



Humpty Dumpty Kindergarden in Windhoek, Namibia



Schoolchildren in Lesotho

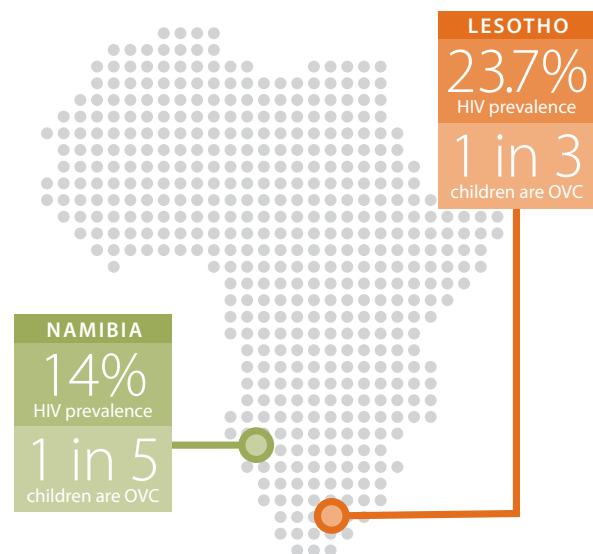
Strengthening and Expanding Capacity to Deliver Needs-Based Services for Orphans and Vulnerable Children

The challenge in southern Africa

The HIV epidemic has contributed to a large number of orphans and vulnerable children (OVC): as of 2012, more than 15.1 million children in sub-Saharan Africa had lost one or both parents to HIV.¹ In several countries, more than 20% of children have lost at least one parent to HIV or other causes.² Largely due to their high HIV prevalence rates, 23.7% and 14%, respectively, Lesotho and Namibia have a significant number of OVC. One in every three children in Lesotho is an OVC, and nearly half (45%) of all households are caring for at least one orphan.³ In Namibia, one out of every five children is an OVC.⁴

Vulnerable children are more susceptible to factors contributing to HIV infection, such as extreme poverty and physical and psychological abuse. These factors can have a detrimental effect on a child's development, limiting access to quality education, services, and opportunities. Moreover, a child's survival and success are largely dependent on a nurturing environment. National responses to the needs of OVC in the southern African region have not been well coordinated or evidence-based, with activities frequently implemented in the absence of appropriate standards.

Early childhood care and development (ECCD) has a significant impact on a child's future educational performance by ensuring a smooth transition to primary education. It has been shown that



effective ECCD programs result in physically and emotionally healthier children, encourage greater social equity, and benefit caregivers as well as children.⁵ However, the quality of ECCD in the region is variable, with limited evidence from which programs can draw expertise and guidance. In addition, these programs are rarely integrated with other essential interventions, such as HIV testing and nutritional screening and support.

1 Available at: www.data.unicef.org/hiv-aids/care-support

2 These include Lesotho, Namibia, Swaziland, and Zimbabwe. Available at: www.data.unicef.org/hiv-aids/care-support

3 Kingdom of Lesotho, Ministry of Social Development. 2011. Situation Analysis of Orphans and Other Vulnerable Children in Lesotho 2011.

4 UNICEF. 2010. Children and Adolescents in Namibia 2010.

5 The World Bank, Why Invest in Early Childhood Education. Available at: web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTCY/EXTECD/0,,menuPK:344945-pagePK:149018-piPK:149093-theSitePK:344939,00.html

A regional response: the BLC project

The Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC), implemented by Management Sciences for Health (MSH) and funded by the United States Agency for International Development (USAID), is responding to these challenges. BLC's vision is by 2015, its partners (civil society organizations, government and intergovernmental institutions, and private sector companies) are stronger, more resilient, and able to support community, national, and regional structures to competently respond to HIV and AIDS issues, resulting in improved overall health in the southern African region.

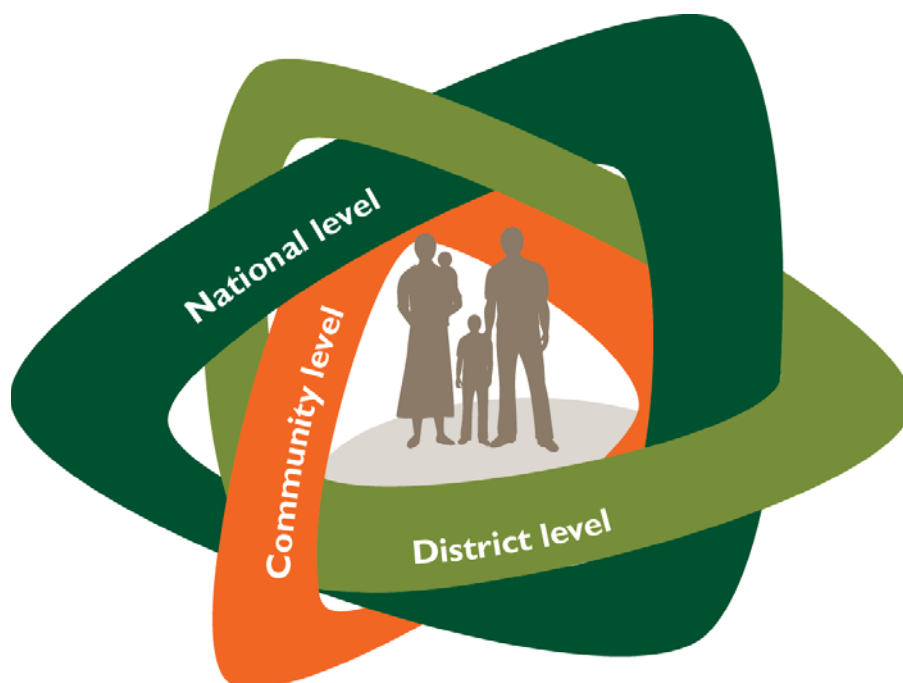
BLC's work to support the response to orphans and vulnerable children, in collaboration with the Southern African Development Community (SADC), has focused on the countries of Lesotho and Namibia to:

- Strengthen the **coordination of structures and interventions** for improved OVC services (including enhanced access, quality, and sustainability).
- **Use evidence to inform programming and become more responsive** to emerging data as well as national, regional, and international priorities and guidelines.
- **Provide organizational and technical capacity development** to civil society organizations (CSOs) providing services to OVC and their caregivers. This includes improving monitoring and reporting by CSOs and other agencies to track and report on services provided, guide service delivery, and share promising practices and lessons learned.

A systems approach: working at all levels

BLC's technical approach is characterized by capacity improvement and technical assistance at multiple levels to strengthen the various sectors that comprise the system of care, and promote linkages and coordination among them. BLC's program in Lesotho exemplifies this approach.

BLC program approach in Lesotho



The Ministry of Social Development provides policy guidelines, develops and implements strategies that improve service delivery, and coordinates the response through the National OVC Coordinating Committee

Multi-sectoral District Child Protection Teams and civil society organizations (CSOs) coordinate interventions, programs, and dissemination of information and policies

Community councils, CSOs, community-based organizations, support groups, caregivers, and service providers apply the national policies and strategies and deliver services ensuring the rights and protection of children



The Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) strengthens government, parastatal, and civil society entities to effectively address the challenges of the HIV and AIDS epidemic.

Throughout the southern Africa region and with specific activities in seven countries—Angola, Botswana, Lesotho, Namibia, South Africa, Swaziland, and Zimbabwe—BLC provides technical assistance in organizational development, including leadership, management, and governance in three key program areas: 1) care and support for orphans and vulnerable children (OVC); 2) HIV prevention; and 3) community-based care.

By working simultaneously at all levels, BLC has served as a link among them, supporting greater integration and an enhanced response to those most in need. The following sections highlight key achievements at each level.

National level: implementing legislation and policy

In Lesotho, BLC assisted the Ministry of Social Development (MOSD) to develop and implement legal and policy frameworks to guide the care of and support to OVC, including the National Strategic Plan on Vulnerable Children; adaptation of the Southern African Development Community regional guidelines on standards of care for OVC; and a simplified and translated Child Protection and Welfare Act.

In addition to their widespread dissemination, BLC supported the application of these frameworks at district and community levels to improve child protection practices, and trained community members to use them. The project advocated with key stakeholders to integrate the policies and legal frameworks into their care and support activities.

In collaboration with the Millennium Challenge Account Gender Challenge Program, BLC developed and distributed radio, television, and print gender advocacy messages in the local language.

BLC strengthened the operations of the National OVC Coordinating Committee (NOCC) and its understanding of emerging issues related to OVC policy and coordination. BLC also supported the establishment of monitoring and evaluation technical working groups in each district to improve data quality and management for reporting at the national level. This will facilitate the use of Lesotho's data to inform programming decisions and other interventions.

District level: improving coordination

While the NOCC plays a coordination role at the national level, the District Child Protection Teams (DCPTs) in Lesotho perform this function at the district and community levels. The NOCC and BLC supported the DCPTs to fulfill their mandate of coordinating policies and programs throughout the country, including:

- Strengthening the **DCPTs' operational capacity** by: developing relevant and appropriate Terms of Reference; training more than 200 members on leadership and management principles and practices; and orienting them on how to coordinate partners' activities effectively.
- **DCPT development and implementation of action plans** that include dissemination and orientation on statutes and legal frameworks guiding the national OVC response.
- Conducting regular **supervisory visits** with NOCC personnel to all 10 DCPTs to assess their performance, identify successes and challenges, and provide technical support and methods for improved coordination.

In addition, the DCPTs have demonstrated **improved commitment and capacity to coordinate OVC-related interventions** in their districts, working closely with key stakeholders. They have also demonstrated a greater awareness and understanding of key management skills, such as stakeholder analysis, resource mobilization, and the use of simple tools to mobilize support in the districts to implement their action plans and deliver services. The DCPTs consistently seek to complement one another to avoid overlap and conflict, and all ten DCPTs are meeting monthly to monitor progress in the implementation of their annual plans.



Mathabiso Sefeeane, Community Child Monitor for Phelisanang Bophelong HIV Support Center (PB), serving five villages in Lesotho

Phelisanang Bophelong HIV Support Center is one of 11 organizations receiving a USAID-funded small grant from BLC in Lesotho. The organization focuses on the provision of a variety of services to orphans and vulnerable children and their caregivers. Since August 2013, PB has served 4,778 individuals.

Translating policy to practice

"I love my community. I don't want them to live under any form of oppression or vulnerability. I saw that my community wasn't knowledgeable about children's rights. I saw a father beat a girl because she refused to sleep with him. I saw a seven-year-old orphan not sent to school. The uncle didn't have the money for his school uniform, so instead convinced him to become a herdboy. I go to trainings, then inform the chief about what I've learned. I ask for a time-slot to speak to the community. I also speak with primary caregivers and children themselves. I feel optimistic, because more people are understanding these issues. More are getting tested, learning their status, and adhering to the treatment. More young women are able to stand up for themselves, report abuse, and prevent abuse from taking place."



Community level: strengthening systems and expanding service delivery

CSOs play a critical role in the OVC response in the region. With USAID funding, BLC provides small grants to 11 CSOs in Lesotho to deliver comprehensive and needs-based services to OVC and their caregivers in five focus districts. In Namibia, BLC partnered with the Church Alliance for Orphans (CAFO) to implement a one-year program of support to 137 early childhood development centers, providing skills training in hygiene and basic health and psychosocial support to caregivers, as well as food and educational materials.

Informed by findings from the administration of its *Organizational Capacity Assessment (OCA)* tool,⁶ BLC provided needs-based capacity building support to the 12 CSOs in Lesotho and Namibia to strengthen their technical competence, expand service delivery, and improve sustainability.

Evidence-based programming

Strong communities are essential in meeting the needs of their people. As part of its strategy to strengthen community systems, BLC conducted a comprehensive mapping of systems, structures, and services that exist in the 29 community councils of the five focus districts in Lesotho as a first step in strengthening referral for services. This mapping exercise helped to guide BLC's sub-grantees as they worked to strengthen collaboration with key community stakeholders, such as chiefs and support groups, and to encourage them to participate in a two-way referral system, providing community-based monitoring and adherence support. BLC is now using the information from the mapping to compile service directories and establish referral networks.

BLC provided technical assistance to CAFO to conduct an assessment of 184 early childhood development centers in 11 regions in Namibia, examining the quality of the centers' services and each center's specific needs in four key areas defined by

6 BLC's Organizational Capacity Assessment includes nine key components, providing qualitative and quantitative data on organizational strengths and areas for growth. Access the tool at: www.hivsharespace.net/blc/ocat

Strengthening organizational capacity: mobilizing new financial resources

BLC supported the **Church Alliance for Orphans (CAFO)** to identify options for more sustainable revenue generation from international and private donors to diversify its funding base. CAFO responded to a call for proposals from the European Union in Namibia and obtained a \$65,000 grant to support its early childhood development program in five regions, which will benefit 6,000 OVC under 14 years old. CAFO will also receive \$300,000 from the Rodger Federer Foundation over three years to support its work in early childhood development centers. BLC has also supported CAFO to better communicate and disseminate its work, which has led to enhanced visibility and opportunities.



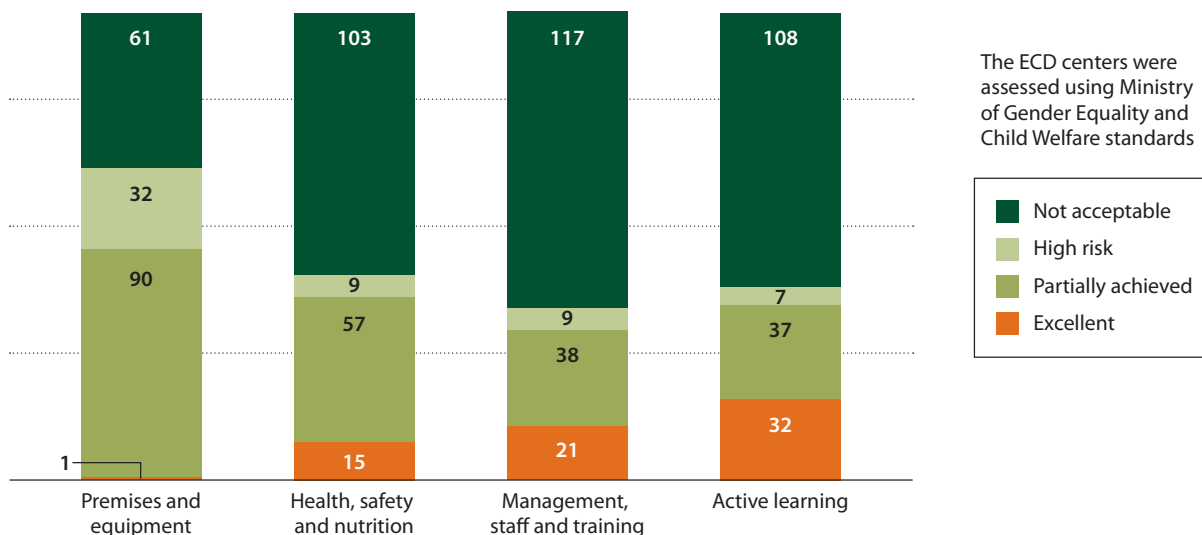
the Ministry of Gender Equality and Child Welfare. CAFO prioritized strengthening those centers located in communities with the largest number of OVC and greatest need for support.

Targeted and appropriate services

From beginning service delivery in 2011 to June 2015, the 11 CSOs in Lesotho have reached 92,381 OVC and caregivers (69,582 OVC and 22,799 caregivers), exceeding BLC's five-year target by nearly 30,000 beneficiaries. Comprehensive services are provided in six essential categories. Each child's needs are specifically evaluated and inform delivery of the appropriate services and ongoing case management.⁷

7 BLC presented a poster at the 2014 International AIDS Conference on an increase in beneficiary reach and decrease in program costs after its support to 11 CSOs. The poster is available at: www.hivsharespace.net/node/7096

Early Childhood Development assessment findings of 184 centers in Namibia



Six essential OVC services

BLC and partner reach in Lesotho 2011-2015

Psychosocial and spiritual support: To build resilience in children, families, and communities, **56,462 beneficiaries** received services through youth clubs, individual and group counseling, training, and household-level activities. Services addressed issues such as peer pressure, bereavement, stress management, decision-making, and coping skills.

Protection and legal aid services: In collaboration with the Ministry of Social Development and the Child and Gender Protection Unit, **19,716 beneficiaries** received services, including training on child and legal protection issues, gender protection, and children's rights. OVC were supported to obtain birth certificates for themselves and/or death certificates for their deceased parents, facilitating their access to basic financial support and educational bursaries. In addition, children's participation committees were established to provide peer support and a platform for children to speak about their challenges.

Food and nutritional services: To promote household-level food security and improved nutrition, CSOs provided community-based training and demonstrations on homestead garden techniques, household vegetable production, and food preservation and management. A total of **25,019 individuals** benefited from these services.



Educational support: Working with chiefs, community councilors, village health workers, and support groups, the CSOs supported access to all levels of education, from early childhood development to vocational training. A total of **7,676 individuals** were assisted, with some OVC securing relatively well-paying jobs, and others obtaining internships that could lead to employment opportunities. The CSOs also trained peer educators and teachers on life skills, such as communication and HIV prevention, to better support children in schools and youth clubs.

Health care referral: Accessing health services is a challenge in Lesotho due to difficult terrain, poor infrastructure, and the considerable distance to health facilities. To expand access to reliable community-based care, groups of community members were trained in home-based care, and BLC strengthened the linkages among village health workers, CSOs, and communities. BLC's partners provided health education and/or referrals to health facilities for HIV testing and other health-related issues to a total of **5,390 OVC and caregivers**.

Household economic strengthening: A total of **11,219 beneficiaries** received economic strengthening services through training in basic livelihood skills and the establishment of income generating activities such as candle making, dressmaking, and beadwork. In collaboration with relevant ministries, the CSOs conducted community-based training in fisheries, baking, poultry, and piggery projects, and supported the establishment of voluntary savings and loan groups.



Tlali Monaheng is a 21-year-old orphan. He is now able to provide financially for the needs of his family after attending vocational training through Caritas, one of BLC's partners in Lesotho.

Empowering families

My little sister and I used to talk about it: "What are we going to do? Now it's just the two of us." Our father died in June 2012, and our mother died in November 2012. I was 16, my sister only 11. When Caritas came to me with this [woodworking] training, I was very happy... Business today is going well. Now I am at peace, because I know I'm able to provide for all my needs, and my sister's. We live a normal life, like others."

Research to develop an integrated education and health intervention through early childhood development

In June, 2014, the President's Emergency Plan for AIDS Relief (PEPFAR) announced a regional initiative of its Orphans and Vulnerable Children Technical Working Group for the youngest children affected by the HIV epidemic. Three countries – Lesotho, Swaziland and Zimbabwe – have been chosen to participate in a series of intervention-linked studies on the integration of community-level OVC programming with pediatric HIV treatment and prevention of mother-to-child transmission (PMTCT) platforms.*

This three-year effort focuses on deepening knowledge around the delivery of integrated interventions in the earliest years (ages 0–5) for children living with and affected by HIV and AIDS. Working closely with academic partners and research institutions, implementing partners in the three countries will evaluate specific interventions to enhance practical understanding of how the OVC and clinical platforms are mutually reinforcing.

BLC is implementing this initiative in Lesotho, named the Mphatlalatsane Project. See the next page for more information.

*Read more at: www.childreninadversity.gov/news-information/in-the-press-events/news---full-view/pepfar-s-four-country-special-initiative

Launched in 2014, BLC is implementing the **Mphatlalatsane Project** in Lesotho. The project is designed as a randomized controlled trial (RCT), examining the integration of HIV testing and treatment services, nutrition, and positive parenting practices for children aged 1 to 5 years into rural communities via preschools in the district of Mokhotlong, a mountainous area with scarce arable land, high rates of poverty, endemic HIV infection, and limited CSO presence. The project, which involves collaboration among USAID/PEPFAR, the Government of Lesotho, local CSOs, MSH, and Stellenbosch University in South Africa, will target 500 children over two eight-week interventions in 2015 and 2016.



Community-Based Mentor

Delivers health and nutrition messaging. Results:

- Increase caregiver's and teacher's knowledge of child's health and nutrition needs
- Motivated for HIV testing of caregiver and child
- Referred for maternal depression, abuse and child's nutrition as needed
- Encouraged to attendance to community health outreach days



Intervention Facilitator

Conducts book-sharing sessions. Results:

- Promote cognitive stimulation to support development
- Improve language skills
- Improve child attention
- Improved child-caregiver relationship



Services Received



Expected Results



Child

-
-
-



Caregiver

-
-
-



Teacher

-
-
-

Child

- Child's language and attention skills are improved. Child is tested for HIV and adherent to treatment if found to be HIV positive. Child's growth status improves and children requiring additional nutrition intervention are referred for immediate support and treatment as needed.

Caregiver

- Caregiver has increased skills to improve child's cognitive, physical, and emotional well-being. The caregiver is supported to access health and social services including HIV testing and psychosocial support.

Teacher

- The teacher has increased knowledge of children's developmental needs, and the skills to meet these needs. The community better appreciates the teacher's role in providing early childhood care and development.

BLC's Lesotho program has reached



Percent of OVC in the five focus districts



92,381
OVC and their caregivers

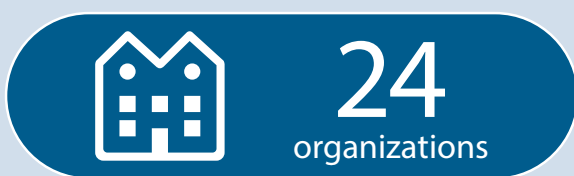
In Namibia, CAFO has reached

8,636
OVC under five years old



in 137
early childhood development centers

BLC has strengthened the capacity of



24
organizations



9,772
individuals

Results

BLC's Lesotho program has reached 18.5% of the OVC in the country and **73% of OVC in the five focus districts**. In Namibia, CAFO has reached **8,636 OVC under five years old in 137 early childhood development centers**, as well as **2,031 youth aged 10–14 years** with social behavior change communication.

BLC has strengthened the capacity of 24 organizations, including its 12 partners, and 9,772 individuals to deliver needs- and evidence-based OVC care and support. For example, BLC supported CAFO to train 86 volunteers to conduct participatory life skills sessions and social behavior change communication (SBCC) interventions for vulnerable youth aged 10 to 14 in twelve regions in Namibia.⁸ Communities and a wide range of stakeholders, including the private sector, have been mobilized and empowered to participate in the OVC response.

BLC's work with OVC and community-based services may be characterized as having led to a series of shifts: from welfare to social development with a **family-focused and child rights-based approach to service delivery**; and from a focus on orphanhood status to a focus on vulnerability and the life cycle of the vulnerable child. Working at all levels—national, district, community—has strengthened each level, promoted integration, and increased collaboration for more effective service delivery for OVC and their caregivers.

As a culmination of its work at all levels to strengthen national responses to OVC in the southern Africa region, BLC supported the MOSD in Lesotho to convene **the first national Lesotho Conference on Vulnerable Children** in Maseru from December 8–11, 2014, in collaboration with UNICEF, USAID, and other partners.

The conference provided an opportunity for over 220 participants from seven countries—including Namibia—to share information, ideas, and good practices. In addition to MOSD staff, participants included personnel from other key ministries, UN agencies, international organizations, the SADC Secretariat, representatives of DCPTs and district and community councils, auxiliary social workers, policymakers from government ministries and institutions, OVC programmers and activists, the private sector, CSOs, community-based organizations, and children's groups.

The proceedings featured over 60 presentations exploring successes, challenges, and recommendations on a wide range of issues, and facilitated a systematic approach to generating and articulating evidence for future direction for an efficient, effective, and well-coordinated response in the region. The conference commemorated the 25 years of the International Convention on the Rights of the Children, and featured the launch of the Lesotho National Standards of Care for Vulnerable Children and Youth. Her Majesty Queen 'M'e Masenate Mohato Seeiso was nominated as the Champion for Vulnerable Children and Caregivers.

A major outcome of the conference was the creation of 10 resolutions to strengthen Lesotho's response to orphans and vulnerable children.⁹

⁸ The training consisted of up-to-date information on SBCC and skills to effectively support beneficiaries, including guidance on how to use various forms of communication regarding healthy lifestyles, HIV prevention and treatment, and sexual and reproductive health. An informal assessment to gauge the effect of the SBCC interventions revealed positive results: youth not only gained knowledge regarding HIV and AIDS, but also reported that messages promoting a positive self-image contributed to their personal growth.

⁹ Further information on the conference, including the conference report and resolutions, are available at: www.hivsharespace.net/lvcv2014.



Schoolchildren in Lesotho

Lessons learned

BLC's work has yielded several lessons learned and best practices that are relevant beyond its experiences in Lesotho and Namibia.

- Not every OVC needs every service offered by an organization. A needs- and evidence-based approach is more appropriate and cost-effective.
- Communities are best positioned to identify and implement their own solutions, but need coordination and skills support.
- There are often already-existing structures and organizations addressing OVC needs in relevant and innovative ways. Supporting coordination of these structures can provide the greatest impact on the overall OVC response.

Recommendations

Based on BLC's results and lessons learned, the following areas require ongoing attention:

- Ongoing and intensified integration of HIV services into OVC programming.
- OVC programming often ends abruptly when a child turns 18 years old. However, the vulnerability of these youth has not ended; in fact, 15- to 24-year-olds have the highest HIV incidence rates in the region, especially among young women. Transitional programs beyond the age of 18 years, including training in lifeskills, sexual and reproductive health, HIV prevention, and vocations, would assist to reduce the vulnerability of this age group and support them to become well-functioning adults.
- Additional support is required to strengthen the coordination role, including supervision and accountability, of local structures such as community councils in Lesotho.

Tools

Over the course of the five years of the BLC project, BLC and its partner organizations have developed a series of tools and resources that have proven effective in strengthening the OVC response. Through the use of these innovative tools, BLC partners have access to the most up to date and accurate information, work collaboratively, improve their organizational and technical capacity, and reach the most vulnerable children.



Case management tools, including beneficiary assessments, care plans, and service forms (Lesotho)¹⁰



Key national guidelines such as the Lesotho Standards of Care, Child Protection and Welfare Act, Situation Analysis of Orphans and Other Vulnerable Children in Lesotho, and National Strategic Plan on Vulnerable Children¹¹



Gender advocacy messages adapted for radio, television, and print



Early Childhood Development Center **assessment tool** (Namibia)¹²

¹⁰ These documents are available at: www.hivsharespace.net/7371

¹¹ Key documents from Lesotho are available at: www.gov.ls/documents/reports.php

¹² These documents are available at: www.hivsharespace.net/7372

For more information:

Building Local Capacity Project (Regional Office)

Ditsela Place, 1204 Park Street
(Cnr Park and Jan Shoba Streets)
Hatfield, Pretoria, South Africa

Tel: +27 12 364 0400

Fax: +27 12 364 0416

blcsouthernafrica@msh.org

www.msh.org



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