhi.org.kh)

Tel: 855-12-91666247

Family Health International/IMPACT/Regional:

Joan MacNeil (j.macneil@cgjar.org)

Family Health International/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779; Fax: 703-516-9781

Web site: <http://www.fhi.org>

USAID/Washington:

Kate Crawford (Katherinecrawford@usaid.gov)

USAID/Cambodia:

Chantha Chak (cchak@usaid.gov)

**PROJECT:**

**Children in Distress**

**USAID FUNDING PERIOD:**

**February 2001–December 2002**

**IMPLEMENTING ORGANIZATIONS:**

**CARE International/ Family Health International/IMPACT Cambodia**

**USAID AMOUNT:**

**\$43,000**

**PURPOSE**

The purpose of this project is to reduce the incidence of HIV/AIDS in Koh Kong by increasing negotiation skills and safe sex practices among vulnerable adolescents; and to improve the physical and emotional well-being of vulnerable children, including those affected by AIDS, through the provision of integrated prevention, care, and support services. Specifically, the project:

- Develops a life skills and HIV/AIDS/STI prevention program for vulnerable children and adolescents in the target community;
- Provides care, support, and prevention services to vulnerable children and adolescents through one staff and five youth volunteers;
- Increases the capacity of the community to better identify and care for vulnerable children;
- Develops a community advisory group to guide and monitor activities;
- Trains staff and partners in HIV-related counseling;
- Conducts knowledge, attitude, and practices quantitative baseline surveys on HIV/AIDS prevention, care, and support;
- Implements participatory learning and action strategies to identify priority unmet rights and

needs of vulnerable children and adolescents in Koh Kong area;

- Coordinates community mapping/identification of vulnerable children; and
- Establishes strong links between home care services, and support to orphans and vulnerable children.

**PRIORITY ACTIVITIES**

- Support community mobilization processes to expand support for vulnerable children within village structures;
- Establish an appropriate life skills curriculum and training for vulnerable youth in Koh Kong; and
- Identify mechanisms for building up safety nets for vulnerable children living outside a community structure.

**KEY ACCOMPLISHMENTS**

- In the first year of the project, nearly 300 vulnerable children in the community were reached;
- 86 school-age children were enrolled in school, and provided with school materials;
- 285 children received HIV/AIDS/STI prevention education and life-skills training;
- 240 children participated in therapeutic play groups;
- 15 children were placed in foster homes;

- A community advisory board was established, and out of 17 village leaders, 15 have become more supportive of vulnerable children in their community;
- Local pagodas have agreed to increase the number of children (boys) they care for from 12 to 35;
- The government-run hospitals and health center now provide care to referred children free of charge;
- Public schools have signed agreements to levy no fees from vulnerable children and their families;
- Community-related stigma and discrimination have also been reduced over the life of the project, with villagers now joining play groups that include vulnerable children;
- The government-run children's home was renovated, and an adjunct vocational training center developed onsite for orphans and other vulnerable children;
- A partnership was established with the provincial office of social affairs and a representative now joins the Children in Distress team when conducting vulnerable children assessments and home counseling visits; and
- The home-care teams and Children in Distress team are well-linked and have integrated their client information and referral systems.

#### PROJECT MATERIALS AND TOOLS

- Output and outcome indicators;
- Home-based care structure and kit contents; and
- Orphans and vulnerable children quantitative baseline study, and participatory learning and action methodology and results.

#### TECHNICAL ASSISTANCE

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

- Linking care to prevention;
- Community mobilization; village mapping, therapeutic play groups, and
- Persons living with AIDS need assessments.

#### CONTACT INFORMATION

CARE International in Cambodia:

Kim Green (carehiv.aids@bigpond.com.kh)

Family Health International/IMPACT/Cambodia:

Prang Chanthy, Children Affected by AIDS Officer  
(pchanthy@fhi.org.kh)

Tel: 855-12-916247

Family Health International/IMPACT/Regional:

Joan MacNeil (j.macneil@cgiar.org)

Family Health International/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779; Fax: 703-516-9781

Web site: <http://www.fhi.org>

USAID/Washington:

Kate Crawford (katherinecrawford@usaid.gov)

USAID/Cambodia:

Chantha Chak (cchak@usaid.gov)

**PROJECT:**

**Strengthening capacity of nongovernmental organizations/community-based organizations working with communities highly affected by HIV/AIDS to respond to the needs of highly vulnerable children, including orphans**

**IMPLEMENTING ORGANIZATIONS:**

**Khmer HIV/AIDS NGO Alliance (KHANA), International HIV/AIDS Alliance**

**USAID FUNDING PERIOD:**

**September 1999–December 2002 (extension under negotiation)**

**USAID AMOUNT:**

**\$350,000**

**PURPOSE**

The International HIV/AIDS Alliance works with KHANA, a local nongovernmental support organization and a linking organization of the Alliance, to mobilize and strengthen the capacity of 30 local nongovernmental and community-based organizations to:

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

Specifically, this involves:

- Mobilization of up to 12 new nongovernmental and community-based partner organizations to develop, implement, and review projects involving vulnerable children;
- Providing new grants to support child-focused projects for both existing and new partner organizations;
- Providing tailored technical support to a minimum of 15 new and existing partner organizations implementing projects focusing on children and young people on programmatic and organizational issues;
- Training to improve the integration of services for vulnerable children into ongoing HIV/AIDS care and support activities and workshops;
- Exchange visits to India for KHANA staff, nongovernmental organization partners and other

stakeholders on care and support services, linking HIV and tuberculosis, and working with children affected by AIDS;

- Contributions to developing national strategies for providing care and support to children affected by HIV/AIDS through ongoing consultation with the government and other local stakeholders;
- Holding the second Cambodia Youth Camp;
- Developing papers and presentations for regional and international AIDS conferences; and
- Sharing results of the street children and injecting drug use participatory appraisal conducted by Friends/Mith Samlanh with Alliance technical support.

**KEY ACCOMPLISHMENTS**

- 8,515 vulnerable boys and 10,671 vulnerable girls were reached with direct program services;
- Activities were implemented in community mobilization, education, health care, food security, psychosocial support, prevention, and indicator development and application;
- Integration of care and prevention activities continues as does better integration of affected families into community support schemes, such as funeral funds and community savings plans;
- A workshop was held on integrating services for vulnerable children into existing HIV/AIDS care and support activities;
- The first Cambodian Youth Camp for Reproductive Health was held with 178 participants;
- A study tour of HIV/AIDS care and support projects was completed and a consultation workshop was held on linking HIV/AIDS home care and tuberculosis treatment with nongovernmental organizations from India;

- Workshops were held on home care, counseling, and working with vulnerable children;
- A participatory assessment was completed on HIV vulnerability and injecting drug use among street children; and
- “Stepping Stones” was adapted; and an appraisal of the informal entertainment sector, an issues paper on linking HIV and tuberculosis, and an exploratory study on the role of traditional healers in HIV/AIDS care and prevention were all published.

#### PRIORITY ACTIVITIES

- Mobilizing new nongovernmental organizations and community-based organizations to work with orphans and vulnerable youth;
- Providing technical and financial support to new and existing partners;
- Holding the second Cambodia Youth Camp;
- Exchanging visits to India for KHANA staff, nongovernmental organization partners, and other stakeholders working with children affected by AIDS;
- Developing a national strategy to provide care and support to children affected by AIDS;
- Holding a workshop on developing strategies to address the needs of street and homeless children;
- Publishing *Assessment of Drug Use and HIV Vulnerability among Street Children in Cambodia*;
- Holding a workshop on building enabling environments for children and young people who do not attend school;
- Improving community support for children affected by AIDS. This includes providing books, uniforms, satchels, and negotiation with the school for waiving fees; and
- Participating in USAID program strategy development (2002–2005).

#### PROJECT MATERIALS AND TOOLS

The following are available in both English and Khmer:

- Evaluation of the joint Ministry of Health/Nongovernmental Organization Home Care Program;

- Appraisal of the needs and resources of children affected by HIV/AIDS;
- Adaptation of “Stepping Stones”;
- Appraisal of the Informal Entertainment Sector;
- Issues paper on linking HIV and tuberculosis; and
- Exploratory study on the role of traditional healers in HIV/AIDS care and prevention.

#### TECHNICAL ASSISTANCE

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

- Sharing the results of the children affected by HIV/AIDS appraisal;
- Integrating prevention and care;
- Providing home care and home support visits;
- Strengthening prevention for HIV/AIDS among vulnerable youth;
- Providing peer education among children and youth; and
- Sharing models of home- and community-based care.

#### CONTACT INFORMATION

KHANA:

Pok Panhavichetr (khana@bigpond.com.kh)

Tel: 855-23-211505; Fax: 855-23-214049

International HIV/AIDS Alliance:

Kate Harrison (kharrison@aimsalliance.org)

Tel: 44-1273-8956; Fax: 44-1273-718901

Vic Salas (vsalas@aimsalliance.org)

Tel: 44-1273-8969

Web site: <http://www.aimsalliance.org>

USAID/Washington:

Clif Cortez (ccortez@usaid.gov)

USAID/Cambodia:

Chantha Chak (cchak@usaid.gov)

# India

**PROJECT:**

**Support for HIV/AIDS-Infected, Affected Children, and Children Vulnerable to AIDS**

**USAID FUNDING PERIOD:**

**March 2000–May 2002**

**USAID AMOUNT:**

**\$57,168**

**IMPLEMENTING ORGANIZATIONS:**

**Community Health and Education Society (CHES)/ Family Health International/IMPACT**

**PURPOSE**

The project aims to mitigate the impact of HIV/AIDS among children who have been orphaned or abandoned by providing a safe, loving, and nurturing environment. CHES runs a shelter that provides food, health care, and education for children infected and affected by AIDS. The project also supports a system of home-based care that includes regular home visits by outreach workers and counselors who educate people living with HIV/AIDS about the disease, offer counseling and simple medical aid at home, and refer those who need intense medical care to medical centers. A training module for caregivers of HIV-infected children has been developed and has been used to train the staffs of 16 organizations. The project builds on existing CHES networks, which consist of hospitals and support institutions for HIV-affected persons.

Children at the shelter receive care and support in the form of shelter, food, clothing, education, and counseling, in addition to medical care in the form of management of opportunistic infections and nutritional advice.

**KEY ACCOMPLISHMENTS**

- 14 children were admitted into the shelter since March 2000; 116 children and their mothers have been admitted since inception of the shelter;
- 185 children born to parents infected with HIV are receive follow-up at the community level;
- The home-care component now links grassroots organizations and public health services and encourages shared ownership, helping to make the program cost-effective and sustainable;

- Efforts were undertaken to support persons living with HIV/AIDS with small loans, educational support to children and other supports like old clothes, and food commodities. In addition, they received counseling, continual medical care; medical assistance for opportunistic infections;
- 95 counseling sessions for children and 209 sessions for parents and adults at the shelter were held. New techniques have been undertaken to counsel children through play; and
- 20 community organizations and 7 representatives from different governmental agencies have received training for caregivers to children affected or infected by HIV/AIDS, in addition to 7 mothers who belong to a group of people living with HIV/AIDS.

**PRIORITY ACTIVITIES**

- Train people in community-based HIV care to reach 300 HIV-infected or affected children;
- Hold at least 18 Hope Club sessions. Sessions will offer a forum for sharing and learning on all issues related to children affected by AIDS and persons living with HIV/AIDS;
- Continue the shelter setup in phase I to provide a home for children taken in during phase I. Children's health, nutritional, educational, and psychological needs will be attended;
- Establish a training center in the shelter for infected children and vulnerable children. The staff will address all type of trainees and volunteers and will also provide hands-on training;

- Establish a pediatric forum to address issues related to children with HIV. Forum actions will include identifying HIV-positive child-friendly medical centers, schools, shelters, and other supportive organizations, as well as working on rights of children. Networking and strengthening links will be established;
- Establish a network of government and private medical practitioners trained by CHES. Network members are to offer counseling and educational support for children infected and affected by AIDS. Network meetings will be organized periodically where problems can be analyzed and technical updating done;
- Conduct training programs and workshops for teachers and identify schools where shelter children could be admitted for further education;
- Host two media workshops highlighting the issues of children affected due to AIDS, the magnitude of the problem, and what solutions can be offered at the community level, and the role of media;
- Open two drop-in centers at two pediatric institutions, including one at a government center;
- Produce materials covering: pediatric care of HIV-infected children, training modules, guidelines for counseling, handling children in shelter homes, and follow-up of antenatal cases,
- Document best practices and lessons learned; and
- Complete a research study on the growth pattern of children affected by AIDS.

#### PROJECT MATERIALS AND TOOLS

- Nurtured Hope: a training module for caregivers on care of children infected, affected, and vulnerable to AIDS;
- Training module for doctors on providing basic care to children infected, affected by, and vulnerable to AIDS;

- "Our Daily Activities at CHES Shelter," a 20-minute compact disk;
- Annual report for 2000; annual report of CHES for the year 2001–2002;
- Drawings by children at shelter homes; and
- Case studies of children supported by the project.

#### TECHNICAL ASSISTANCE

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

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

#### CONTACT INFORMATION

CHES:

Dr. Manorama Pingapany (pmanorama@yahoo.com)  
Tamil Nadu Chennai  
Tel: 91-44-472-6655

Family Health International/IMPACT/India:  
Kathleen Kay (kkay@fhiindia.org)  
Tel: 91-11-6873950

Family Health International/IMPACT/Regional:  
Joan MacNeil (j.macneil@cgiar.org)

Family Health International/IMPACT/Virginia:  
Sara Bowsky (sbowsky@fhi.org)  
Tel: 703-516-9779; Fax: 703-516-9781  
Web site: <http://www.fhi.org>

USAID/Washington:  
Kate Crawford (katherinecrawford@usaid.gov)

USAID/India:  
Bethanne Moscov (bmoscov@usaid.gov)

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**PROJECT:**  
**Dancing Feat**
**USAID FUNDING PERIOD:**  
**November 2001–December 2002**
**IMPLEMENTING ORGANIZATIONS:**  
**Committed Communities Development Trust/Family Health International/IMPACT**


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**USAID FUNDING AMOUNT:**  
**\$70,432**
**PURPOSE**

The goal of the project is to reduce the vulnerability of children at risk or affected by HIV/AIDS through effective communication and improved self-esteem. In collaboration with the Shiamak Davar Institute for the Performing Arts (SDIPA), the project uses the therapeutic value of dance to provide a channel for physical release and raise the self-esteem of vulnerable children. This is complemented by discussion sessions that incorporate various forms of therapies to educate, create awareness, and provide psychosocial support. There is an added emphasis on play or fun as an element of care.

The project reaches out to 740 vulnerable street children, delinquents, children of women in prostitution, and those affected or infected by HIV/AIDS, through a network of nine partner nongovernmental organizations (from Andheri in the north to Churchgate in the south).

Support and training for nongovernmental organizations is an important component of the program. To assess the impact of the project, case histories are maintained and a baseline/impact study has been conducted on a sample of the children.

**KEY ACCOMPLISHMENTS**

- Viable partnerships were built with the nongovernmental organizations;
- Knowledge, attitudes, and practices questionnaires on HIV/AIDS were developed and administered to 60 with Shiamak Davar Institute for the Performing Arts instructors (ages 16–30 years);
- A training and sensitization program on HIV/AIDS and issues of children in vulnerable situations was sponsored; and
- Optimum use of resources was developed through a proactive partnership with the 10 participating organizations.

**PRIORITY ACTIVITIES**

- Approach and finalize participating nongovernmental organizations;
- Organize required materials (e.g. musical equipment, cupboards); and
- Plan a short research project.

**PROJECT MATERIALS AND TOOLS**

- A manual to replicate the program;
- Impact Study Report;
- Knowledge, attitudes, and practices questionnaire on HIV/AIDS for adults; and
- Knowledge, attitudes, and practices questionnaire on HIV/AIDS for children.

**TECHNICAL ASSISTANCE**

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

- Recreation as an essential component of care;
- Networking; and
- Training on counseling for children in risk situations.

**CONTACT INFORMATION**

CCD Trust:  
(ccdtrust@bom5.vsnl.net.in)  
Tel: 91-022-6513908; Tel/Fax: 91-022-6443345

Family Health International/IMPACT/India:  
Kathleen Kay (kkay@fhiindia.org)  
Tel: 91-11-6873950

Family Health International/Virginia:  
Sara Bowsky (sbowsky@fhi.org)  
Tel: 703-516-9779; Fax: 703-516-9781  
Web site: <http://www.fhi.org>

USAID/Washington:  
Kate Crawford (katherinecrawford@usaid.gov)

USAID/India:  
Bethanne Moscov (bmoscov@usaid.gov)



**PROJECT:**

**Shelters and Crisis Intervention Center  
for Vulnerable Children and Their  
Mothers**

**USAID FUNDING PERIOD:**

**December 1999–June 2002**

**USAID AMOUNT:**

**\$85,924**

**IMPLEMENTING ORGANIZATIONS:**

**Committed Communities Development  
Trust/Family Health International/IMPACT**

**PURPOSE**

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

- A temporary night shelter, Kishori Vatika, for girls aged 6–14, which creates a supportive environment for girls in the red light district and provides a continuum of care via foster mothers to address their physical, emotional, educational, medical, and recreational needs. Shelter activities include vocational training, prevention education, counseling on sexual abuse, and networking with other organizations.
- A crisis intervention center that offers short-term and long-term comprehensive care. The center provides a safe haven for children and their HIV-infected mothers. Services offered include psychosocial, medical, nutritional, and spiritual support; vocational training; assisting with a comprehensive care plan for the children; ensuring maintenance of family bonds; and training for staff of existing childcare support organizations. The center also engages in advocacy and networking.
- A daycare center that helps younger children living in prostitute settlements via a range of services including education, health, nutrition, referrals, vocational training, support groups for mothers, assisting with reducing child sexual abuse and exploitation, and networking for advocacy purposes.

**KEY ACCOMPLISHMENTS**

- 12 girls were enrolled in school with the active involvement of their mothers;

- 17 girls were enrolled at the center;
- More than 50 girls have been enrolled over the past two years; follow-up of each individual takes place;
- Networking with other organizations was increased through constant communication and referrals;
- 40 girls were referred and provided with shelter during a crisis situation;
- A draft policy paper was prepared on the rights of children infected and affected by HIV/AIDS and presented to UNICEF;
- The center played an important role in preventing these girls from entering the sex trade or being trafficked; and
- Committed Communities Development Trust is now a member of the guidance and monitoring committee for the special juvenile home for minors rescued from prostitution.

**PRIORITY ACTIVITIES**

- Develop a nonformal education module that incorporates specific topics of interest to women;
- Develop vocational training for children;
- Facilitate an income-generation scheme for women;
- Develop a best practices model for a comprehensive urban care and support program;
- Form women's self-help groups;
- Promote advocacy for the rights of vulnerable children;
- Develop more awareness among girls regarding issues such as sexual abuse, growing up, and life skills;
- Help women access better health services and prevention of sexually transmitted infections;

- Develop a community-care program for women in prostitution who are HIV-positive; and
- Encourage women to form savings groups.

#### PROJECT MATERIALS AND TOOLS

- Training kit on sexuality health;
- Module for training in sexuality;
- Counseling guidelines for women;
- Guidelines for counseling of girls in the special juvenile home;
- Literature collected for the documentation center on HIV/AIDS;
- A childcare manual for health care functionaries;
- Memory books for children prepared by their mothers;
- Nutrition chart and nutrition education handbook; and
- A home-based care manual for community-based organizations, nongovernmental organizations, and health workers (in preparation).

#### TECHNICAL ASSISTANCE

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

- Needs assessment for children in vulnerable situations and organizations concerned with child care;

- Training of child care workers;
- Monitoring and evaluation of programs for children at risk;
- Training for community workers and volunteers in home-based care;
- Development of communication material; and
- Action research (community health and home-based care).

#### CONTACT INFORMATION

CCD Trust:  
(ccdtrust@bom5.vsn1.com)  
Tel: 91-022-6513908; Tel/Fax: 91-022-6443345

Family Health International/IMPACT/India:  
Kathleen Kay (kkay@fhiindia.org)  
Tel: 91-11-6873950

Family Health International/IMPACT/Virginia:  
Sara Bowsky (sbowsky@usaid.gov)  
Tel: 703-516-9779; Fax: 703-516-9781  
Web site: <http://www.fhi.org>

USAID/Washington:  
Kate Crawford (katherinecrawford@usaid.gov)

USAID/India:  
Bethanne Moscov (bmoscov@usaid.gov)

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**PROJECT:**  
**Assisting Children Affected by HIV/AIDS**

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**USAID FUNDING PERIOD:**  
**April 2000–June 2002**

**IMPLEMENTING ORGANIZATIONS:**  
**Society for Development Research and Training (SFDRT)/Family Health International-IMPACT**

**USAID AMOUNT:**  
**\$53,549**

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#### PURPOSE

The project aims to assist children of prostitutes, HIV-infected children, and children of HIV-infected parents in the Pondicherry and Chidambaram/Cuddalore districts. The project intends to reach these children through existing interventions with prostitutes, truck drivers, village community members, and clients seeking counseling services at clinics that treat people with sexually transmitted infections. The Society for

Development Research and Training has developed linkages with other community-based organizations, children's homes, and orphanages to provide assistance for access to care for HIV-infected and -affected children. Project objectives include:

- Reducing vulnerability of children to HIV infection and protecting them against abuse and neglect;
- Creating an environment conducive to advancing children's rights; and

- Building and strengthening community linkages among individuals, families, organizations, and the state to mitigate hardships faced by children affected by AIDS.

To achieve these objectives, three interventions are being implemented:

- The Childcare Centre advocates and provides support in health care, education, vocational training, nutrition supplements, foster care, and psychosocial support. Counseling, tutoring, recreational activities and health education also are offered.
- Training, support, and assistance are offered to those interested in providing foster care, including relatives/friends/caregivers of children whose parents have died from AIDS. Linkages are facilitated for schooling, nutrition, medical care, and vocational training.
- A state-run daycare center in Balwadi is being strengthened. Support and training are offered to the center's teacher and teaching assistant, as well as educational materials, toys, and food for the children. A childcare worker is available to assist the center's staff. The project is also creating demand for the center's services by motivating mothers to send their preschool children to the center.

#### KEY ACCOMPLISHMENTS

- 209 children have received medical care, psychosocial support, nutritional supplement, and educational and vocational support since April 2000;
- 372 households with orphans and vulnerable children have received medical care and psychosocial support from the month April 2000;
- 70 children were enrolled in the schools for the academic year June 2000 to April 2001;
- 20 drop-out children were given nonformal training since the inception of the project;
- 16 children were given vocational training per year during the project;
- 35 preschool children have attended Balwadi center for the academic year June 2000 to April 2001;
- 10 foster mothers were trained and are available to take care of 4 children during the project period;

- 6 advocacy meetings were held for government representatives and 6 network meetings are held with nongovernmental organizations working for child welfare;
- 1 media workshop was conducted with 10 media personnel; and
- 2 reports were published to educate the public on children affected by AIDS.

#### PRIORITY ACTIVITIES

- Continue childcare center activities at Kan Doctor Thottam brothel;
- Create a forum for children and organize a national meeting for forum members;
- Extend care services for more orphans and vulnerable children by establishing two new childcare centers at Karuvadikuppam and Velrampet slums in Pondicherry;
- Continue activities at the halfway home to provide an enabling environment for the vulnerable children; and
- Strengthen the Community Care Centre established by the Society for Development Research and Training.

#### TECHNICAL ASSISTANCE

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

- HIV/AIDS-related issues;
- Issues and problems of sex workers and their children;
- Influence of a country's economy on prostitution;
- Linking care and prevention; and
- Child psychology.

#### CONTACT INFORMATION

The Society for Development Research and Training:  
Shyamala Ashok (sfdr@satyam.net.in)  
Tel: 0413-220058, 349284

Family Health International/IMPACT/India:  
Kathleen Kay (kkay@fhiindia.org)  
Tel: 91-11-6873950

Family Health International/IMPACT/Regional:  
Joan MacNeil (j.macneil@cgiar.org)

Family Health International/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779; Fax: 703-516-9781

Web site: <http://www.fhi.org>

USAID/Washington:

Kate Crawford (katherinecrawford@usaid.gov)

USAID/India:

Bethanne Moscov (bmoscov@usaid.gov)

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**PROJECT:**  
**HIV/AIDS Prevention for Street and Slum Children in Delhi**

**USAID FUNDING PERIOD:**  
**August 1999–June 2002**

**IMPLEMENTING ORGANIZATIONS:**  
**Salaam Baalak Trust/Family Health International/IMPACT**

**USAID AMOUNT:**  
**\$104,728**

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#### PURPOSE

The project works to reduce the risk of HIV/AIDS exposure and infection among street children and slum dwellers, especially girls, through four strategies:

- The girls' program, which provides a 24-hour shelter for girls aged 2–14; vocational and rehabilitation training; and an outreach network of peers, social workers, and community health workers;
- Peer educators, who promote healthy sexual decision-making and behavior change among street children residing in train stations and urban slums through formal training and outreach;
- An information, education, and communication campaign, which develops materials for peer educators, social workers, and shelter staff to support delivery of HIV/AIDS prevention messages geared toward street and abandoned children; and
- A network of community health workers that promotes safe and adequate health care coverage for street and abandoned children and includes referrals to health facilities and HIV/AIDS education.

The project provides basic literacy training and facilities for further study, counseling, health services, vocational training, reunification with family members, income generation and job placement, boarding facilities, and recreation and games. Advocacy on child rights is conducted with different sections of society including police officials.

#### KEY ACCOMPLISHMENTS

- 80 staff members, including 10 peer educators, are currently being trained in various issues related to

HIV/AIDS including prevention strategies and care and support needs of children;

- 120 girls have used the girls' shelter;
- 90 girls have been reunited with their families both in Delhi and outside Delhi;
- 18 girls have undertaken vocational training and one older girl has been placed in a job;
- 120 girls have had medical examinations, and 10 girls are being treated for various ailments including tuberculosis and poliomyelitis;
- 30 girls are receiving education, 22 girls are presently studying in local schools, and 8 girls are receiving nonformal education;
- 15 peer educators have been trained, 5 are working at the various contact points around the railway station;
- 5,000 street children at the railway station have received information with about life-skills education; health; sex and sexuality; and prevention of drug abuse, sexually transmitted infections, and HIV/AIDS;
- 500 children have received interpersonal counseling;
- A socioeconomic survey of street children was conducted to provide information on the social and economic background of the children at the railway station;
- A participatory assessment of street children and other stakeholders was conducted and provides information of the sexual and risk-taking behavior of the children at and around the railway station; and

- 2 community workers trained in providing health information are working in the slum community and providing linkages to local hospitals.

#### PRIORITY ACTIVITIES

- A communications strategy for increasing awareness of HIV among street children will be developed, including a child-friendly life skills curriculum, and use of traditional media, including puppets and street theater;
- Peer-education programs at the various contact points and shelters around the station will be developed; 16 more peer educators will be recruited and trained;
- 3 community health workers will be recruited and trained; and
- The girls' shelter project will be strengthened with greater emphasis on open-school education/nonformal education, a better range of vocational training courses, and improved reunification and follow-up.

#### PROJECT MATERIALS AND TOOLS

- Guidelines on innovative program design and management for HIV prevention among street and working children, especially street girls;
- Documentation of socioeconomic and behavioral patterns of street and working children;
- Guidelines established by the project on voluntary counseling and testing;
- Peer-education guidelines; and
- Strategies for increasing participation of children in HIV prevention programs.

#### TECHNICAL ASSISTANCE

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

- Training of social workers and peer educators in HIV/AIDS-related issues;
- Training of program managers in HIV prevention for street and working children;
- Linking care and prevention in HIV programs with street children;
- Running a peer-education program for street children; and
- Arranging site visits and onsite training for workers from other orphans and vulnerable children projects.

#### CONTACT INFORMATION

Salaam Baalak Trust:

Dr. Bitra George,  
2nd Floor, DDA Community Centre,  
Chandiwalli gali, Paharganj, New Delhi-110054  
(bitra\_george@vsnl.net or salaambt@vsnl.com)

Family Health International/IMPACT/India:

Kathleen Kay (kkay@fhiindia.org)  
Tel: 91-11-6873950

Family Health International/IMPACT/Regional:

Joan MacNeil (j.macneil@cgiar.org)

Family Health International/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)  
Tel: 703-516-9779; Fax: 703-516-9781  
Web site: <http://www.fhi.org>

USAID/Washington:

Kate Crawford (katherinecrawford@usaid.gov)

USAID/India:

Bethanne Moskov (bmoskov@usaid.gov)

**PROJECT:**  
**Children Affected By AIDS Project**

**USAID FUNDING PERIOD:**  
**March 2000–May 2002**

**IMPLEMENTING ORGANIZATIONS:**  
**Project Concern International/Family Health International/IMPACT**

**USAID AMOUNT:**  
**\$130,674**

#### **PURPOSE**

The project aims to reduce the vulnerability of street and working children, their families, and communities to HIV/AIDS/sexually transmitted infections.

Disadvantaged, exploited, and abused children receive services that enhance their self-esteem, safety, health, and livelihood. Three drop-in-centers provide services in three areas near Delhi that are adjacent to railway stations, bus stations, and slum settlements where street and rag-picking children gather. The drop-in centers offer facilities for education, entertainment, health, counseling, recreation, micro-savings, and vocational training. A shelter home for street children opened in September 2000, where children are also provided with food, accommodation, counseling, and clothing, and participate in nonformal education and income-generating activities. HIV/AIDS awareness programs in the communities, where the drop-in centers operate, complement the project.

In addition to rehabilitation of street children through education and economic empowerment, children are encouraged to be with their families. This process is carried out with the consent of the affected children as well as the parents/family members.

#### **KEY ACCOMPLISHMENTS**

- 1,620 children (boys and girls) have been contacted and encouraged to use services;
- 1,657 children and community members have been treated for various general ailments;
- Tuberculosis camps have been held every month at the project areas; so far 12 patients have been diagnosed and treated for tuberculosis;
- 4 dental camps have been organized and 339 children have been served;
- 292 children and community members have been counseled for sexually transmitted infections, sexual health, and HIV/AIDS;

- 113 children were admitted to the shelter home;
- 25 to 30 children have received nonformal education daily at each of three drop-in-centers;
- Condom promotion and distribution has been an ongoing activity at each drop-in center;
- 30 children at each of the three intervention sites have been provided with a nutritious meal every day;
- 41 children were enrolled in formal education in government schools;
- 8 children were reunited with their families;
- 75 peer educators were identified and trained in HIV/AIDS basics and sexually transmitted infections and prevention and community outreach; and
- 4 street theater groups, which focus on HIV/AIDS, child rights and leprosy, were formed by children, and performances were routinely held for the community at various venues.

#### **PRIORITY ACTIVITIES**

- Reunite willing children with their families;
- Provide additional economic strengthening activities;
- Ensure sustainability of the program through community involvement, community contribution, and income-generating activities;
- Expand street play activities at the drop-in-centers;
- Enhance focus on sexually transmitted infection treatment, condom demonstration, and promotion;
- Enroll children for formal schooling;
- Involve community members, especially men, in the HIV/AIDS program;
- Strengthen the income-savings component of the program;
- Strengthen the research component of the program by evaluating the progress of the street children who are accessing the services.

**PROJECT MATERIALS AND TOOLS**

- Child Development Measurement Tool format;
- Daily report format for outreach worker/nonformal educator;
- Needs assessment survey format;
- Focus group discussion format;
- Mid-term and final evaluation format;
- Psychosocial counseling format;
- Sexually transmitted infection/sexual counseling format;
- Child patient record;
- Personal profile format of the children accessing drop-in-centers;
- Weekly report form for field executives; and
- Peer educators reporting format.

**TECHNICAL ASSISTANCE**

The project provides expertise to other orphan and vulnerable children projects in the following areas:

- HIV/AIDS prevention for street youth;
- Institutional capacity-building;

- Economic support services for street youth; and
- Social welfare services for street youth.

**CONTACT INFORMATION**

Project Concern International:

3550 Afton Rd.

San Diego, CA 92123

Rajesh Rangan Singh (rajesh@pciindia.org)

Karen Romano (kromano@projectconcern.org)

Project Concern International:

Web site: <http://www.projectconcern.org>

Family Health International/IMPACT/India:

Kathleen Kay (kkay@fhiindia.org)

Tel: 91-11-6873950

Family Health International/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779; Fax: 703-516-9781

Web site: <http://www.fhi.org>

USAID/Washington:

Kate Crawford (katherinecrawford@usaid.gov)

USAID/India:

Bethanne Moskov (bmoskov@usaid.gov)

**PROJECT:**  
**Night Care Centers for Children of Prostitutes**

**IMPLEMENTING ORGANIZATIONS:**  
**PRERANA/Family Health International/IMPACT**

**USAID FUNDING PERIOD:**  
**April 2000–June 2002**

**USAID AMOUNT:**  
**\$62,065**

**PURPOSE**

The project aims to protect children in Falkland Rd. Mumbai and Turbhe-Vashi (Navi Mumbai) townships who are vulnerable to HIV and in physical danger. The project populations include children of HIV-positive mothers, children orphaned due to AIDS, and children of prostitutes. Project objectives include:

- Removing children of female prostitutes from brothels (but not from their mothers);
- Operating night care centers for children affected by HIV/AIDS;
- Eliminating second-generation trafficking in prostitution;

- Increasing human, civil, and health rights awareness among prostitutes;
- Creating self-help groups of victims of commercial sex exploitation and helping them to network with other groups;
- Ensuring the educational rights of children through maximum school enrollment; and
- Establishing self-help networks of children and linking them with other networks of children.

The night care centers offer food, health checkups, psychosocial support, and recreational opportunities. School-aged children attending the centers are assist-

ed with enrolling in boarding schools or institutions of vocational training.

#### KEY ACCOMPLISHMENTS

- Mothers are actively involved in the development of their children; and
- 186 children have received preschool education, recreation, nutrition, night shelter, medical check-ups, and assistance with mainstreaming into regular school.

#### PRIORITY ACTIVITIES

- A shelter for women and children in red light districts will be set up;
- The active involvement of mothers in the development of their children will be promoted;
- Self-esteem among children is being enhanced;
- Sustainable protective mechanisms for children will be developed;
- A sustained resource base for educational and vocational development of these children will be created and strengthened;
- A nutrition program for HIV-positive mothers and self-help group of HIV-positive women (mothers) will be developed in Turbhe;
- Care for HIV-affected children will be provided; and
- Women's and children's collectives will be consolidated.

#### PROJECT MATERIALS AND TOOLS

- Case studies;
- Story lines of mothers;
- Books of success stories;
- Manual on establishing and running night care centers for children in red light districts;
- Manual on running educational development programs for children in red light districts;
- Manual on managing institutional placement programs for children in red light districts;

- Manual on child rights and child protection for children in red light districts; and
- "Frequently Asked Questions" on care for HIV-affected children.

#### TECHNICAL ASSISTANCE

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

- Concept development and project evolution;
- Consultancy in setting up and developing field projects;
- On-the-job, in-service, and preservice training;
- Consultancy in research and documentation;
- Networking and consultancy in networking;
- Development of victim care program modules;
- Training in working with state agencies; and
- Orientation on interface between field programs and legal framework.

#### CONTACT INFORMATION

##### PRERANA:

Priti Patkar (pppatkar@giasbm01.vsnl.net.in)

Family Health International/IMPACT/India:

Kathleen Kay (kkay@fhiindia.org)

Tel: 91-11-6873950

Family Health International/IMPACT/Regional:

Joan MacNeil (j.macneil@cgiar.org)

Family Health International/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779; Fax: 703-516-9781

Web site: <http://www.fhi.org>

USAID/Washington:

Kate Crawford (katherinecrawford@usaid.gov)

USAID/India:

Bethanne Moskov (bmoskov@usaid.gov)



# Nepal

## PROJECT:

**HIV/AIDS Impact Mitigation through Mobilization in Affected Communities in Kanchanpur District**

**Nepal National Social Welfare Association (NNSWA)**

**USAID FUNDING PERIOD:**  
**June 2001–June 2003**

## IMPLEMENTING ORGANIZATIONS:

**Save the Children, US (SC/US), Subgrants to Nepal Red Cross Society (NRCS)**

**USAID FUNDING AMOUNT:**  
**\$200,000**

## PURPOSE

HIV/AIDS activities in Nepal currently focus on awareness raising and prevention activities, and up until this point, there have been no care and support activities for those infected with and affected by HIV/AIDS. This project focuses on mitigating the impact of HIV/AIDS on affected children, their families, and the community. It supports the development of appropriate care and support systems within Kanchanpur District, which can be used as model systems for the start of care and support systems in other districts.

with HIV/AIDS, their families, as well as the care and support project.

## PROJECT MATERIALS AND TOOLS

- Information, education, and communication material for peer educators (contact SC/US)

## TECHNICAL ASSISTANCE

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

- Community mobilization; and
- Setting up systems for care and support programs where none exist.

## KEY ACCOMPLISHMENTS

No direct activities have yet been carried out, however a rapid assessment was conducted in the district to identify those communities most vulnerable to HIV/AIDS, as well as the needs of these communities.

## CONTACT INFORMATION

Save the Children, U.S.  
Keith Leslie (kleslie@savechildren.org.np)

USAID/Washington:  
Douglas Heisler (dheisler@usaid.gov)

USAID/Nepal:  
Catherine Thompson (cathompson@usaid.gov)  
Nadia Carvalho (ncarvalho@usaid.gov)

## PRIORITY ACTIVITIES

The HIV/AIDS Impact Mitigation project focuses on increasing the availability of and the access to appropriate care and support services in Kanchanpur District. The project also works to create a supportive and nondiscriminating environment for persons living



# Europe and Eurasia



Photo: Harriett Destler/USAID

# Romania

**PROJECT:**

**Child Welfare in Romania Project**

**IMPLEMENTING ORGANIZATION:**

**Holt International Children's Services**

**USAID FUNDING PERIOD:**

**October 1998–September 2002**

**USAID AMOUNT:**

**\$1,063,000. Approximately 12 percent of USAID funds (\$130,000) have been set aside to provide direct care and support services to HIV/AIDS children and their families for family preservation or reintegration from institutions.**

**PURPOSE**

Holt International Children's Services Romania works within the counties of Iasi and Constanta to design, implement, manage, and evaluate a fully integrated system of children's services that leverages existing county resources. Case management is used in working with children affected by HIV/AIDS and in need of protection. Case managers are trained by Holt to work with families that have children affected by HIV/AIDS and help them locate and use appropriate counseling and social services, in addition to finding temporary economic support consisting of food, clothes, shoes, vitamins, medicine, and school supplies. Case managers also target HIV-positive children who have been abandoned in medical yards or placed in institutions and provide them with therapeutic foster care to address their special needs. Through these structures, the project builds local capacity to prevent and mitigate the impact of HIV/AIDS.

Specific objectives include:

- Strengthening the capacity of government and county organizations to lead and sustain effective responses to reduce the number of unnecessary institutionalizations of abandoned HIV-positive children through the provision of: crisis intervention services for at-risk families and children;
- Developing a model of services for HIV-positive children and families that can be replicated, including creation of HIV/AIDS care protocols, case management guidelines, and a manual for professionals working with children affected by HIV/AIDS; and

- Advocating policy change at national, district, and local levels.

Due to stigmatization, emotional stress, and financial burdens related to HIV/AIDS, HIV-positive children are at special risk of abandonment. Families need specialized and ongoing support while caring for their HIV-positive children at home. Holt provides critical social services to families with HIV-positive children, reintegrates institutionalized children when possible, and provides community advocacy and education on HIV/AIDS issues. This is accomplished through collaboration with local medical facilities, hospitals, community officials, other nongovernmental organizations, schools, and parents. The program works to ensure that the rights of the children affected by HIV/AIDS are respected and that their families have the support they need to care for their child at home.

In addition this program advocates for HIV-positive children to have equal access to community services and resources and to maximize integration into the family, community, and public school system.

**KEY ACCOMPLISHMENTS**

- 376 HIV-affected children have been served since the program began (183 during the 2002 first quarter; counseling, social services, clothing, food donations, and assistance were provided through the reintegration program with financial support);
- 6 newly diagnosed children received care during the first quarter of 2002;

- 233 families with HIV-positive children have benefited by financial support since the program began (26 new cases in the first quarter); and
- 9 abandoned HIV-positive children were placed in long-term foster care at the end of the 2002 first quarter.

#### PRIORITY ACTIVITIES

- Duplicate manual for professionals working with HIV/AIDS-affected children and their families;
- Expand HIV program to ensure that comprehensive services reach outlying communities and high-risk children and their families; and

- Further develop therapeutic foster care for HIV-positive children.

#### CONTACT INFORMATION

Holt:

Livia Trif, Interim Country Director  
(holtcta@relsys.ro)

Tel: 541-687-2202

USAID/Washington:

Sangita Patel: (spatel@usaid.gov)

USAID/Romania:

Lucia Correll, Senior Child Welfare Advisor  
(lcorrell@usaid.gov)

#### PROJECT:

**Baylor International Pediatric Aids Initiative (BIPAI)**

#### USAID FUNDING PERIOD:

**March 2001–March 2002**

#### IMPLEMENTING ORGANIZATION:

**Texas Children's Hospital of the Baylor College of Medicine via World Learning**

#### USAID AMOUNT:

**\$125,000**

#### PURPOSE

This grant enables Baylor College to partner with Asociatia Speranta, a Romanian nongovernmental organization, to bring state-of-the-art comprehensive care and treatment to HIV-infected children. The model program establishes the Centrul de Copii Romano-American (Romanian-American Children's Center) and builds capacity both in Romania and within the United States for HIV care, treatment, education, and clinical research. Romanian, Eastern European, and American health professionals train side-by-side in the latest HIV management and clinical research techniques. The Center enables Romanian staff to outreach to other institutions for purposes of enhancing care and services for children across Romania.

#### KEY ACCOMPLISHMENTS

- Baylor's program in Romania, initially focusing on pediatric HIV/AIDS health professional education and training, was established in February 1996.
- Baylor established an international core laboratory in Bucharest at the Stefan S. Nicolau Institute of Virology in September 1999. This laboratory provides state-of-the-art testing for diagnosis and monitoring of pediatric HIV infection.

- Baylor and the Constanta Municipal Hospital opened the Romanian-American Children's Center on April 6, 2001, after extensive renovation of an abandoned orphanage. The center is a modern outpatient care and treatment facility now serving 627 HIV-infected children from Constanta and surrounding areas, one of the largest concentrations of HIV-infected children in care in any single center worldwide.
- All existing and new staff of the Romanian-American Children's Center have received comprehensive training in HIV/AIDS using a 22-part Romanian language curriculum developed by the Baylor International Pediatric AIDS Initiative.
- 10 Romanian physicians have received short-term HIV/AIDS training in the United States at Baylor College of Medicine.
- 12 U.S. senior pediatric residents have completed short-term HIV/AIDS training experiences in Romania.
- Demographic, medical, and social information on 762 HIV-infected children in Constanta has been collected into a database that can track specific indicators.

- A home and palliative care program for HIV-infected children and families was initiated in March 2002.

#### PRIORITY ACTIVITIES

- Continue community outreach and education involving mobile units, based on a needs assessment conducted in June 2001;
- Establish parent and child peer support groups;
- Expand home and palliative care program;
- Finalize clinical research with vitamin A supplementation;
- Refine the HIV program to ensure that comprehensive services reach outlying communities and high-risk children and their families; and
- Continue improvement of treatment and care for HIV-positive children.

#### PROJECT MATERIALS AND TOOLS

- Output and outcome indicators;
- Pediatric HIV/AIDS database;
- Comprehensive HIV/AIDS curriculum;
- Training materials/guidelines for health professional education in epidemiology of HIV in Romania, the pathophysiology of HIV infection, diagnosis of HIV infection, principles of antiretroviral therapy, nutritional needs of HIV-infected children, prevention of perinatal transmission of HIV, social implications of HIV infection, and standard precautions for the prevention of blood-borne HIV transmission;
- Methodologies for needs assessments, community outreach, and subsequent education tactics;
- Preliminary clinical research and study results on a trial of vitamin A for prevention of HIV disease progression, and on oral manifestations of HIV; and
- Web site: <http://www.baylorids.org/romania>.

#### TECHNICAL ASSISTANCE

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

- State-of-the-art care and treatment of HIV-infected children;
- Monitoring, evaluation, and creation of a database;
- Partnership exchanges and training of competent professional work staff;
- Networking and leveraging resources of local, governmental, nongovernmental, and donor organizations;
- Linkage of care, prevention, and community mobilization; and
- Establishment of the necessary infrastructure, expertise, and experience for HIV clinical research in Romania, and enhancement of the practices of health care professionals from Romania and Eastern Europe through education and training.

#### CONTACT INFORMATION

Baylor College of Medicine:

Dr. Mark Kline, BIPAI Program Director  
([mkline@texaschildrenshospital.org](mailto:mkline@texaschildrenshospital.org))

Tel: 40-1-335-5806

Web site: <http://www.baylorids.org>

USAID/Washington:

Sangita Patel ([spatel@usaid.gov](mailto:spatel@usaid.gov))

USAID/Romania:

Dr. Susan Monaghan, Senior Health Program Advisor  
([smonaghan@usaid.gov](mailto:smonaghan@usaid.gov))

# Russia

## PROJECT:

**Assistance to Russian Orphans (ARO)**

## IMPLEMENTING ORGANIZATIONS:

**Holt International Children's Services and Mercy Corps.**

**Collaborating organizations and project coverage: Holt International Children's Services, in a consortium with Charities Aid Foundation/Russia (CAF/Russia), implements ARO in Western Russia with an emphasis on Novgorod and Tomsk oblasts. Mercy Corps implements ARO in the Russian Far East, with a focus on Primorskii Krai and Magadan oblast. It**

**partners with a leading child services organization, European Children's Trust (ECT) and the World Association of Children and Parents (WACAP), a children and family-centered organization that has been working in the Russian Far East since 1994.**

## USAID FUNDING PERIOD:

**September 1999–September 2002**

## USAID AMOUNT:

**\$6 million (a portion supports activities related to children affected by HIV/AIDS)**

## PURPOSE

The Assistance to Russian Orphans (ARO) Program works with Russian nongovernmental organizations and their partners to address the escalating problem of children being abandoned in Russian institutions when parents could no longer provide proper care. The primary purpose of ARO activity is to promote community-based, family-centered services that will improve the current situation of Russian orphans. USAID awarded cooperative agreements to Holt International Children's Services and Mercy Corps International in 1999 to lead two consortia that could improve local capacity to deal with this problem and promote networking and information sharing among Russian nongovernmental organizations. ARO seeks to achieve the following objectives:

- Prevention of child abandonment and promotion of family-based care for orphans and abandoned children as an alternative to institutionalization;
- Development of community-based services to support children with special needs;
- Community reintegration of older children leaving state institutions; and
- Development and strengthening of networks between organizations and community-based groups working in the area of child welfare.

The ARO program does not target orphans due to AIDS, nor does it support international adoptions, donations of material or medical assistance, research, or survey work. Instead, the activities target communities where HIV/AIDS makes children vulnerable. Grants are directed to services and community mobilization efforts within an environment where HIV/AIDS is significantly increasing the vulnerability of children and adolescents.

## KEY ACCOMPLISHMENTS OF ARO/WEST

ARO West has successfully identified and engaged key government and nonprofit leaders in the child welfare sector, not only in its priority regions of Tomsk and Novgorod, but across the Russian Federation as a whole. A total of 10 grant competitions (including 2 for existing grant recipients to enhance and perfect their services) has led to 70 organizations receiving 107 grants for providing direct services or technical assistance. Direct beneficiaries to date include 10,000 children and 7,000 families. A further 6,700 children and families are on the waiting list to receive services from the relevant organizations. Examples of accomplishments include:

- Development of innovative crisis services for children, teens, and adults as an active model for abandonment prevention among high-risk groups.

Activities include programs for children who have run away from home, a city-wide model of abandonment prevention based on a partnership among a children's shelter, a private center offering social and psychological support, and relevant government bodies;

- Sharing of experiences among Russian nongovernmental organizations on reintroduction of orphans into society and identification and preparation of potential foster families;
- Disability awareness, education, and training programs for maternity hospitals;
- Establishment of a childcare research and training center;
- Crisis interventions for families at risk of abandoning children; and
- Abandonment prevention of newly born high-risk babies.

#### **KEY ACCOMPLISHMENTS OF ARO/EAST:**

ARO/East has funded 34 projects in Primorskii Krai and Magadan region since August 1999. Approximately 1,200 child welfare practitioners and activists have received training and technical assistance on abandonment prevention and other critical child welfare issues. Activities include:

- 2 fostering programs have been established, one in Vladivostok and the other in Magadan City, involving eight foster families and nine children.
- Due to the work of the center in Spassk city, no child between ages 3 and 7 has entered an institution during the proceeding three months of the life of the project.
- Support has been provided to three projects working within Primorskii Krai and Magadan focusing on prevention services to assist families to care for their children and avoid placing them in institutions.
- Young people leaving state institutions into society have been integrated. The project currently provides assistance to 33 children aged 14 to 18, by conducting training on life and job skills.

- Regional and international study tours have been organized and sponsored for partner organizations and state agencies that promote community-based social services.

#### **PRIORITY ACTIVITIES**

- Evaluate effect of activities;
- Award grants to ensure that comprehensive services reach outlying communities and high-risk children and their families;
- Develop lobbying/advocacy skills of local partners aimed at protecting the interests of disadvantaged people;
- Provide additional nongovernmental organization capacity-building training for local organizations working with target beneficiaries; and
- Develop innovative community and family-centered solutions to prevent abandonment.

#### **TECHNICAL ASSISTANCE**

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

- Creation of guidelines for administration of small grants;
- Mid-project monitoring and evaluation;
- Training of competent social work staff;
- Networking with local and governmental authorities; and
- Abandonment prevention and counseling within high-risk families.

#### **CONTACT INFORMATION**

ARO/West:

Holt International Children Services/Moscow  
Nancy Luther, Acting Program Manager  
(nluther@aro.ru)

Tel/Fax: 095-725-4443

Web site: <http://www.holtintl.org>, [www.aro.ru](http://www.aro.ru)



ARO/East:

Mercy Corps/Vladivostok

Thomas Gerhardt, Mission Director

(TomG@mci.lanitdv.ru)

Tel: 4232-300-494 or 300-495; Fax: 4232-300-497

Web site: <http://www.mercycorps.org>, [www.aro.ru](http://www.aro.ru)

USAID/Washington:

Sangita Patel (spatel@usaid.gov)

USAID/Russia:

Elena Gurvich, ARO Project Manager

(egurvich@usaid.gov)

Kerry Pelzman (kpelzman@usaid.gov)

Olga Kulikova, ARO Project Management Assistant

(okulikova@usaid.gov)



# Latin America and the Caribbean



Photo: U.S. Agency for International Development

# Brazil

**PROJECT:**  
**POMMAR At Risk Youth Project**

**IMPLEMENTING ORGANIZATION:**  
**Partners of the Americas**

**USAID FUNDING PERIOD:**  
**September 1994–September 2003**

**USAID AMOUNT:**  
**\$10,766,627 (over a nine-year period; a portion supports children and youth affected or infected by HIV/AIDS)**

## PURPOSE

POMMAR (Prevention for At-Risk Boys and Girls) assists children and young people, aged 0 to 18, in urban areas of Salvador, Recife, and Fortaleza in north-eastern Brazil, as well as in the nation's capital, Brasilia. The program promotes the protection and holistic development of at-risk children and youth to become healthy and productive citizens by:

- Strengthening HIV/AIDS prevention and community-based assistance;
- Engaging society in decreasing violence against children and youth;
- Increasing the educational and vocational preparation of children and youth; and
- Preventing and eradicating child labor.

POMMAR provides direct financial and technical support to local organizations (primarily nongovernmental organizations) and multisector service networks, while also disseminating successful and replicable approaches, that:

- Provide information and services to youth (aged 12–18) on sex education with emphasis on pregnancy prevention and the prevention of HIV/sexually transmitted infections;
- Provide community-based care and assistance to children (aged 0–12) living with HIV/AIDS and/or directly affected by the HIV/AIDS pandemic;
- Provide counseling, legal and protective services for child and adolescent victims of sexual violence, abuse, and commercial sexual exploitation;

- Promote advocacy, coalition-building, and public awareness campaigns that target social values and behaviors related to violence, abuse, and commercial sexual exploitation of children and adolescents;
- Strengthen educational services provided via nongovernmental organizations by enhancing and complementing the formal educational system, with special emphasis on market-oriented vocational training and artistic/cultural expressions;
- Implement services and monitor public policies to prevent and eradicate child labor practices in urban areas; and
- Promote democratic participation of youth in civic activities, enabling youth to exercise their rights, develop civic skills, and take control of their lives by learning to define coherent objectives and life goals.

With recently increased funding from USAID, HIV activities for 2002–2003 will be expanded and divided into two areas, prevention and community-based assistance. Prevention objectives include:

- Supporting the use of arts education and youth empowerment/participation techniques to more effectively reach youth and their families;
- Promoting debate and the exchange of successful practices among service providers and public policy makers locally and with other regions of the country; and
- Strengthening indicators for monitoring and evaluation.

Objectives in community-based assistance include:

- Supporting entities that assist children living with HIV/AIDS to provide services consistent with current legislation and standards for public health and child rights;
- Improving the quality of services in community care facilities;
- Promoting debate and the exchange of successful practices among service providers and public policy makers locally and with other regions of the country; and
- Strengthening indicators for monitoring and evaluation.

#### KEY ACCOMPLISHMENTS

- 15,360 children and youth were reached by POMMAR-supported organizations;
- 3,332 children and youth were reached directly by POMMAR-supported projects;
- 25,705 families members were reached indirectly by POMMAR-supported projects;
- 552 public schools now participating in program activities, reaching a total of 32,797 students and teachers;
- 400 organizations ARE now engaged in service and advocacy networks, involving 3,456 children and youth;
- A 100 percent scholastic enrollment rate and a 95 percent passing rate was achieved among the children/youth served by the program (compared with the national rates of 96 percent and 68 percent, respectively);
- 1,065 educational activities were conducted (155 with direct support) by POMMAR-supported organizations in reproductive health, teen sexuality, and HIV/AIDS prevention, reaching 22,924 participants—14,483 youths, 6,115 additional families members, 1,632 youth workers and teachers, and 694 youth-service and school directors—a substantial increase from previous years;

- 3,766 youth received direct health services and 570 were referred to other health service-providers—a substantial increase from previous years,
- 1,368 child and adolescent victims of sexual violence have received legal aid and therapeutic counseling;
- 8 organizations have documented their methodology for adaptation/replication among other organizations and practitioners; with 13 organizations conducting a total of 111 dissemination events; and
- 16 local partner organizations have been identified and \$400,000 was allocated via these local partners for HIV prevention and community-based assistance activities.

#### PROJECT MATERIALS AND TOOLS

- POMMAR Web site <http://www.embaixadaamericana.org.br/usaaid.htm>; and
- 2 POMMAR publications on sexual abuse and exploitation (*Facing Exploitation*, 1998) and arts education (*Every Color Needs Light*, 2001). Additional materials on child labor, sexual abuse, and exploitation and HIV/AIDS will be published in 2002/2003.

#### TECHNICAL ASSISTANCE

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

- HIV/AIDS prevention and care;
- Education;
- Vocational training;
- Arts education;
- Sexual abuse and exploitation;
- Child labor eradication; and
- Citizen participation for youth.

**CONTACT INFORMATION**

POMMAR/USAID-Partners of the Americas:  
 Stuart A. Beechler, Project Director (Recife, PE)  
 (pommar@trunet.com.br)  
 Tel/Fax: 55-81-3421-3218

Rita Ippolito, Technical Director, Brasília, DF  
 (pommardt@terra.com.br)  
 Tel/Fax: 55-61-328-7622

Web site: [http://www.partners.net/English/programs/descriptions/pom\\_eng.htm](http://www.partners.net/English/programs/descriptions/pom_eng.htm)

USAID/Washington:  
 Lloyd Feinberg (lfeinberg@usaid.gov)

USAID/Brazil:  
 Nena Lentini, Program Officer  
 (Brasília, DF) (nlentini@usaid.gov)  
 Lawrence Odle, Deputy Director  
 (lawrenceodle@usaid.gov)

# Dominican Republic

## PROJECT:

**Vulnerable Children at Risk of Being Orphaned and Displaced by AIDS in the Dominican Republic**

## USAID FUNDING PERIOD:

**July 2001–March 2003**

## USAID AMOUNT:

**\$320,000**

## IMPLEMENTING ORGANIZATIONS:

**The Global Orphan Project/Promundo, John Snow International (JSI)**

## PURPOSE

USAID/Santo Domingo has contracted with The Global Orphan Project/Promundo (JSI) for a situational analysis leading to a multisector strategy. This strategy will be designed to assist children affected by HIV/AIDS, including HIV-positive children. Based on the study results, two pilot activities will be undertaken to develop innovative approaches in which family and community groups unite and identify the care and support needs of vulnerable children. The pilot programs are based on a community and social mobilization model that includes activities in case management and micro-enterprise.

Using the methodology of the Global Orphan Project “3-Stage Risk of Displacement Model,” the situation analysis estimates the number of children (aged 0–14) who:

- Have mothers living with HIV but are asymptomatic (primary stage of risk of displacement); or
- Have mothers living with AIDS and symptomatic (secondary stage of risk of displacement); or
- Are already orphaned by AIDS (tertiary stage of risk of displacement) and the proportion of children at-risk of being orphaned and displaced who are also HIV-positive.

“Dominican Republic Snapshot” estimation study results indicate a rapidly growing social problem that is the accumulated impact of the epidemic over the last 18 years. An estimated 58,000 children under age 15 are at risk of being orphaned and displaced from their families. Less than 20 percent of these children

are HIV-positive. Of this estimate, more than 2,800 children are already orphaned due to AIDS. The remaining 55,000 children will be orphaned within 5 to 10 years. One out of every 50 children is at risk of being orphaned and displaced. The added responsibilities and costs of caring for orphaned children will burden 1 out of every 47 women aged 15–69.

The Global Orphan Project/Promundo collaborates with key government agencies and nongovernmental organizations, and is completing a comprehensive analysis of current public policies and laws. This analysis pertains to the protection of orphans, adoptions, social security for disabled adults, inheritance, and support to extended families providing assistance to these vulnerable children. Special programs that have the potential of improving the health, education, protection, and overall quality of life of children affected by HIV/AIDS will be identified.

## KEY ACCOMPLISHMENTS

- “Dominican Republic Snapshot” estimation study and geographic information systems mapping for all regions and provinces was completed;
- Policy and legal analyses are underway;
- 2 innovative community awards were granted in June 2002;
- Close project collaboration with government agencies, nongovernmental organizations, Coalition Against AIDS, faith-based organizations, legal authorities, and private industry groups were established for social mobilization; and

- Global Orphan Project experiences have been shared with other countries to provide insight in lessening the social impact and helping vulnerable children.

#### **PROJECT MATERIALS AND TOOLS**

- Global Orphan Project/Promundo “3-stage Risk of Displacement Model”;
- Global Orphan Project/Promundo “Community Mobilization Model for Child and Youth Programs”; and
- Pilot activities, community grants award model.

#### **CONTACT INFORMATION**

Instituto Promundo—JSI Dominican Republic:  
Glenn K. Wasek, President (gwasek@codetel.net.do)  
Tel: 809-227-3434; Fax: 809-227-9393

USAID/Santo Domingo:  
Dr. David Losk (dlosk@usaid.gov)  
Health, Population Office Team Leader  
Maria Castillo, HIV/AIDS Specialist  
(mcastillo@usaid.gov)



# Haiti

## PROJECT:

**Care and Support for Families with HIV/AIDS-Affected or Infected Children**

## USAID FUNDING PERIOD:

**April 2002–March 2003**

## IMPLEMENTING ORGANIZATIONS:

**Family Health International/IMPACT;  
Maison Arc-en-Ciel**

## USAID AMOUNT:

**\$74,424**

## PURPOSE

This project is a pilot program that offers comprehensive support and care to families living with children affected or infected by HIV/AIDS in the Port-au-Prince metropolitan area. Built on the successful psychosocial medical program used at Maison Arc en Ciel's orphanage and school on the outskirts of Port-au-Prince, this program seeks to bring much needed education and outreach to communities in Port-au-Prince.

A central location is used as a training center and psycho-medical complex. There, mothers and other family caretakers learn how to provide home-based care to children living with HIV/AIDS. Basic services are also offered, with part-time health professionals (medical doctor, psychologist, nurse) available to attend to cases. Social workers are based at the center but primarily perform community outreach, offering information and education to families and their neighbors and conducting home visits to those caring for immune-compromised children.

The population to benefit from this project includes orphans and other children infected and affected by HIV/AIDS, as well as the families that care for them. It is estimated that an initial 89 children will be assisted, coming from a core group of 31 families already accessing care and support services from the Maison Arc en Ciel complex on the outskirts of Port au Prince. It is expected that with the development of community outreach and support groups for mothers and other caretakers that the number of children and families being served will increase over the period of the agreement. The leadership of implementing agency

will continuously seek outside funding to expand and continue this project in upcoming years.

## KEY ACCOMPLISHMENTS

- A situation analysis on orphans and vulnerable children was completed in June 2000; and
- Support groups were established in project areas.

## PRIORITY ACTIVITIES

- Establish a community center in Port au Prince;
- Conduct home-based care training with mothers and other family caretakers;
- Create and reinforce family support groups;
- Host community-based meetings with local delegates who will serve as their neighborhood health promoters;
- Conduct educational workshops;
- Make home visits to find and confirm adoptive homes; and
- Follow up with people trained as counselors.

## PROJECT MATERIALS AND TOOLS

- Report on the situation of orphans and other vulnerable children in Haiti.

## TECHNICAL ASSISTANCE

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

- Conducting a situation analysis;
- Developing training materials;
- Developing education materials; and
- Undertaking community mobilization.

**CONTACT INFORMATION**

Family Health International/IMPACT/Haiti:

Roberte Eveillard

(fhihaiti@hainet.net, robynr@ hainet.net)

Jean-Robert Brutus (jeanrobertbrutus@yahoo.com)

Maison Arc-en-Ciel:

Danielle Pénette (arcenciel@acn2.net)

Family Health International/IMPACT/Virginia:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779; Fax: 703-516-9781

Web site: <http://www.fhi.org>

USAID/Washington:

Kate Crawford (katherinecrawford@usaid.gov)

USAID/Haiti:

Carl Rahmaan (crahmaan@usaid.gov)

# Global and Regional Projects



Photo: Rich Marchevka © 2000

# Global and Regional Projects

**PROJECT:**  
**YouthNet**

**USAID FUNDING PERIOD:**  
**2002**

**IMPLEMENTING ORGANIZATIONS:**  
**Family Health International, CARE USA, Deloitte Touche Tohmatsu Emerging Markets, Ltd., Research Triangle Institute International and the Margaret Sanger Center International**

**USAID AMOUNT:**  
**\$200,000. although activities in other areas (i.e., research) may include orphans and vulnerable children**

## **PURPOSE**

YouthNet is a USAID-funded global project awarded in October 2001 committed to improving the reproductive health and HIV/AIDS prevention behaviors of youth 10 to 24 years old. To this end, YouthNet collaborates with youth, parents, religious and community leaders, policymakers, schools, health professionals, employers, the media, nongovernmental organizations, and other youth networks to improve the reproductive health of young people worldwide. During the first year, YouthNet is focusing on:

- Identifying best practices among programs for orphans and vulnerable children to address the reproductive health and HIV prevention needs of adolescents affected by HIV/AIDS;
- Considering the situation and particular needs of adolescents affected by HIV/AIDS within research implementation efforts; and
- Documenting lessons learned and recommendations for future reproductive health and HIV prevention activities that will take into consideration the situation of adolescents affected by HIV/AIDS.

## **PRIORITY ACTIVITIES**

- YouthNet will work with key international and national groups who affect vulnerable population groups and that support or provide health and social services for orphans and vulnerable young

children to develop appropriate interventions for adolescents and older youth affected by HIV/AIDS. This includes policymakers, service providers, and youth-serving organizations. The issues addressed will include risk identification and stratification, and planning according to a comprehensive framework that transfers lessons learned from different programmatic areas.

- YouthNet will carry out a situation analysis in order to identify examples of orphans and vulnerable children programs that are addressing the reproductive health and HIV prevention needs of orphaned youth and those that are integrating youth into orphans and vulnerable children programs for HIV prevention and provision of care and support. A synthesis paper describing these initiatives will be prepared and widely disseminated.
- YouthNet will develop and promote guidelines for addressing youth reproductive health and HIV prevention in programs for orphans and vulnerable children based on lessons learned from these programs and an assessment of approaches, reach, and needs of youth-serving organizations and existing tools. YouthNet will provide technical support to selected programs for orphans and vulnerable children that wish to apply the guidelines. These new interventions will be monitored and evaluated.

- YouthNet will also consider the specific needs of orphan and vulnerable children when developing other programmatic and research agendas (e.g., youth participation, sexual coercion, family life education, youth-friendly services) and that could help raise the visibility of specific needs of the different segments of orphan and vulnerable youth.

#### PROJECT MATERIALS AND TOOLS

Because it is a new program, YouthNet has not developed materials and tools yet. Several tools are being programmed that could be used by groups implementing orphan and vulnerable children programs. YouthNet will identify and disseminate tools produced by other programs.

#### TECHNICAL ASSISTANCE

YouthNet can provide support in strategic planning, program implementation, research, monitoring and evaluation, and in expanding the breath of orphan and vulnerable children work by linking it to global youth-serving networks (e.g., World Association of Girl Guides and Girl Scouts, YMCA, YWCA), global media (e.g., MTV), knowledge management programs, and

the private sector through the use of social franchising techniques.

Areas of specific youth expertise include youth-adult partnerships, youth participation and leadership, and delivery of youth-friendly services. Through its short-term technical assistance program, YouthNet can provide technical support to USAID missions, cooperating agencies, implementing agencies, and governments as requested by country missions.

#### CONTACT INFORMATION

YouthNet

Family Health International  
2101 Wilson Blvd., Suite 700  
Arlington, VA 22201

Nancy Williamson, Director (nwilliamson@fhi.org)  
Arletty Pinel, Deputy Director (apinel@fhi.org)  
Tel.: 703 516-9779; Fax: 703 516-9781

USAID/Washington:  
Michele Moloney-Kitts (mmoloney-kitts@usaid.gov)  
Shanti Conly (sconly@usaid.gov)  
Linda Sussman (lsussman@usaid.gov)

#### PROJECT:

**Technical Support to Mobilize, Enhance, and Scale Up Comprehensive Community Responses for Orphans and Vulnerable Children Affected by HIV/AIDS**

**USAID FUNDING PERIOD:**  
**2002**

**USAID AMOUNT:**  
**\$340,000**

#### IMPLEMENTING ORGANIZATIONS:

**International HIV/AIDS Alliance, Alliance partners, and other organizations**

#### PURPOSE

The activity works to improve the quality of Alliance technical support and to further extend its reach and impact to partners and nonpartners, which involves working with Alliance staff and a broad range of partners to learn and to share lessons within and across regions about care and support for children affected by the epidemic. In addition to USAID funding, Alliance activities for orphans and vulnerable children are supported with funds from other donors.

A major component of the activity is the Building Blocks project, which the Alliance launched with

USAID support. This project is producing a set of resource tools that will increase the effectiveness of communities and other local level organizations in their efforts to assist children affected by AIDS. The resource tools are primarily for use by practitioners at the subnational level in sub-Saharan Africa and will be available in English, French, and Portuguese.

Specific efforts of Alliance involve:

- Contributing to identifying and strengthening other technical support resource providers for Alliance and field partners (individuals, networks and organizations);

- Providing technical support in response to country and regional program priorities, as well as researching and identifying technical support methods, tools, and techniques. In 2002, this will include in-country and distance technical support to Burkina Faso, Cambodia, India, Mongolia, and Mozambique.
- Strengthening HIV/AIDS technical components through the sourcing of expert technical support on children's participation;
- Strengthening organizations that provide technical support on issues related to children affected by AIDS, which includes:
  - Ad hoc involvement in international child-focused fora to share lessons and build skills (for example, the Consortium for Street Children and the International HIV/AIDS Consortium; strengthening the work of the Child-to-Child Trust in addressing the needs of children affected by AIDS); and
  - A Southern Africa project which will bring together a number of regional technical support providers with expertise in a range of child-related work to explore the role of older people in care of orphans and vulnerable children.
- Identifying and sharing relevant information and resources, as well as researching and developing appropriate inter-regional technical support products, which includes:
  - Developing a bibliographic database for resources on children and continuing to develop the Alliance's resource collection on children; and
  - Researching and developing briefing notes as part of the Building Blocks project. This will include a preliminary workshop in Uganda to develop the briefing notes and will be followed by a workshop later in the year to develop adaptation guides for the briefing notes.
- Developing tools to support the involvement of older people in care for orphans and vulnerable children;
- Contributing to Alliance policy and communications work, assessing the effectiveness of child-focused

work, and contributing more generally to Alliance monitoring, evaluation, and operations research work, which includes:

- Production of a newsletter on children's participation;
- Adaptation of USAID guidelines for indicators for children's work; and
- Publication of Africa-wide briefing notes on access to education, health and nutrition, stigma and discrimination, psychological and emotional support, and economic strengthening.

- Attending the International Conference on AIDS in Barcelona to promote Alliance work with children, to establish contact with key organizations involved in child-focused work, and to learn about the child-focused work of other organizations.
- Supporting Alliance representation at the UNGASS on children and promoting the Alliance policy position at the international consultation on child-to-child methodologies.
- Assisting in raising funds for specific technical support projects and activities.

#### **KEY ACCOMPLISHMENTS**

- A designated program officer was appointed to provide technical support, ensure development of practical and policy resources and promote good practice in programs for orphans and vulnerable children.
- Technical support has been provided to Alliance country programs in Burkina Faso, Cambodia, India, Mongolia, and Mozambique.
- The Alliance orphans and vulnerable children resource collection has been developed and enhanced.
- Relationships have been established with key players worldwide, including potential consultants.
- Significant work has been done with USAID guidance on indicators for orphans and vulnerable children work.
- The Building Blocks project has been developed with briefing notes in English, French, and Portuguese on a range of themes in community programming for children affected by AIDS.

- A workshop, "expanding support to community OVC initiatives," was co-hosted by the Alliance and FACT Zimbabwe.
- Ad hoc technical support was provided to organizations such as the International Community of Women Living with HIV and the Consortium for Street Children.

#### PRIORITY ACTIVITIES

- Continue direct technical support and sourcing of technical support to Alliance partners in Burkina Faso, Cambodia, India, Mongolia, and Mozambique.
- Develop Africa-wide briefing notes and an adaptation guide;
- Develop tools to involve older people in care for orphans and vulnerable children;

- Participate in the XIVth International AIDS Conference;
- Represent the Alliance at the UNGASS on children; and
- Produce a newsletter on children's participation.

#### CONTACT INFORMATION

Alliance:

Kate Harrison (kharrison@aimsalliance.org)

Tel: 44-1273-8956; Fax: 44-1273-718901

Web site: <http://www.aimsalliance.org>

USAID/Washington:

Clif Cortez (ccortez@usa.gov)

Linda Sussman (lsussman@usa.gov)

Peter McDermott (pmcdermott@afr-sd.org)

#### PROJECT:

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

#### IMPLEMENTING ORGANIZATION:

**Pact, Inc. in partnership with the Futures Group International**

#### USAID FUNDING PERIOD:

**September 2001–September 2006**

#### USAID AMOUNT:

**\$40 million (ceiling for five-year cooperative agreement; a portion supports activities for orphans and vulnerable children)**

#### PURPOSE

Pact's Community REACH Leader Award is a five-year program designed to facilitate the efficient flow of grant funds to organizations playing valuable roles in the fight against HIV/AIDS, including private voluntary organizations, regional and local nongovernmental organizations, universities, and faith-based organizations. Program activities will contribute to the USAID goals of "increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic." In addition, under the Associate Award mechanism, USAID missions and bureaus may make additional funding available to Community REACH to develop nongovernmental organization grant-making programs over the next 10 years.

Community REACH awards grants start at \$100,000 for periods of up to three years in 1) primary prevention and education; 2) voluntary counseling and testing, and

3) care and support for those living with and affected by HIV/AIDS. The project focuses on grants supporting activities that have a direct impact on certain areas. Examples include:

- Expanding behavior change interventions to prevent and mitigate the impact of HIV/AIDS;
- Preventing and managing sexually transmitted infections;
- Preventing and managing tuberculosis and other opportunistic diseases related to HIV/AIDS;
- Reducing mother-to-child transmission of HIV/AIDS;
- Increasing the capacity of public and private sector organizations, particularly at the home and community level, to support persons living with HIV/AIDS, their caregivers, families and survivors;
- Caring for children affected by and infected with HIV/AIDS; and

- Increasing the quality, availability, and use of evaluation and surveillance information.

#### KEY ACCOMPLISHMENTS

Community REACH issued its first Request for Applications (RFA) in January 2002. The project will fund grants in countries categorized by USAID as rapid scale-up and intensive focus countries. Five to seven care and support nongovernmental organization grants will be awarded in the current request cycle. Seventy-five percent of these will be focused on scale-up of existing interventions and the remaining 25 percent will fund new initiatives. The total amount to be awarded under this RFA will be approximately \$2 million. Included in the scope of interventions eligible for these grants is support for orphans and vulnerable children and children affected by AIDS.

#### PRIORITY ACTIVITIES

- Award nongovernmental organization care and support grants, providing technical assistance and monitoring ongoing grants;
- Issue a second RFA for additional nongovernmental organization grants; and
- Develop a framework for impact evaluation.

#### PROJECT MATERIALS AND TOOLS

Related Web sites: [www.pactworld.org/reach](http://www.pactworld.org/reach) and [www.pactworld.org/aids corps/index.html](http://www.pactworld.org/aids corps/index.html)

#### PROJECT MATERIALS

- *Survival is the First Freedom: Applying Democracy and Governance Approaches to HIV/AIDS Work.* Toolkit and facilitator's guide (AIDS Corps, the Pact HIV/AIDS Initiative)

#### TECHNICAL ASSISTANCE

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

- Grants management;
- Institutional capacity-building; and
- Development of and training on multisectoral initiatives.

#### CONTACT INFORMATION

Pact, Inc.:  
Polly Mott, Program Director  
1200 18th Street, NW  
Suite 350  
Washington, DC 20036  
Tel: 202-466-5666

USAID/Washington:  
Bessie Lee ([blee@usaid.gov](mailto:blee@usaid.gov))

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#### PROJECT:

**Child Survival Technical Support Project (CSTS)**

#### IMPLEMENTING ORGANIZATION:

**Macro International, Inc.**

#### USAID FUNDING PERIOD:

**October 1998–September 2003 (three-year base plus two option years)**

#### USAID AMOUNT:

**\$8,004,285 to date for total project (a portion supports activities related to orphans and other vulnerable children)**

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#### PURPOSE

The Child Survival Technical Support Project assists the USAID Office of Private and Voluntary Cooperation, Bureau for Democracy, Conflict, and Humanitarian Assistance, by strengthening the ability of grantees to achieve sustainable service delivery in child survival and health programs. The project works with private voluntary organizations and their local partners at the community, country, and regional levels and assists private voluntary organizations to identify and access

timely and relevant resources for building technical and organizational capacity; facilitate networking; strengthen competence in project management, and monitoring and evaluation; disseminate state-of-the-art materials on child survival interventions; and assess the use of program data.

#### KEY ACCOMPLISHMENTS

- Developed and pilot-tested the KPC 2000+, a data collection tool developed to address orphan enu-



meration, orphan care and support, and community attitudes regarding children affected by AIDS and people living with HIV/AIDS;

- Produced reference materials for child survival grantees that include information on mother-to-child HIV transmission, assistance to children affected by AIDS, and home and community-based care;
- Reviewed program grants by the Office of Private and Voluntary Cooperation and Bureau for Humanitarian Response for programs that affect orphans and vulnerable children; and
- Drafted a guide to HIV/AIDS program options for private and voluntary organizations implementing child survival projects.

#### PRIORITY ACTIVITIES

- Update the technical reference material described in this profile;
- Train private voluntary organizations in the use of the KPC 2000+ (a community-based survey/data collection tool); and
- Produce a state-of-the-art paper titled *Challenges for PVOs in Addressing the Needs of Children Affected by HIV/AIDS*.

#### PROJECT MATERIALS AND TOOLS

- KPC 2000+, a comprehensive child survival knowledge, practice, and coverage survey tool (<http://www.childsurvival.com/kpc2000/kpc2000.cfm>); and
- Technical reference material (<http://www.core-group.org/resources/reference.cfm>).

#### TECHNICAL ASSISTANCE

CSTS provides technical assistance to private voluntary organizations that are recipients of Child Survival Grants. Support focuses on areas already described in this profile and ranges from short technical consultations to short-term technical assistance.

#### CONTACT INFORMATION

Macro:

Michel Pacque, Senior Child Survival Specialist  
([mpacque@macroint.com](mailto:mpacque@macroint.com))

Tel: 301-572-0457

Donna Espeut, Resident AIDS Advisor  
([despeut@macroint.com](mailto:despeut@macroint.com))

Leo Ryan, Project Director ([ryan@macroint.com](mailto:ryan@macroint.com))  
Tel: 301-572-0219

USAID/Washington:

Sheila Lutjens ([slutjens@usaid.gov](mailto:slutjens@usaid.gov))

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#### PROJECT: POLICY Project

**USAID FUNDING PERIOD:**  
**July 2000–July 2005**

**IMPLEMENTING ORGANIZATIONS:**  
**The Futures Group International, in collaboration with The Centre for Development and Population Activities (CEDPA) and Research Triangle Institute (RTI)**

**USAID AMOUNT:**  
**FY 2001 funds for orphans and vulnerable children \$150,000 (USAID/Washington) and \$100,000 (USAID/Kenya)**

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#### PURPOSE

The primary mission of the POLICY Project is to develop policies and plans that promote and sustain access to high-quality family planning and health services. The project implements activities in 30 countries throughout Africa, Asia and the Near East, Eastern Europe and Eurasia, and Latin America and the Caribbean. As part of its mission, the POLICY Project works to increase high-level support for effective HIV/AIDS policies, programs, and services, including strategic planning and financing of HIV/AIDS services.

The POLICY Project achieves these objectives, in part, by acquiring accurate, up-to-date information on the spectrum of HIV/AIDS issues. This includes studying the effects of HIV/AIDS on orphans and other vulnerable children, and their subsequent needs. The POLICY Project gathers and disseminates data on the projections of the number of orphans and other vulnerable children and the effect of HIV/AIDS on their nutrition, health, and school attendance. Such information supports advocacy efforts to reform policies and build public support for programs to benefit orphans and

other vulnerable children. The POLICY Project also provides technical assistance to government and civil society organizations in developing policies and plans to address a range of HIV/AIDS issues, including orphans and other vulnerable children.

#### KEY ACCOMPLISHMENTS

- In collaboration with UNAIDS, a new methodology for estimating orphans and other vulnerable children was developed that will be used in the next *AIDS Epidemic Update*, to be released at the XIVth International AIDS Conference in July 2002.
- Provided technical assistance to Kenya's orphans and other vulnerable children task force and—in a joint effort with Family Health International/IMPACT, UNICEF, and the Government of Kenya's Children's Department—prepared the orphans and other vulnerable children stakeholders' workshop report and developed draft project guidelines and work plans for orphans and other vulnerable children for the task force. In addition, the Christian Children's Fund requested and received technical assistance from POLICY in preparing a conference paper focusing on legal and ethical dilemmas concerning orphans and other vulnerable children policy and programming issues in Kenya.
- Helped three government departments (Social Services, Transport, and Education) in Gauteng Province of South Africa to develop HIV/AIDS plans for 2002. Key provisions include support grants for caregivers of HIV/AIDS orphans and commitment to implement the National HIV/AIDS School Policy within the province and uphold the rights of HIV positive learners to be at school.
- Completed revisions to Nigeria's orphans and other vulnerable children projections and produced *Estimating the Number of Orphans at the National and State Levels in Nigeria, 2000–2015*.

#### PRIORITY ACTIVITIES

- Finalize a white paper on policy gaps to address issues that affect orphans and other vulnerable children;
- Facilitate a participatory review of national policies, legislation, and coordination mechanisms in

selected countries that will inform and provide recommendations to USAID and others on improving national responses to protect orphans and other vulnerable children, as well as develop capacity at the national level to follow up on the implementation of the study's recommendations;

- Incorporate a newly developed method for estimating orphans and other vulnerable children into the *AIDS Impact Model* (AIM) computer software module;
- Gather accurate, up-to-date information on the spectrum of HIV/AIDS issues to support advocacy efforts, reform policies, build public support, and increase programs for orphans and other vulnerable children; and
- Collaborate in the development of HIV/AIDS stigma and discrimination indicators as part of the USAID Working Group on Stigma and Discrimination.

#### PROJECT MATERIALS AND TOOLS

- The POLICY Project Web site ([www.policyproject.com](http://www.policyproject.com)); and
- Spectrum, a computer model containing modules for a range of projections and cost comparisons (available online at the POLICY Project's Web site).

#### TECHNICAL ASSISTANCE

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

- Linking reduction of stigma and discrimination with HIV prevention and care for orphans and other vulnerable children;
- Monitoring, evaluation, and indicator development for orphans and other vulnerable children issues and activities;
- Producing data analysis, modeling, and projections;
- Producing policy dialogue, formulation, and advocacy; and
- Capacity-building.

#### CONTACT INFORMATION

POLICY Project/The Futures Group International  
Don Dickerson ([d.dickerson@tfgi.com](mailto:d.dickerson@tfgi.com))

Kevin Osborne (k.osborne@tfgi.com)  
John Stover (j.stover@tfgi.com)  
Tel: 202-775-9680  
Web site: <http://www.policyproject.com>

USAID/Washington  
Elizabeth Schoenecker (eschoenecker@usaid.gov)  
Clif Cortez (ccortez@usaid.gov)

**PROJECT:**  
**Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative's Empowerment Grants Program**

**IMPLEMENTING ORGANIZATIONS:**  
**POLICY Project, which is implemented by The Futures Group International, in collaboration with The Centre for Development and Population Activities (CEDPA) and Research Triangle Institute (RTI)**

**USAID FUNDING PERIOD:**  
**April 2001–December 2002 with the POLICY Project**

**USAID AMOUNT:**  
**\$1.2 million (of which more than \$200,000 has been allocated for the empowerment Grants Program)**

#### PURPOSE

USAID launched the Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative in April 2001. The CORE Initiative seeks to galvanize and strengthen a broad-based, global response to the epidemic by targeting technical and financial assistance to faith-based and community-based organizations involved in HIV/AIDS work. The objective of the initiative is to build the capacity of organizations to increase advocacy and awareness-raising efforts, reduce the stigma associated with HIV/AIDS, and improve care and support programs, particularly for vulnerable groups.

To achieve these goals, the CORE Initiative uses four project mechanisms: conferences and workshops, the Empowerment Grants Program, demonstration projects, and an online resource center. The Empowerment Grants Program demonstrates how a global program can provide assistance at the grassroots level. This program is a pilot project through which grants of up to \$5,000 are awarded to faith-based and community-based groups to carry out innovative local HIV/AIDS programs. To date, through two funding rounds, more than \$200,000 in grants has been allocated to 45 organizations from 29 countries.

#### KEY ACCOMPLISHMENTS

While the organizations that have received grants address a range of issues—including advocacy, stigma, or care and support—seven organizations specifically seek to improve the lives of children infected or

affected by HIV/AIDS. The activities of these seven organizations are summarized below:

- The Tean Thor Association (Cambodia) is working with Buddhist monks to conduct awareness-raising activities in schools aimed at reducing stigma toward orphans due to AIDS and other affected children.
- Founded by a group of orphans, the Jitegemee Youth Group (Kenya) is giving support to infected children who wish to attend school, conducting community training and youth rallies, and providing a range of care and support services for people living with HIV/AIDS.
- The Rob Smetherham Bereavement Service for Children (South Africa) is educating and training community members to meet the emotional needs of children affected by HIV/AIDS and associated bereavement.
- The Christ Church Anglican (Jamaica) is establishing an adoption system for orphans in the Kingston area.
- Education, nutrition, health, and shelter and protection are the areas in which the Ohioma Foundation for Development (Nigeria) is providing care and support for orphans due to AIDS.
- In addition to starting income-generation projects to support widows, the Tumaini Women and Development Group (Tanzania) is providing school fees, uniforms, textbooks, lunches, and medical check-ups for 32 orphans.

- The Uzumba Orphan Trust (Zimbabwe) is supporting people living with HIV/AIDS, including orphans and vulnerable children, by providing home-based care and counseling, as well as conducting HIV/AIDS awareness-raising activities.

#### PRIORITY ACTIVITIES

- Complete funded work and submit final project reports;
- Review and incorporate lessons learned from the first two funding rounds in an ongoing program;
- Prepare and execute an ongoing program that will include capacity for population- or issue-specific funding cycles, including orphans and vulnerable children; and
- Redesign the online resource center to improve interactivity, as well as networking and learning among grant applicants.

#### PROJECT MATERIALS AND TOOLS

The Online Resource Center Web site (<http://www.coreinitiative.org>) can be used to learn about the initiative, access all relevant tools and resources, and download the application form for the Empowerment Grants Program.

#### TECHNICAL ASSISTANCE

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

- Linking reduction of stigma and discrimination with HIV prevention and care for orphans and vulnerable children;
- Monitoring, evaluation, and indicator development for orphans and vulnerable children issues and activities;
- Grants program management and mentoring;
- Social mobilization around orphans and vulnerable children issues;
- Policy dialogue and advocacy; and
- Materials development

#### CONTACT INFORMATION

POLICY Project/The Futures Group International:

Kevin Osborne ([k.osborne@tfgi.com](mailto:k.osborne@tfgi.com))

Denise Lionetti ([d.lionetti@tfgi.com](mailto:d.lionetti@tfgi.com))

Tel: 202-775-9680

CORE Initiative: <http://www.coreinitiative.org>

POLICY Project: <http://www.policyproject.com>

USAID/Washington:

Warren Buckingham ([wbuckingham@afr-sd.org](mailto:wbuckingham@afr-sd.org))

Jason Heffner ([jheffner@afr-sd.org](mailto:jheffner@afr-sd.org))

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#### PROJECT:

**Synergy**

#### IMPLEMENTING ORGANIZATION:

**TvT Associates, Inc.**

#### USAID FUNDING PERIOD:

**1999–2002**

#### USAID AMOUNT:

**\$450,000 (new funding under negotiation)**

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#### PURPOSE

The Synergy Project is a performance-based contract that achieves results by helping USAID Missions and Bureaus design, document, and learn from international HIV/AIDS programs implemented by USAID cooperating agencies and other partners. Specifically, Synergy provides state-of-the-art tools, materials, and technical support to Missions and Bureaus; enhances and facilitates management of USAID HIV/AIDS procurements as a portfolio for the Office of HIV/AIDS, Bureau for Global Health; and increases the efficiency and cost-effectiveness of international HIV/AIDS programs. For orphans and vulnerable children, Synergy

monitors, documents, and reports on trends in both numbers of orphans and programmatic approaches, as well as facilitates and documents strategic responses.

#### KEY ACCOMPLISHMENTS

- Published *Children on the Brink 2000: An Executive Summary*;
- Launched and managed the *Children Affected By AIDS* (CABA) ListServ;
- Published two congressional reports on orphans and vulnerable children and mother-to-child transmission;

- Organized a town hall meeting on *Education and Children Affected by HIV/AIDS*; and
- Published *Project Profiles for Children Affected by HIV/AIDS for USAID*.

#### PRIORITY ACTIVITIES

- Publish and distribute *Children on the Brink 2002*, Update of *USAID's Project Profiles for Children Affected by HIV/AIDS*, and *Handbook for Programs to Mobilize Community Care for Children Affected by HIV/AIDS*;
- Organize town hall meeting;
- Develop a Lessons Learned document; and
- Establish and test orphans and vulnerable children indicators.

#### PROJECT MATERIALS AND TOOLS

- Programmatic and financial database;
- *The Children Affected by HIV/AIDS Listserv*; and
- Documents: *Children on the Brink* and *USAID Project Profiles: Children Affected by HIV/AIDS*.

#### TECHNICAL ASSISTANCE

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

- Listserv and Web site implementation and management;
- Document development and dissemination;
- Information dissemination;
- Strategic planning; and
- Workshop and meeting planning and implementation.

#### CONTACT INFORMATION

TvT Association Inc.:

Brazey de Zaldoundo (bdez@tvassociates.com)

Shelley Smith (shelley@tvassociates.com)

Tel: 202-842-2939

Web site: <http://www.synergyAIDS.com>

USAID/Washington:

Neen Alrutz (nalrutz@usaid.gov)

Linda Sussman (lsussman@usaid.gov)

#### PROJECT:

**Peace Corps Volunteers and Orphans and Vulnerable Children/HIV-Related Project Work**

#### IMPLEMENTING ORGANIZATION:

**Peace Corps**

#### USAID FUNDING PERIOD:

**Ongoing**

#### USAID AMOUNT:

**\$1.1 million from DCOF (FY1993–FY2001); \$433,500 from USAID/G/PHN/HIV/AIDS used in the field for HIV/AIDS activities (FY2001), many of which included activities for orphans and vulnerable children**

#### PURPOSE

The Peace Corps receives funds to train their volunteers and host country counterparts in HIV/AIDS prevention and education at all Peace Corps posts in Africa, and most of the posts worldwide. Integrated projects for at-risk youth have been established by Peace Corps volunteers across all sectors and in all regions where Peace Corps works. Peace Corps volunteers implement programming for at-risk youth in four basic ways:

- Direct engagement of at-risk youth;
- Skill development for youth service providers and trainers;

- Strengthening the capacities of youth service institutions; and
- Promotion of a supportive environment for marginalized youth within families and communities.

Peace Corps volunteers strive to involve communities in establishing long-term means for addressing the needs of vulnerable youth. Peace Corps volunteers involve community leaders in identifying measures to assist at-risk youth and in mobilizing local resources to support those measures.

The main focus of HIV/AIDS activities involves building youth skills in behavior change and raising awareness and knowledge of transmission through life skills edu-

cation. Other related work addresses gender issues such as improving ability of girls and women to meet the needs of orphans, developing community support, and raising awareness of the impact of AIDS on families.

Cross-sectoral youth development efforts in Peace Corps projects reach in-school and out-of-school youth. Out-of-school youth include orphans and vulnerable children, street children, and children with disabilities. Countries that had efforts in 2000 include Belize, Cameroon, Costa Rica, Côte d'Ivoire, Dominican Republic, Ecuador, Estonia, Gabon, Ghana, Grenada, Kenya, Kiribati, Latvia, Malawi, Namibia, Tanzania, Uzbekistan, and Zambia. Small Project Assistance grant activities in 1999 supported building additions to orphanages, clinics, classrooms, and equipment for treating orphans and other vulnerable children with handicaps.

#### KEY ACCOMPLISHMENTS

- 52 percent of posts in Africa; 28 percent of posts in Europe, the Mediterranean, and Asia; and 38 percent of the posts in Inter-America and the Pacific regions have reported working with orphans and other vulnerable children.
- 25,200 orphans and other vulnerable children have received support in peer education training, HIV/AIDS prevention education, leadership and empowerment of girls, community gardening, and vocational skills training/assistance.
- Support was provided to 425 community organizations and 2,700 service providers for health and drama clubs incorporating HIV/AIDS messages, income generation, home-based care for people living with HIV/AIDS, and AIDS-awareness campaigns.
- Training was given to 5,300 adults who directly or indirectly work with orphans and vulnerable children. The adults are service providers, project managers, and community leaders. Training included integration of HIV/AIDS activities into programs, project design and evaluation training, awareness and peer education, young women's leadership training, AIDS prevention in the classroom through teaching English as a foreign language, and specialized curriculum design using a technique known as "Community Content-Based Instruction."
- 9,600 vulnerable children in 25 countries were beneficiaries of 115 community-organized training and awareness raising activities via Small Project Assistance grant activities dedicated to the prevention of HIV/AIDS and sexually transmitted infections.

#### PRIORITY ACTIVITIES

- Collect an assessment of promising volunteer activities in African countries that target displaced children and orphans and children affected by and at risk of AIDS;
- Incorporate programming and training regarding work with orphans and vulnerable children into HIV/AIDS workshops and post-project plans as appropriate;
- Draft a brief guide for Peace Corps staff and volunteers working in HIV/AIDS in highly affected communities, which will include a section on working with children affected by AIDS; and
- Continue the work of volunteers across all regions on HIV/AIDS activities; activities include peer education, in-school HIV/AIDS clubs, camps, and drama presentations.

#### PROJECT MATERIALS AND TOOLS

- Life skills manual;
- *HIV/AIDS: Integrating Prevention Into Your Sector*, an idea book; and
- *Beyond The Classroom: Empowering Girls*, an idea book.

#### TECHNICAL ASSISTANCE

Peace Corps training sessions involve in-service training for staff and their counterparts, and volunteers and their local host-country national counterparts. Volunteers and counterparts also institute training at the community, regional, and national levels as part of their projects. Requests for a training or to participate in planned training events should be routed through in-country Peace Corps program managers, or through the agency partners with whom Peace Corps works.

**CONTACT INFORMATION**

Peace Corps:

Paul Sully, Headquarters (psully@peacecorps.gov)

Jim Cole (jcole@peacecorp.gov)

Tel: 202-692-2629

Web site: <http://www.peacecorps.org>

USAID/Washington:

Linda Sussman (lsussman@usaid.gov)

**PROJECT:**

**Implementing AIDS Prevention and Care (IMPACT)**

**USAID FUNDING PERIOD:**

**2001–2002**

**IMPLEMENTING ORGANIZATION:**

**Family Health International**

**USAID AMOUNT:**

**\$380,000 (new funding under negotiation)**

**PURPOSE**

IMPACT assists government ministries, private voluntary organizations, nongovernmental organizations, and community-based organizations to design and implement strategic responses, mobilize communities, and leverage resources to meet the needs of orphans and other vulnerable children affected by AIDS. IMPACT provides technical support so that orphans, vulnerable children, and families receive a continuum of care within four linked domains: medical care, psychosocial support, socioeconomic assistance, and protection of human rights, with means for linking areas of technical expertise with community-based projects.

The following activities are being undertaken in collaboration with other organizations to strengthen the linkages between programs for orphans and other vulnerable children and HIV/AIDS programs, and to document and exchange skills and experiences:

- Regional workshops are being conducted to train a cadre of consultants for technical assistance provision in Africa, Asia, and Latin America.
- A follow-up to West African Regional Orphans and Vulnerable Children Consultation is underway.
- In collaboration with Save the Children/U.S., an experience-based learning initiative is being planned for implementation for frontline workers to facilitate and support community mobilization and related capacity-building.
- Program materials are in development to include assessment of orphans and vulnerable children as part of a comprehensive care and support assessment guide, field-based community mobilization tools for orphans and vulnerable children, and a

training-of-trainers manual, *Psychosocial Issues Related to Children Affected by AIDS*.

- Technical support in programming and fostering linkages with HIV/AIDS care and support activities are being provided by IMPACT to strengthen activities in selected sites. IMPACT is identifying sites and beginning activities to link care and support within existing HIV/AIDS activities. IMPACT also will develop standards of care guidelines for pediatric HIV/AIDS care.
- Organizational exchanges are being facilitated to share experiences and strengths.
- A study on the cost of different program models for orphans and vulnerable children is being conducted.

**KEY ACCOMPLISHMENTS**

- Technical and programmatic support is being provided to develop and conduct the West African Regional Orphans and Vulnerable Children Consultation in collaboration with UNICEF, USAID, and Save the Children/U.S.
- The orphans and vulnerable children technical strategy is complete.
- All research phases have been completed for developing evaluation/surveillance instruments and a guidebook on the well-being of orphans and vulnerable children.

**PROJECT MATERIALS AND TOOLS**

- *Orphans and Vulnerable Children; HIV/AIDS Prevention and Care in Resource-Constrained Settings: A Handbook for the Design and Management of Programs;*

- *First National Conference on Orphans and Other Vulnerable Children, Namibia, Summary Report, 2001;*
- *The Situation of Orphans in Haiti;*
- Memory Box;
- *Voluntary Counseling and Testing Counseling Training Manual;*
- Voluntary counseling and testing quality assurance tools;
- *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Managers and Decision Makers;*
- Strategic framework: orphans and other vulnerable children; preventing mother-to-child transmission; HIV care and support; tuberculosis; voluntary counseling and testing for HIV;
- *Behavioral Surveillance Surveys: Guidelines for Repeated Behavioral Surveys in Populations at Risk of HIV;*
- Meeting behavioral data collection needs; low prevalence strategy; and
- State-of-the-art technical summaries for HIV/AIDS prevention.

#### CONTACT INFORMATION

Family Health International:

Sara Bowsky (sbowsky@fhi.org)

Tel: 703-516-9779; Fax: 703-516-9781

Web site: <http://www.fhi.org>

USAID/Washington:

Kate Crawford (katherinecrawford@usaid.gov)

Linda Sussman (lsussman@usaid.gov)

Peter McDermott (pmcdermott@afr-sd.org)

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**PROJECT:**  
**The Education for Development and Democracy Initiative (EDDI)**

**Education, Agriculture, and Transportation; Peace Corps; and Environmental Protection Agency**

**IMPLEMENTING ORGANIZATION:**  
**EDDI is directed by the National Security Council and administered through the interagency working group of USAID that includes the Departments of State,**

**USAID FUNDING PERIOD:**  
**1998–2003**

**USAID AMOUNT:**  
**\$20 million for 2002**

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#### PURPOSE

The Education for Development and Democracy Initiative (EDDI) is an African-led commitment from the U.S. Government to strengthen the educational systems and the democratization process of sub-Saharan Africa through linkages with the United States. The goal of EDDI is to integrate the African countries into the global community of free-market democracies through targeted and innovative approaches to education and citizen involvement. Strategies include:

- Providing access to and improving the quality of education (specifically for girls and women);
- Emphasizing the role of information and communication technology in education and community strengthening;
- Developing a tutoring and mentoring network;
- Encouraging parent involvement in education and support to schools;

- Promoting citizen participation in community affairs and democratic governance;
- Facilitating sustainable partnerships between U.S. institutions and their African counterparts; and
- Collaborating with the private sector for business internships.

The Ambassador's Girls' Scholarship Program provides scholarships for girls and women at the primary, secondary, and tertiary levels for tuition, fees, books, uniforms and, where needed, transportation. Many of the scholarship recipients are boarding students who normally would not have access to educational facilities or could not focus full time on their studies. As programs encourage women in the workforce, support services in the form of tutoring and mentoring are available, and scholarship recipients have opportunities to become technology literate.



EDDI employs a policy of inclusion, so girls with special needs such as HIV/AIDS orphans, deaf students, and blind students, are also supported through scholarships. In this way, their educational needs are met and skill development encouraged so that they can support themselves and contribute positively to their communities.

#### KEY ACCOMPLISHMENTS

- Funded the Foundation For Democracy In Africa's Regional Conference, "Strategies For Combating the Spread of HIV/AIDS in West Africa: From Awareness, to Action Plan, to Program Implementation," in Abuja, Nigeria, May 2000;
- Incorporated HIV/AIDS education and mentoring to empower and equip 15,000 girls with life skills; and
- Awarded EDDI scholarships in 35 African countries; more than 10,000 at-risk girls and women have benefited. Another 5,000 candidates have been identified for future enrollment.

#### PRIORITY ACTIVITIES

- School-to-School Partnerships: Facilitate exchanges between students and educators in Africa and the United States on a variety of subjects such as classroom instruction, curriculum reform and the role of technology in the learning

process. Exchanges between students and teachers contribute further to global understanding. Partnership activities include HIV/AIDS workshops.

- University-to-University Partnerships: Establish workforce development systems or strengthen technology links, information resources, curriculum reform, marketable skills, joint research and teacher training. Exchanges of academicians add value to curriculum reforms and classroom instruction. Through research, outreach and instruction; strengthen national response to the HIV/AIDS pandemic.

#### TECHNICAL ASSISTANCE

EDDI provides grants and cooperative agreements to organizations that contribute to its goals.

#### CONTACT INFORMATION

The Education for Development and Democracy Initiative:

Dr. Sarah E. Moten, Coordinator

1300 Pennsylvania, Avenue, NW

Washington, DC 20523-4600

Tel: 202-712-5220; Fax: 202-216-3381

E-mail: [education.initiative@usaid.gov](mailto:education.initiative@usaid.gov)

Web site: <http://www.eddionline.org>

USAID/Washington:

Charles Feezel ([cfeezeel@usaid.gov](mailto:cfeezeel@usaid.gov))

**PROJECT:**  
**Food and Nutrition Technical Assistance (FANTA)**

**IMPLEMENTING ORGANIZATIONS:**  
**Academy for Educational Development in collaboration with Regional Centre for Quality of Health Care, Kampala, SARA, and Catholic Relief Services. Project countries: Kenya, Malawi, Rwanda,**

**Uganda (and through regional work, Botswana, Lesotho, Namibia, Swaziland, Tanzania, Zambia, and Zimbabwe)**

**USAID FUNDING PERIOD:**  
**1999–2002**

**USAID AMOUNT:**  
**\$325,000**

#### PURPOSE

The Food and Nutrition Technical Assistance (FANTA) project supports integrated food security and nutrition programming to improve the health and well-being of women and children. As part of this work, FANTA provides technical support to improve food security and nutrition interventions aimed at mitigating the effects of HIV/AIDS on individuals, households, and communities.

FANTA works with donors, development organizations, and other partners to:

- Increase investment in food security and nutrition;
- Promote the integration of food security and nutrition with other interventions such as child survival and maternal nutrition;

- Improve program quality and the effect of USAID resources including Title II food aid, and development and humanitarian assistance;
- Assist private voluntary organizations in planning the transition from emergency to development programs;
- Validate approaches through special studies and analyses;
- Review and analyze research findings to improve programming;
- Guide monitoring and evaluation efforts to improve reporting on performance and effectiveness; and
- Foster the exchange of knowledge and experience about food security and nutrition among partners and across sectors.

The main objectives of FANTA's HIV/AIDS activities are to:

- Enable improved nutritional care and support for individuals living with HIV/AIDS and for others affected by the pandemic;
- Promote and support the effective application of food security interventions, including food aid, to mitigate the impact of HIV/AIDS on individuals, households, and communities; and
- Enhance the monitoring and evaluation capacities of programs that use food and nutrition interventions to address HIV/AIDS.

## KEY ACCOMPLISHMENTS

### *Nutritional Care and Support*

- *HIV/AIDS: A Guide for Nutrition, Care and Support* has been developed and disseminated to private and voluntary organizations, government agencies, donors, AIDS service organizations, community-based organizations, and others involved in HIV/AIDS care and support. The document provides guidance to help program managers make recommendations on food management and nutritional issues for households with members who are living with HIV/AIDS. Infant and child-feeding recommendations are a critical component of the guide. A French version is in preparation.
- Technically and financially supported regional workshops have been conducted to assist country teams with development and application of nation-

al guidelines for HIV/AIDS nutritional care and support. Workshops for four Eastern Africa countries and for six Southern Africa countries were conducted.

### *HIV/AIDS Food Aid Programming*

- Technical support was provided to improve programming and monitoring and evaluation of Title II HIV/AIDS programs in Kenya, Malawi, Rwanda, and Uganda. These programs target households affected by HIV/AIDS with supplementary food assistance combined with a range of health, nutrition, and educational services. FANTA's technical assistance has led to improved monitoring and evaluation systems and program refinements.

## PRIORITY ACTIVITIES

- Continue technical support for national guidelines in HIV/AIDS Nutritional Care and Support by working with regional partners to prepare a handbook to guide countries in the process of development and application of guidelines;
- Support additional regional workshops to equip an additional 6 to 10 African countries with the knowledge and tools needed to develop and use national guidelines in HIV/AIDS nutritional care and support;
- Prepare and disseminate a French version of *HIV/AIDS: A Guide for Nutrition, Care and Support*;
- Revise *HIV/AIDS: A Guide for Nutrition, Care and Support* to reflect the most up-to-date information on the science and application of HIV/AIDS nutritional care and support, including the latest recommendations on infant and child feeding;
- Undertake activities to strengthen approaches used to mitigate the impact of HIV/AIDS; and
- Continue to provide technical support to Missions and private voluntary organization partners in the design, implementation, and monitoring and evaluation of food security interventions aimed at addressing HIV/AIDS, in particular through Title II HIV/AIDS programs.

## PROJECT MATERIALS AND TOOLS

The following items are available to be shared with other projects:

- *HIV/AIDS: A Guide for Nutrition, Care and Support*,

- *Potential Uses of Food Aid to Support HIV/AIDS Mitigation Activities in Sub-Saharan Africa;*
- *The Potential Role of Food Aid for AIDS Mitigation in East Africa: Stakeholder Views;* and
- *Description of Title II HIV/AIDS Activities and M&E Frameworks.*

#### TECHNICAL ASSISTANCE

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

- HIV/AIDS mitigation;
- HIV/AIDS nutritional care and support;
- Nutritional guideline development;
- Food security;

- Monitoring and evaluation;
- Agriculture and nutrition linkages; and
- Use of food aid to support HIV/AIDS program objectives, including mitigation, care and support, and food for education.

#### CONTACT INFORMATION

Academy for Educational Development:

Bruce Cogill (bcogill@aed.org)

Tel: 202-884-8722; Fax: 202-884-8432

USAID/Washington:

Eunyong Chung (echung@usaid.gov)

Kate Crawford (katherinecrawford@usaid.gov)

USAID/REDSO/ESA:

Janet Hayman (jhayman@usaid.gov)

#### PROJECT:

**Regional Centre for Quality of Health Care's African Network for the Care of Children Affected by HIV/AIDS (ANECCA)**

#### IMPLEMENTING ORGANIZATIONS:

**Regional Centre for Quality of Health Care (RCQHC), Makerere University Kampala, Uganda with Family Health International/IMPACT**

#### USAID FUNDING PERIOD:

**2000–2002**

#### USAID AMOUNT:

**\$800,000 to the Regional Centre (a portion supports activities of the African Network for the Care of Children Affected by HIV/AIDS)**

#### PURPOSE

The Regional Centre for Quality of Health Care was established in January 2000 as a Centre within the Institute of Health at Makerere University, Uganda. The center's mandate is to provide leadership and build regional capacity to improve the quality of health care. It provides training courses and technical assistance and promotes networking on quality of care issues in the region.

The purpose of the ANECCA network is to build African Capacity for the Care of Children Infected and Affected by HIV/AIDS.

#### KEY ACCOMPLISHMENTS

- Formed Network Steering Committee; and
- Established secretariat at the Regional Centre for Quality of Health Care, Makerere University, Kampala Uganda.

#### PRIORITY ACTIVITIES

- Advocate for improved access to quality clinical care and diagnosis of HIV/AIDS in children;
- Establish appropriate linkages with organizations working in related areas;
- Coordinate the development of evidence-based guidelines for clinical care and training;
- Provide technical assistance for development of models for pediatric care with integrated psychosocial support; and
- Identify critical issues for collaborative intervention-linked research.

#### PROJECT MATERIALS AND TOOLS

The Regional Centre for Quality of Health Care publications, which include an annual calendar on quality-of-care issues. Publications in development include *Job AIDS for Health Care Workers on Infant Feeding*, and

*Developing National Guidelines on Nutrition and HIV/AIDS.*

#### TECHNICAL ASSISTANCE

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

- Developing clinical care and counseling guidelines;
- Training in pediatric AIDS care; and
- Mentoring.

#### CONTACT INFORMATION

Regional Centre for Quality of Health Care:

Dr Denis Tindyebwa, HIV/AIDS Advisor

(dtindyebwa@rcqhc.org)

USAID/REDSO-ESA:

Alix Grubel, RCQHC Management Advisor

(agrubel@usaid.gov)

Janet Hayman, Regional HIV/AIDS Advisor

(jhayman@usaid.gov)

Mary Pat Kieffer, Regional HIV/AIDS Coordinator

(mkieffer@usaid.gov)

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#### PROJECT:

**Improving Local Government Response to Orphans and Vulnerable Children in Urban Areas**

#### IMPLEMENTING ORGANIZATIONS:

**Regional Urban Development Office (RUDO)/Sub Saharan Africa**

#### USAID FUNDING PERIOD:

**2001–2002**

#### USAID AMOUNT:

**\$100,000**

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#### PURPOSE

The project aims to strengthen the capacity of African local governments and urban leaders to respond to the HIV/AIDS epidemic and work with existing and new regional organizations as a focal point, including the Alliance of Mayors and Municipal Leaders Against HIV/AIDS in Africa, the African Union of Local Authorities, and organizations in individual countries. Improvement of local government response to children affected by HIV/AIDS is a priority. The regional project aims to:

- Document effective urban strategies to alleviate the plight of orphans and vulnerable children;
- Develop assessment methods to assist municipalities in restructuring their service delivery strategies to improve the standard of living for people affected by HIV/AIDS;
- Design, cosponsor, and implement three or more demonstration projects in urban settings to improve local government response to orphans and vulnerable children and persons living with HIV/AIDS; and
- Explore outreach to other countries including Uganda, Zambia, and Zimbabwe. The Regional

Urban Development Office is currently working in Namibia and South Africa.

#### KEY ACCOMPLISHMENTS

- Negotiations have been started on a partnership with UNDP/UNAIDS to support AMICALL (Alliance of Mayors Initiative for Community Action) generally; and with the South African chapter on a demonstration program related to housing and HIV/AIDS affected children and adults.
- Regional Urban Development Office funds are being used to expand a 5-city impact assessment in Namibia to an additional 15 cities, and to build the capacity of the local government association to help its membership respond to HIV/AIDS.
- An inventory of local government/urban actions to address HIV/AIDS is partially complete, and has identified 20 activities in the region.
- Through its grant to the Urban Sector Network, USAID has supported the internal capacitation of a network of nine nongovernmental organizations to address HIV/AIDS issues in housing in South Africa.
- 3 housing pilot projects are underway in South Africa for orphans and vulnerable children affected

by HIV/AIDS: 1) a place of safety facility for orphans due to AIDS in Pietermaritzburg in KwaZulu-Natal, 2) a community family care model in Cato Manor, also in the province of KwaZulu-Natal, and 3) the Newtown Multi-Purpose Centre, which is being implemented by the COPE Housing Association in the settlement area of Newtown, in inner-city Johannesburg.

#### **PRIORITY ACTIVITIES**

- The relationship with regional local government associations on HIV/AIDS response will be consolidated, and training seminars on practical responses in housing, service delivery, and information sharing will be sponsored.

- An inventory will be completed and circulated among USAID partners in the region.
- Pilot activities will be completed in South Africa, and others will be designed and implemented to directly engage local governments.
- The HIV/AIDS response will be incorporated into a Zimbabwe local government pilot program.

#### **CONTACT INFORMATION**

RUDO

Rebecca Black (rblack@usaid.gov)

USAID/Washington:

Sergio Guzman (sguzman@usaid.gov)

Marcia Glenn (marcialglenn@usaid.gov)



# Previously Funded Projects for Children Affected by HIV/AIDS

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COUNTRY	PROJECT IMPLEMENTERS	DESCRIPTION WITH KEY ACCOMPLISHMENTS	USAID FUNDING PERIOD/AMOUNT
<b>Haiti</b>	Care/FHI/CRS	<ul style="list-style-type: none"> <li>■ The project helped communities to understand the economic and psychosocial problems of orphans and other vulnerable children, and to implement sustainable responses.</li> <li>■ The project built on the existing work of CARE/Haiti and its partners and was designed in collaboration with the Ministries of Public Health and Social Affairs. Project established links with existing micro-credit and micro-finance groups to expand access to these services.</li> <li>■ CARE assisted with improving access to education and addressing the specific HIV-prevention needs of orphans and vulnerable children.</li> <li>■ Situation analysis on orphans and vulnerable children was completed in June 2000.</li> <li>■ Support groups were established in project areas.</li> <li>■ 109 children were placed in host families at the end of the project period.</li> </ul>	January 2001–October 2001; \$200,000
<b>Uganda</b>	Save the Children/UK, Ministry of Labor and Social Affairs	<ul style="list-style-type: none"> <li>■ Department of Probation and Welfare and Save/UK carried out a program that reunited 1,700 institutionalized children and closed 30 substandard institutions.</li> <li>■ Level of care was improved in remaining orphanages.</li> <li>■ With technical assistance, government was able to support decentralization of service delivery and strengthen policies favoring family and community-based care for orphans.</li> <li>■ Save/UK continues to work with the government on child protection and rights issues.</li> </ul>	1992–1997

COUNTRY	PROJECT IMPLEMENTERS	DESCRIPTION WITH KEY ACCOMPLISHMENTS	USAID FUNDING PERIOD/AMOUNT
<b>Zambia</b>	PCI	<ul style="list-style-type: none"> <li>■ The project's goal was to identify low-cost, sustainable approaches to strengthening government, non-governmental organizations, community-based organizations, and community and family capacity to mitigate the impact of HIV/AIDS on orphans and other vulnerable children.</li> <li>■ Four strategies were implemented to address this goal: 1) community mobilization; 2) improvement of health service delivery; 3) advocacy for improving child welfare policies and regulations; and 4) information sharing, networking, and capacity-building.</li> <li>■ 14 communities with a total population of more than 100,000 were mobilized to respond with local resources to the needs of more than 5,000 orphans.</li> <li>■ 14 community-based orphans and vulnerable children committees were organized and capacitated to plan interventions.</li> <li>■ 5 district-based orphans and vulnerable children committees were organized and capacitated to conduct advocacy, and resource mobilization, and to support community OVC committees.</li> <li>■ 1,000 children were enrolled in seven new community schools.</li> <li>■ 1,000 children were provided with better access to counseling, health, education, and other support services.</li> </ul>	January 1998–December 1999; \$2,000,000
<b>Global</b>	OVC Task Force	<ul style="list-style-type: none"> <li>■ An OVC task force was formed to bring together individuals and representatives from organizations working to meet the needs of orphans and other vulnerable children throughout the world. Objectives of the task force include education and communications (forum for programs to exchange practices and materials, identify program gaps and research needs, increase collaborations, and raise visibility of OVC needs).</li> <li>■ 80 nongovernmental organizations, agencies, donors, and individuals currently participate in task force activities.</li> </ul>	June 2001–May 2002; \$20,000



# Acronyms

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AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
ARCH	Applied Research on Child Health
ARO	Assistance to Russian Orphans
BES	Basic Education Support Program
BESO	Basic Education Systems Overhaul
BIPAI	Baylor International Pediatric Aids Initiative
CAA	Catholic AIDS Action
CAA	Children Affected by HIV/AIDS
CAI	Creative Associates International
CBO	Community-Based Organization
CCO	Community Building and Catalyst Organization
CEDPA	Centre for Development and Population Activities
CERT	Centre for Educational Research and Training
CHES	Community Health and Education Society
CLRDC	Community Law and Rural Development Centre
COPE	Community-Based Options for Protection and Empowerment
COPHIA	Community-Based Program on HIV/AIDS Care, Support, and Prevention
CRS	Catholic Relief Services
CSD	Child Survival Division, USAID
CSTS	Child Survival Technical Support Project
CTO	Cognizant Technical Officer
DBSU	Dynamic Business Start-up
DCOF	Displaced Children and Orphans Fund
EBS	Education Broadcast Services
EDC	Education Development Center
EDDI	Education for Development and Democracy Initiative
FACT	Family AIDS Caring Trust Regional Training
FANTA	Food and Nutrition Technical Assistance Project
FHI	Family Health International
GABLE	Girl's Attainment in Basic Literacy and Education
HBC	Home-Based Care
HEARD	Health Economics and AIDS Research Division
HIV	Human Immunodeficiency Virus

ICROSS	International Community for Relief of Starvation and Suffering
IEC	Information, Education and Communication
IMPACT	Implementing AIDS Prevention and Care
IPC	Initiative Privée et Communautaire de Lutte Contre le SIDA
KZNCC	KwaZulu Natal Christian Council
LAC	Legal Assistance Centre
LEAD	Linkages for the Economic Advancement of the Disadvantaged
LIFE	Leadership and Investment in Fighting an Epidemic
MCDI	Medical Care Development International
MED	Microenterprise Development
MOE	Ministry of Education
NACWOLA	National Community of Women Living with HIV/AIDS
NGO	Nongovernmental Organization
NMCF	Nelson Mandela Children's Fund
OHIV	Office of HIV/AIDS, USAID
OICI	Opportunities Industrialization Centers International
OVC	Orphans and Vulnerable Children
Pact	Private Agencies Collaborating Together
PAGE	Program for the Advancement of Girls' Education
PCI	Project Concern International
POMMAR	Prevention for At-Risk Boys and Girls
RSA	Republic of South Africa
RUDO	Regional Urban Development Office
SANA	Sustainable Approaches to Accelerating Effective Nutrition in Programming in Africa
SARA	Support for Analysis and Research in Africa
SCOPE	Strengthening Community Partnerships for Empowerment of Orphans and Vulnerable Children
SFDRT	Society for Development Research and Training
STI	Sexually Transmitted Infection
SWAK	Society for Women and AIDS in Kenya
TASO	The AIDS Support Organization
TDCSP	Thukela District Child Survival Project
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USN	Urban Sector Network
VCT	Voluntary Counseling and Testing
VP	Vulnerable Populations
ZCBF	Zululand Chamber of Business Foundation





U.S. Agency for International Development  
1300 Pennsylvania Avenue, NW  
Washington, DC 20523  
[www.usaid.gov](http://www.usaid.gov)