



**Study to Map and Define roles and responsibilities for Civil Society in the expanded national HIV/AIDS responses; specifically the protection, care and support of orphans and children made vulnerable by HIV/AIDS in Eastern and Southern Africa**

**FINAL REPORT**

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*Study commissioned by UNICEF and conducted by HACI and WCRP*

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# **Executive Summary**

## ***Introduction***

1. The aim of this study was to map the existing modalities for FBOs and CSOs involvement in OVC activities in nine sample countries, i.e. Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland and Tanzania. Further, to propose mechanisms that will facilitate alignment of OVC responses by FBOs and CSOs to the national efforts. Lastly, to propose modalities for enhancing their contribution towards the realization of the universal access to essential services by the year 2010.
2. The report presents the current and suggested roles played by and responsibilities of CSO/FBOs in the expanded OVC response towards the realization of the targets for Universal Access to essential services by 2010. It is a synthesis of findings from nine sample countries in east and southern Africa i.e. Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, South Africa and Tanzania alongside country specific details are provided.

## ***Context***

3. There has been a broad and growing recognition of the need to intensify and accelerate actions towards universal access to comprehensive prevention, treatment, care and support. Commitment to attaining this goal by 2010 was affirmed by Heads of State and Governments and their representatives participating in the 2006 High-Level Meeting on AIDS held at the United Nations in New York, 31 May-2 June 2006 and by the declaration to this commitment by the AU heads of state in Abuja in the same year. This calls for the involvement and alignment of OVC response activities towards a unified national effort to realize the target.
4. Studies (RAAAP, the UNICEF/WCRP, 2003 study, UNAIDS 2006), indicates that FBOs and CSOs are playing a major role in the OVC prevention, care and support activities albeit in a fragmented and unrecognized fashion. Further, despite the commitment and magnitude of responsibilities they are taking in responding to OVC, they are bypassed in the distribution of available international and local funds for scaling up OVC responses.
5. Consequently, UNCEF-ESARO and WCRP and other partners in the region, recognize that, in order to effectively intensify and accelerate actions towards universal access to comprehensive prevention, treatment, care and support, there is a need to make FBOs and CSOs key partners in the development, implementation, coordination and monitoring of the expanded OVC response as reflected in the National Action Plans along with Government and other stakeholders. This study is aimed towards the realization of this end.
6. Universal Access to Essential Services by the OVC is ensured when OVC prevention, care and support responses are equitable, accessible, affordable, comprehensive, and sustainable.

7. **Equitability** refers to ensuring availability of OVC responses across age groups, gender and rural urban divide; **accessibility** refers to availability of responses when and where OVC need them, and they need to be able to use them without fear of prejudice or discrimination; **affordability**, refers to cost that should not be a barrier to access; **comprehensiveness**, refers to the fact that, prevention, care and support must be linked and planned and delivered with the full inclusion of people living with HIV, civil society, faith-based organizations, private sector, international partners and government; and **sustainability** which is linked to the fact that HIV is a lifelong challenge and given its impact on the OVC, sustained responses to save and improve the lives of children impacted by HIV must be sustained.

### ***Approach***

8. The key findings and good practice principles were distilled from consistent messages gathered from consultation with practitioners in the field, from the governments, development partners, and from FBOs and CSOs in nine countries, The information was gathered through face-to-face and telephone interviews with key informants. Participants were selected on the basis that they were involved in existing OVC co-ordination and integrated service delivery initiatives or are working in FBOs and CSOs that are providing services to the OVC. Case studies were undertaken in Tanzania and South Africa.
9. A Literature Review was also undertaken which synthesized OVC responses in the Eastern and Southern Africa Regions (which included the RAAAP and NPAs from the nine countries and research findings from various studies in the region) on effective mechanisms for joint working between agencies. Additional information was obtained from the websites generally and specifically from the websites of the contacted organizations

### ***Findings and Recommendations***

10. CSOs and FBOs responses to orphans and vulnerable children in the region are taking place within the local, national and international regimes. These regimes influence the nature and scope of OVC needs addressed by the state, the CSOs and the FBOs. International CSOs address issues articulated at international level and support national governments, local CSOs and FBOs that are willing to collaborate in addressing the same. This constrains CSOs and FBOs even national governments in aligning themselves to the national priorities.
11. While the intent of CSOs and FBOs taking part in OVC responses is to address the national and local level articulated OVC problems, they always lack or have inadequate means to put such intent into practice. Often, there has been little or no consideration, from the international CSOs, in providing financial support to CSOs and FBOs that are responding to locally articulated problems. Consequently, FBOs and CBOs have often relied on local philanthropic source of funding for this purpose. This source is often inadequate to ensure adequate support for OVC access to essential services at the community level

12. The national governments in the region have endeavored to heed and respond to the international call to involve the CSOs and FBOs in scaling up OVC responses. Marked involvement of CSOs and FBOs started during the rapid assessment, analysis, and action planning (RAAAP), in 2004 and was followed by the involvement of these organizations in the development of comprehensive national plans of action (NPAs).
13. In all the sample countries, the CSOs and FBOs are involved in the National Coordination Forms and in the national monitoring and evaluation systems of the OVC responses.
14. The RAAAP was instrumental in raising the profile of OVC with the government and donors. The RAAAP and the NPAs developing processes provided good lessons for partnerships and collaboration among stakeholders in scaling up national OVC responses. The exercise also facilitated the establishment and or strengthening of OVC steering committees or task forces, which are currently acting as platforms that brings together all stakeholders responding for OVC. However, the degree of involvement and efforts to coordinate of FBOs and CSOs in the region, differ from country to country.
15. Governments in the region have recognized the need to work in partnership with FBOs and CSOs. The coordination of OVC responses takes place through the ministries responsible for child welfare – or through established coordination bodies under the leadership of these ministries. Coordination of these responses is also undertaken through the National Aids Council/Commissions due to its role in coordinating all HIV/AIDS responses. These are the bodies that also coordinate OVC responses funded by the Global Fund. The country Multisectoral HIV/AIDS Commissions/Councils/Committees and the Global Fund CCM membership are comprised of representatives from the public and private sectors, civil society, the association of people living with HIV/AIDS (PLWHA), academic and research institutions and bilateral and multilateral agencies.
16. The number of FBOs and CSOs involved the coordinated system is also limited to a few umbrella –and international and local intermediary organizations at the National level. Most of these organizations however have working relationships and support implementing FBOs and CSOs at the community levels, though at a limited geographical coverage.
17. The important limitations to collaboration and joint working among the stakeholders in OVC responses include among others the following:
  - Differences between FBOs and CSOs priorities and national policy drivers makes it complicated to identify common interest. FBOs and CSOs often align themselves to donor priorities and to the need to meet their obligations in delivering their core business.

- An increase in competition for resources among the FBOs and CSOs
- In some countries, there is still limited space for FBOs and CSOs in the decision making process on issues related to OVC care, support and protection, which is partly due to
- Weak commitment and consistency in government agencies to collaborate with the FBOs and CSOs
- Weak mechanisms to ensure accountability of FBOs and CSOs to the communities they serve and to both central and local governments
- The FBOs and CSOs Networks in the individual countries are still fragmented, and often do not speak to each other in terms of collaborative efforts and often compete for resources. One of the contributing factors is the fact that donors refuse to accept each other processes and therefore dictate the modus operandi of the CSOs, as they have to comply with the donor requirements.
- Existence of multiple coordination processes that do not speak to each other has often resulted into parallel and often fragmented efforts. In terms of funding, parallel and fragmented resources allocation from the developing partners, has made it difficult to monitor and evaluate the effectiveness of the resources poured into OVC responses. At the programmatic level, recipients and implementing partners are undertaking parallel activities targeting more or less the same geographical areas and often offering a particular service to the same target group.
- Lack of affiliation especially for FBOs and CBOs working at community level coupled with lack of effective coordination mechanism of the FBOs and CSOs at the community level
- The IT divide between the CSOs and FBOs and skill gap between the urban based well resourced CSOs and FBOs makes it difficult to coordinate and interface in communication and sharing information which is important for programming

18. The FBOs and CSOs OVC response activities are also constrained by the following factors:

- FBOs and CSOs struggle to resource their work due to among other things difficult accessing donor funding due to the attached requirements in relation to funds application, funds management and reporting, monitoring and evaluation of activities implemented.
- Weak technical capacity of the CSOs and FBOs operating at the community level, which results into poor quality protection, care and support of OVC. One of the contributing factor to this problem is the fact that FBOs and COs operations at the community levels often depend on volunteer time which is often difficult to sustain over a long period of time

19. In order to align the FBOs and CSOs responses to the national efforts and ensure universal access by 2010 as called upon by the 2006 AU declaration in Abuja, the following measures are necessary:
- The structures for involvement of CSOs and FBOs in the national responses have been established in each country in the region. However effective utilization of the existing structures to scale up OVC responses is undermined by the lack of impetus to drive the processes. FBOs and CSOs needs to be equipped with strategies that enable them to provide the required momentum for their engagement in ensuring universal access.
  - There is a need for UNICEF in collaboration with international and local FBOs in the region to campaign for allocation of financial resources from the international development partners to support local FBOs and CSOs that are engaged in the implementation of activities outlined in the National Plans of Action
  - The UN agencies in collaboration with the AU and national governments advocate for donors (Global Fund, PEPFAR, DFID and other bilateral donors) to establish a window through which National/Local Governments & Civil-Society Organizations, especially underrepresented groups such as FBOs and CBOs could apply for funds by invitation rather than proposal writing.
  - Generally M&E systems and mechanism to integrate the M&E of activities done by FBOs and CSOs are still weak in all the countries and capacity building is the major challenge. The FBOs and CSOs implement their own M&E systems and in all nine sample countries are not obliged to submit the M&E reports to the government. Most FBOs and CSOs are only accountable to the funding organizations and or networks and forums. There is therefore a need for more dialogue with the FBOs and CSOs to strengthen their collaboration with the governments in ensuring coordinated M&E of OVC responses
  - There is a need to establish guidelines to ensure adequate quality responses and mechanisms for FBOs and CSOs accountability to the local communities and recipients of care and support

# INTRODUCTION

## *The Context*

20. Since 2000, a series of regional consultations elevated the issue of orphans and vulnerable children and assisted countries in sub-Saharan Africa, the region hardest hit by HIV and AIDS, to plan for an accelerated response. These consultations were given added momentum in 2001 when global goals were set for orphans and vulnerable children at the United General Assembly's Special Session on HIV/AIDS.<sup>1</sup>
21. Steps to scale up responses for OVC included the finalization and endorsement in 2004 of the interagency *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS* and the initiation of the interagency (UNICEF, UNAIDS, USAID and WFP) RAAAP process in highly affected countries in sub-Saharan Africa as one key way to move the agenda forward at a national and global level and fulfill the obligations for children within the UN Declaration.<sup>2</sup>
22. There has been a broad, growing recognition of the need to intensify and accelerate actions towards universal access to comprehensive prevention, treatment, care and support. Commitment to attaining this goal by 2010 was affirmed by Heads of State and Governments and their representatives participating in the 2006 High-Level Meeting on AIDS held at the United Nations in New York, 31 May-2 June 2006.<sup>3</sup>
23. Universal Access to Essential Services by the OVC is ensured when OVC prevention, care and support responses are equitable, accessible, affordable, comprehensive, and sustainable.<sup>4</sup>
24. **Equitability** refers to ensuring availability of OVC protection, care and support responses across age groups, gender and rural urban divide; **accessibility** refers to availability of responses when and where OVC need them, and they need to be able to use them without fear of prejudice or discrimination; **affordability**, refers to cost that should not be a barrier to access; **comprehensiveness**, refers to the fact that, prevention, care and support must be linked and planned and delivered with the full inclusion of OVC, people living with HIV, civil society, faith-based organizations, private sector, international partners and government; and **sustainability** which is

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<sup>1</sup> Global Partner Forum for Children Orphaned and Made Vulnerable by HIV/AIDS 20-21 October 2003 Geneva, Meeting Report

<sup>2</sup> Webb Douglas, Laurie Gulaid, Stanley Ngalazu-Phiri, & Mikaela Rejbrand (2006), Supporting and sustaining national responses to children orphaned and made vulnerable by HIV and AIDS: Experience from the RAAAP exercise in sub-Saharan Africa. *Vulnerable Children and Youth Studies*; 1(2): 170–179

<sup>3</sup> UNAIDS, UNICEF and WHO (2006), Children and AIDS: A Stocktaking Report. United for Children Against AIDS.

<sup>4</sup> UNAIDS (2006), Scaling up access to HIV prevention, treatment, care and support: The next step: UNAIDS. Geneva



linked to the fact that HIV is a lifelong challenge and given its impact on the OVC, sustained responses to save and improve the lives of children impacted by HIV must be sustained.

25. Addressing the universal access to essential services calls for integrated service provision, this can be achieved through partnership and coordinated OVC responses at both national and local levels. The UNICEF and WCRP (2003) assessment of FBO responses in six countries revealed the extensive reach and potential of faith based organizations (FBOs) to protect and support orphans and vulnerable children. The Study documented that the FBOs' community responses are expanding services and reaching a significant number of OVC with a range of support and services. With appropriate external financial support, FBOs provide the opportunity for rapid expansion. The key recommendations of this study included:
  - Ensure that a majority of funding is spent at community level
  - Support small grants funds operated by religious coordinating bodies to resource activities initiated by congregations,
  - Ensure the funding policies and processes are guided by the experience and capacity of local religious partners rather than programs being designed by external partners with little local involvement
26. Given the importance of the role they play and their closeness to people in the communities, strengthening of FBOs and CSOs engagement in OVC responses is crucial for facilitating achievement of universal access to essential care and support, as is stipulated in the AU/UNAIDS Congo Brazzaville and Abuja declarations (2006).
27. As a follow up to the UNICEF and WCRP (2003) assessment, this study was commissioned by UNICEF ESARO through the Hope for African Children's Initiative (HACI) and WCRP to examine the OVC response in six countries focusing on identifying ways through which the role of CSOs and FBOs can be enhanced and aligned to National OVC response efforts. More specifically, the study sought to identify among others; how the services provided by CSOs and FBOs could complement and enhance achievement of the expanded Children and AIDS response, along the thematic area of protection care and support of children orphaned and made vulnerable by AIDS, show how these organizations can help in tracking progress towards the Mugs, UNGASS goals and the roll out of the 3 Ones for a scaled up national response and other broader frameworks. In addition, it examines the nature of M&E data collected by CSOs/FBOs and how the M&E process could effectively be harmonized into one national M&E framework.
28. The study also identifies the types of resources and skills that the CSOs and FBOs would need in order to enhance their contribution in efforts to realize the 2010 targets for universal access to essential services.

## Objectives of the study

29. To determine the extent to which national governments and CSOs/FBOs are actively engaging in achieving the goal for universal access to care and protection.
30. To review operations of sample CSOs and FBOs and determine how their services complement and enhance achievement of the national goals towards universal access. The study further show how CSOs and FBOs could help in tracking progress towards achieving the various goals of protection, care and support for OVC as stipulated in the MDGs UN Declaration of Commitment on HIV/AIDS (2001), the AU/UNAIDS Congo-Brazzaville and Abuja Declarations (2006) *Global framework for the protection of Children living in a world with HIV and AIDS*, within the Three Ones Principle.
31. To establish what types of resources, opportunities and skills CSOs and FBOs have at their disposal for the implementation and alignment of their activities to the National Plans of Action on OVC, national and sub national coordination structures and the national M&E framework.
32. To consolidate existing national OVC and HIV/AIDS service mapping reports (where they exist) into comprehensive data bases that could facilitate networking for referral and capacity building of organisations for improved service delivery in the expanded response; and to identify information and coverage gaps as well as suggest practical ways of obtaining that information.
33. To make recommendations on how ongoing updates to these databases can be institutionalised, harmonised and accomplished.

## Approach

34. The key findings and good practice principles were distilled from consistent messages gathered from consultation with practitioners in the field, from the governments, development partners, and from FBOs and CSOs in nine countries, i.e. Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland and Tanzania. The information was gathered through key informant interviews conducted through both face-to-face interviews and telephone interviews. Participants were selected on the basis that they were involved in existing OVC co-ordination and integrated service delivery initiatives or are working in FBOs and CSOs that are providing services to the OVC. Case studies were undertaken in Tanzania and South Africa.
35. A Literature Review was also undertaken which synthesized OVC responses in the Eastern and Southern Africa Regions (which included the RAAAP and NPAs from the nine countries and research findings from various studies in the region) on effective mechanisms for joint working between agencies. Additional information was obtained from the websites generally and specifically from the websites of the contacted organizations.

## Findings

36. CSOs and FBOs responses for orphans and vulnerable children in the region are taking place within the international, national, and local regimes. These regimes influence the nature and scope of OVC needs addressed by the state, the CSOs and the FBOs.
37. International CSOs address issues articulated at international level and support national governments, local CSOs and FBOs that are willing to collaborate in addressing the same. This constrains CSOs and FBOs even national governments in aligning themselves to the national and local priorities.
38. While the intent of CSOs and FBOs taking part in OVC responses is to address the national and local level articulated OVC problems, they always lack or have inadequate means to put such intent into practice. Often, there has been little or no consideration, from the international CSOs, in providing financial support to CSOs and FBOs that are responding to locally articulated problems. Consequently, FBOs and CBOs have often relied on local philanthropic source of funding for this purpose. This source is often inadequate to ensure adequate support for OVC access to essential services at the community level
39. The national governments in the region have endeavored to heed and respond to the international call to involve the CSOs and FBOs in scaling up OVC responses. Marked involvement of CSOs and FBOs started during the rapid assessment, analysis, and action planning (RAAAP), in 2004 and was followed by the involvement of these organizations in the development of comprehensive national plans of action (NPAs).
40. In all the sample countries, the CSOs and FBOs are involved in the National Coordination Forms and in the national monitoring and evaluation systems of the OVC responses.

## Involvement of the FBOs and CSOs in the RAAAP and in the NPA Processes

41. The RAAAP provided the initial impetus for stakeholder involvement in addressing the OVC protection, care and support issues. However, the degree of involvement of FBOs and CSOs from country to country.
42. The Study on Civil Society Involvement in Rapid Assessment, Analysis, and Action Planning (RAAAP) for Orphans and Vulnerable Children done by the UK Consortium on AIDS and International Development (2005) shows varied quality of

involvement of CSOs. In most countries one or two CSOs were involved as members of the RAAAP steering committee and most countries managed to involve a wider range of CSOs in stakeholder workshops. The factors affecting involvement were identified as:

- Relatively short time frame made it difficult to identify and contract CSOs
- Problems in communicating to CSOs about RAAAP and between CSOs
- Planning and organization as the timing of the exercise in relation to other activities was sometimes an important constraint
- Process was devised outside the country and perceived by CSOs as top down, which limited their sense of ownership
- Lack of representation on the steering committees and the effectiveness of the representation of the wider network of CSOs by those that were involved.
- Nature of existing relationships between CSOs and Government influenced how governments and CSOs worked together on the RAAAP
- Relationships between CSOs and UN agencies and between UN agencies varied country by country and this affected the level of involvement of the CSOs.

43. Generally however the RAAAP was instrumental in raising the profile of OVC with the government and donors. The exercise also facilitated the establishment and or strengthening of OVC steering committees or task forces, which are currently acting as platforms that brings together all stakeholders responding for OVC.

### **Involvement of FBOs and CSOs in the existing coordination Mechanisms on OVC Responses in the Region**

44. The magnitude of needed protection, care and support for OVC is increasing as the number of OVC in the region is escalating. The increasing number of OVC coupled with increased advocacy for getting results for OVC have necessitated national governments to take initiatives to establish and or strengthen existing OVC response systems. Governments in the region have recognized the need to work in partnership with FBOs and CSOs in this matter. Efforts to coordinate FBOs and CSOs involvement are at various stages of implementation in the region.
45. In almost all the countries in the region, the coordination of OVC responses in the takes place through the ministries responsible for child welfare – or through established coordination bodies under the leadership of these ministries (Table 1.1).
46. However, the coordination of these responses is not limited to these ministries only. In almost all the nine countries, OVC responses coordination is also undertaken though the National Aids Council/Commissions due to its role in coordinating all HIV/AIDS responses (Table 1.2). This is the body that also coordinates OVC responses funded by the Global Fund. The country Multisectoral HIV/AIDS

Commissions/Councils/Committees<sup>5</sup> and the Global Fund CCM membership are comprised of representatives from the public and private sectors, civil society, the association of people living with HIV/AIDS (PLWHA), academic and research institutions and bilateral and multilateral agencies.

47. The coordination mechanisms evolved as processes to facilitate countries' response towards realization of the commitment to the UNGASS declaration, which is centered on the following five pillars:
  - The completion of participatory OVC situational analysis
  - The development of a Multi-Sectoral National OVC Action plan
  - Establishing OVC coordination mechanisms
  - Support policy development and legal reform to support OVC initiatives
  - Establishing monitoring and evaluation mechanisms for OVC responses
48. Based on these five pillars, UNAIDS stresses three principles for a coordinated national AIDS response i.e. the three ones, including one action framework, one national AIDS coordinating body and one country-level M&E system. The responsibility for the national coordination of monitoring and evaluation of HIV/AIDS programs generally rests with national AIDS councils (NACs).<sup>6</sup>
49. The establishment of the coordination mechanism were either driven by the national governments or facilitated by the UNICEF. However, out of the nine sample countries, only three countries have coordination systems extending down to the community levels. The remaining six countries have coordinating systems that do not extend down to the community level (Table 1.1).
50. In most of these countries, the nature of involvement of the FBOs and CSOs in the government coordinate organs is still mainly limited to attending committee meetings and submission of reports. The number of FBOs and CSOs involved is also limited to a few umbrella –and international and local intermediary organizations at the National level. Most of these organizations however have working relationships and support implementing FBOs and CSOs at the community levels, though at a limited geographical coverage.
51. The alliances and partnerships necessary for universal access to succeed are extremely broad and include: religious leaders, policy makers, service providers, advocates and the activist community, national and local governments, civil society, bilateral donors, multilateral organizations, foundations, the private sector (as employers and as treatment implementers), trade unions, traditional authorities, faith-based organizations, nongovernmental organizations (international and national), humanitarian organizations and community-based organizations, the media, human rights and legal support groups, youth, women's organizations, networks of people

<sup>5</sup> The country Multisectoral HIV/AIDS coordinating bodies take different names in the different countries

<sup>6</sup> UNICEF, UNAIDS, USAID, MEASURE DHS, FAMILY HEALTH INTERNATIONAL, THE WORLD BANK, SAVE THE CHILDRE, ALLIANCE (2005). Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS

living with HIV and organizations working with hard to reach or most affected populations (for example: sex workers, drug users, men having sex with men, migrants, indigenous people, refugees, prisoners).<sup>7</sup>

**Table 1.1: Coordination of OVC Responses in the Nine Sample Countries**

Country	Level	Government Coordinating Organ	FBOs and CSOs Networks and Forums
Angola	National	CONGA (Government Body)	Council of CSOs
	Provincial	Provincial Level - Provincial Committees for Child Rights Protection	
	Lower levels	No existing coordination body	
Botswana	National	Department of Social Services, Ministry of Local Governments	Botswana Council for Non-Governmental Organizations BOCONGO <sup>8</sup> and the Marang Childcare Network
	District	Department of Social Welfare and Community Development	
	Community	No coordination body	
Lesotho	National	National OVC Coordination Committee (NOCC)	The NGO Coalition for Children, None
	District	District Child Protection Team (DCPT)	
	Community Level	No coordination body	
Malawi	National	National OVC Steering Committee	- World Vision Malawi - FBO group – State Faith Committee. None
	District	So far there is no concrete coordination	
	Area (Group of Several Villages)	No coordination	
	Village	No coordination	
Mozambique	National	Ministry of Women and Social Action (MMAS)	National AIDS Network (RENSID)
	Provincial		
	District	District Directorate for Women and Social Action (DDMAS)	
Namibia	Community	None	USAID has a monthly meeting for all the FBOs and CSOs funded
	National	OVC Permanent Task Force PTF (meets monthly and chaired by the	

<sup>7</sup> (UNAIDS 2006):

<sup>8</sup> Botswana Council for Non-Governmental Organisations (BOCONGO) as the umbrella Organisation for all NGO in Botswana. The mission of BOCONGO is to assist in establishing an enabling environment for the NGO-Sector as well as to provide a platform for networking, advocacy, lobbying, and capacity building, and the mobilizing of resources for the self-sustainability of the NGO sector

Country	Level	Government Coordinating Organ	FBOs and CSOs Networks and Forums
		Ministry of Gender Equality and Child Welfare	through PEPFAR (about 20 organizations)
	Regional	a) Regional Aids Coordination Committees, which are mandated to coordinate all HIV/AIDS responses in the Region. b) Regional OVC Forums which brings together all the OVC Stakeholders and is chaired by the Regional Governor	None existent
	Constituent	Constituent OVC Forum. The Constituent OVC Forum reports to the Constituency AIDS Coordinating Committees (CACOCs)	None existent
	Community	None Existent	None existent
	National	The proposed Children's Coordination Unit is not yet functional National Emergence Response Council (NERCHA)	None existent
Swaziland	Region	Regional HIV/AIDS committees	None existent
	Constituent	Constituent HIV/AIDS committee	None existent
	Chiefdoms	Community Development Committees (with a sub-committee on HIV/AIDS)	
South Africa	National	National Action Committee for Children Affected by AIDS (NACCA)	
	Province	a) Provincial Action Committee for Children Affected by HIV/AIDS (PACCA) b) Others: Provincial (Plan of Action) c) Provincial Aids Council	
	District	a) District Action Committee for Children Affected by HIV & AIDS (DACCA) b) District Plan of Action c) District AIDS Council (DAC)	
	Local	a) Local Plan of Action b) Local AIDS Council	
	Sub-chiefdom	Traditional leadership structure	None
	Homestead	Traditional leadership structure	None
Tanzania	National	a) National Steering and technical Committees b) Implementing Partner Group (IPG)	None existent
	District	District OVC Committee	None existent
	Ward	Ward OVC Committee	None existent
	Village	Village OVC Committee	None existent

52. In each of the sample countries, structures that allow involvement and cooperation with the CSOs and FBOs in the scaled up OVC responses have been established. However, the effectiveness of these structures is inherently hampered by lack of, or weak impetus to drive the process. The lack of, or weak impetus is caused by a number of factors, which are different from country to country.
53. An assessment of the degree of establishment and level of operation of the OVC coordination mechanisms shows the following:
- **Angola:** National & provincial coordinating mechanisms/networks established - but weak technical capacities within ministries & weak inter-ministerial coordination is making progress slow. Material and technical support provided to lead Ministry of Social Assistance & Reintegration to strengthen coordination by developing partners
  - **Botswana:** The proposed mechanism is not yet functional
  - **Lesotho:** National OVC Coordinating Committee established but process is slow in part due to weak lead department. So far Child Welfare Directorate supported to establish OVC Forums at constituency level in 5 regions
  - **Malawi:** The proposed mechanism is not yet functional
  - **Mozambique:** The government coordinates the OVC responses through the Ministry of Women and Social Action (MMAS). The coordination system however is still lacking the capacity to provide comprehensive coordination of responses including those of FBOs and CSOs, which hitherto are not coordinated.
  - **Namibia:** OVC Permanent Task Force established – however, sub-regional coordination & implementation remains a challenge
  - **South Africa:** National Action Committee for Children Affected by AIDS (NACCA) is operational but multi-lateral government partnerships time consuming & delayed by bureaucracy, protocol & unavailability of official decision makers and data management support provided to Department of Social Development<sup>9</sup>
  - **Swaziland:** Children's Coordination Unit is not yet functional. However, the Regional Offices are being supported to decentralise services for children; Capacity building sensitization & training of social workers in Ministry of Health & Social Welfare are also being provided
  - **Tanzania:** Have an established coordination system consisting of the National Steering and Technical Committees at the National level, and OVC committees at the District, Ward and Community levels in the district implementing the Community Based OVC Programs supported by the UNICEF, Global Fund Round 4 and PEPFAR. At the national level the committees do not meet as scheduled. Currently an ad hoc OVC Implementing Partner Group, which is an informal forum of OVC stakeholder meets every month to deliberate on the

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<sup>9</sup> Based on information from the key informant interviews



implementation status of the OVC programs in the country. The Department of Social Welfare is chair and PACT-Tanzania is the secretariat.

**Table 1.2: The National Multisectoral AIDS Response Coordination**

Country	Coordination Body	Remarks
Angola	The National AIDS Council, which is led by the President and receives technical support from the National Institute to Fight HIV/AIDS. At Provincial level the National AIDS Council is represented by provincial committees chaired by governors and composed of provincial directors	Coordinates HIV-related programmes and policies  There is lack of a well-defined space for the CSOS and FBOs in the institutional architecture of the National AIDS Council. A network of people living with HIV and a network of Women living with HOV ("Mwenho" Network) have been created with the Angola Network of AIDS Service Organizations to ensure greater involvement of people living with HIV and stronger participation of women in policy discussions.
Botswana	The National AIDS Council (NAC), chaired by His Excellency the President of Botswana and has representatives from all sectors except donors. It is the highest HIV/AIDS policy and decision-making body.  The National AIDS Coordinating Agency is the secretariat to the NAC and its mandate covers the coordination of policy development, implementation of HIV programmes by various stakeholders, monitoring and evaluation of the national response and resource mobilization	The AIDS secretariat coordinates donors through the Country Coordination Mechanism (CCM); Development Partners Forum; and the Botswana HIV Partnership Forum  Challenges: Donor overlaps is the major challenge
Lesotho	The National AIDS Committee is the highest policy-making body in matters related to HIV and AIDS. A National AIDS Multisectoral Coordination Committee provides leadership on sectoral and regional responses. The National AIDS Executive Committee links policy-making and programme implementation	Further involvement of the Civil Society Organizations in the implementation of the "Three Ones"
Malawi	The National AIDS Commission f (NAC) formed by a Multisectoral Board of Commissioner which is	Un-clarified linkage between the NAC and the newly established Department of Nutrition and HIV/AIDS in the presidents

Country	Coordination Body	Remarks
	made up of nominees from key constituencies to oversee the affairs of the NAC Other Multisectoral Coordination mechanism includes the Malawi Global Fund Coordination Mechanism and the Malawi Partnership Forum	office
Mozambique	The National AIDS Council chaired by the Prime Minister	Mozambique AIDS response is characterized by unequal universal access to prevention, treatment, care and support, increasing external resources,, multiple partners, chronic shortage and poor, management of human resources and weak institutional capacity, limited and fragmented financial management systems leading to a poor budget execution and deficient M&E system.
Namibia	The National AIDS Committee is the highest-policy making body in matters related to HIV/AIDS. Comprised of cabinet ministers and regional governors	Need strengthening participation of people living with HIV/AIDS and expand capacity for care and protection of the OVC and people living with HIV/AIDS
South Africa	National AIDS Council chaired by the deputy president and is composed of thirty two members, half representing government and the other half representing CSOs	Further promotion of the “Three Ones” principal to enhance national coordination and participation of civil society in the national responses
Swaziland	The National Emergency Response Council on HIV and AIDS.	Coordination of National HIV/AIDS responses is done using a sector and umbrella bodies approach. FBOs and CSOs that do not collaborate with any sector or umbrella organization do not get funding from the government also strengthening the capacity of national umbrella organizations of people living with HIV/AIDS
Tanzania	The Tanzania Commission for AIDS (in the mainland) and Zanzibar AIDS Commission (in Zanzibar)	Weak link between coordination of HIV/AIDS responses and OVC responses

### ***Existing FBOs and CSOs Networks and Forums for OVC Response***

54. Faith-based and CSOS have a long history of responding to people in need and today are important players in response to OVC. The FBOs and CSOs share many

characteristics and are both influenced by the same political, social and economic contexts. However, there are two characteristics, which distinguish the faith-based organizations from most secular humanitarian organizations. FBOs are motivated by their faith and they have a constituency, which is broader than humanitarian concerns i.e. a duty to respond to the needs of the poor and the marginalized. The expression of this faith takes different forms in different religious traditions but is a powerful motivation for humanitarian action.<sup>10</sup>

55. In the nine-sample countries space for involvement of the FBOs and CSOs in the national responses to OVC has been provided through invitations to participate in national forums and memberships in various committees responsible for OVC responses.<sup>11</sup> FBOs and CSOs have partnered together to intensify work on HIV/AIDS responses generally and others have formed networks and forums that focus partnerships and collaboration in OVC specific responses. In countries where the civil society is still weak, the governments or development partners have facilitated the coordination of FBOs and CSOs through establishment networks and forums of FBOs and CSOs.
56. The FBOs and CSOs Networks in the individual countries are fragmented, and often do not speak to each other in terms of collaborative efforts and often compete for resources. One of the contributing factors is the fact that donors refuse to accept each other processes and therefore dictate the modus operandi of the CSOs, as they have to comply with the donor requirements.
57. Coordination of FBOs and CSOs in the sample countries is often linked to control by the government-coordinating organ or the FBOs and CSOs forums and to facilitation of resource mobilization by the FBOs and CSOs through the networks. The alignment of the FBOs and CSOs to the government efforts to ensure OVC universal access to essential services would require a broader view of coordination.

### ***Gaps and Challenges in FBOs and CSOs Coordination in OVC Responses***

58. The RAAAP and the NPAs developing processes provided good lessons for partnerships and collaboration among stakeholders in scaling up national OVC responses. Gaps still exist however on how good practice principles for developing collaboration can be applied by government agencies at the central and local government levels within existing structural arrangements. However findings indicate that policy work will be required within government departments and by central agencies over the medium to long term to reduce some of the more systemic barriers to collaboration, which currently exist in a number of countries.

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<sup>10</sup> Ferris E. (2005) Faith Based and Secular Humanitarian Organizations. *International Review of the Red Cross*, Vol. 87 No. 858

<sup>11</sup> For instance the RAAAP and NPAs Steering and Technical Committees as well as Technical Working Groups and National Stakeholder Workshops

59. Existence of multiple coordination processes that do not speak to each other has often resulted into parallel and often fragmented efforts. In terms of funding, parallel and fragmented resources allocation from the developing partners, has made it difficult to monitor and evaluate the effectiveness of the resources poured into OVC responses. At the programmatic level, recipients and implementing partners are undertaking parallel activities targeting more or less the same geographical areas and often offering a particular service to the same target group.
60. Coordination itself is a challenge, the central and local government coordination bodies do not have comprehensive knowledge on which FBOs and CSOs are working on OVC, what they are doing and where and who (OVC) are benefiting. This is mainly due to the following reasons:
- There is generally a lack of collective sense of understanding the role and importance of coordination among the FBOs and CSOs.
  - Mushrooming CSOs and FBOs that want to offer services to the OVC in the same locality and targeting same services to the same OVC. Most CSOs and FBOs don't want to work together. Each wants to be independent with own plans and own resources but reaching the same target group with the same services. Consequently a proportionately small number of OVC benefits from a large number of CSOs and FBOs in a locality. The main challenge is how to bring all of them together and work as partners in pursuing the same goal, i.e. making them realize that OVC responses is a national issue and not an issue of individual institutions
  - Fragmented registration and coordination process of CSOs, and FBOs e.g. Lesotho, Tanzania, Malawi, Mozambique, Namibia, Swaziland. The absence of functioning coordination bodies means that services at community level are not necessarily joined up through referral networks and other coordinating mechanisms, leading to 'cracks,' inefficiencies, duplicated efforts and inadequate information sharing. Organizations working within the same general sectors are not necessarily aware of each other's work, standards and procedures are not uniform, and key services are not functionally integrated with users' needs in mind (CDRE:2005)
  - Lack of affiliation especially for the FBOs and CBOs working at community level coupled with lack of effective coordination mechanism of the FBOs and CSOs at the community level
61. FBOs and CSOs forums and Networks are in existence in the sample countries. However, not all of the FBOs and CSOs responding to OVC are affiliated to the respective networks or forums. The consultative and relevance of the process that formed the bodies/networks/forums in each of the countries is important for that body to be credible and attract FBOs and CSOs to get involved. The process must display the relevance of the process. Findings from the study suggest that people don't want stakeholders meetings for the sake of having them. People need added value to what they do. The process should go beyond coordination to addressing the pressing the different capacity needs of the FBOs and CSOs in reaching out for the OVC.

62. Weak technical capacity of the CSOs and FBOs operating at the community level renders poor quality services to OVC.
63. The IT divide between the CSOs and FBOs and skill gap between the urban based well resourced CSOs and FBOs makes it difficult to coordinate and interface in communication and sharing information which is important for programming
64. FBOs and CSOs lack resources and the fluid nature of the CBOs organizations compromises quality and sustainability of responses at the community level. FBOs and CSOs depend on volunteers and implement activities when adequate resources to do so are available and when volunteers to implement the activities are available. Often volunteers work under difficult conditions and with little or no financial remuneration. It is often assumed that community-based OVC and HIV/AIDS response can simply be scaled up indefinitely on the basis of volunteer contributions;
65. The nature of engagement of volunteers in the OVC responses at the community levels is exploitative. Volunteers in OVC responses constitutes individual who work without remuneration or support for livelihood and are therefore excluded from the economic mainstream. Respondents in South Africa indicated that this is exploitative and exclusionary. There is a need to remunerate the volunteers working with FBOs and CSOs.
66. CSO/FBO responses tend to be non-technical and general, resulting into broad duplication of similar efforts within individual communities, without attention to the reach, impact or even appropriateness of these activities. Having a 'linked-up' networks of organizations with expertise in particular sectors of would enhance the effectiveness of the CBOs and FBOs
67. A great proportion of community organizations struggle to resource their work. Although extensive funding is available for HIV/AIDS activities, it can be difficult to access these resources and/or to meet donor requirements in relation to reporting, monitoring and financial management. Bridging the gap between the availability of funding at the macro level and the more modest resource needs of community groups at grassroots requires attention from donors and government structures in particular, both in terms of their own policies and procedures and in providing training for community groups in areas such as project design, proposal writing, record keeping

### ***Enhancing Universal Access to Essential Services through Coordinated National Responses***

68. Government organizations, both at the centre and at local level, have a key role to play in supporting effective co-ordination and integrated service delivery by FBOs and CSOs. Systemic change at central government level will be required to embed collaboration into all activities of organizations. While some government actions to

support collaboration require barriers to be removed at national policy level, many of the necessary changes may be developed and implemented by government agencies at the local level within existing coordination structural arrangements.

69. To support and enhance collaboration, government at national level will need to foster a collaborative culture, attitudes and values within the government coordinating agencies by valuing and rewarding collaboration in performance and accountability measures, and providing leadership, mentoring and positive role modeling of collaborative behavior at all levels. This also means building relevant capacity and developing skills to support effective collaborative working among staff, stakeholders and contract service providers or implementing agencies e.g. the relationship between the Global Fund Round 4 facilitating and implementing agencies for OVC responses in Tanzania and the CINDI framework in South Africa.
70. In some countries there is a need to develop appropriate organizational structures and in others to harmonize the existing coordination structures to address the inconsistency of OVC responses and the fragmentation of government coordination agencies and funding pools in the long term. There is also a need to increase the flexibility of government organizations at local levels to act on opportunities to collaborate and to work with stakeholders.
71. Enable flexible systems and processes, which allow sufficient time and resources to support collaborative initiatives and enable information sharing. Support responsive policy development by ensuring policy is informed through a process that involves all stakeholders and that government OVC coordinating agencies at the national level and departments at local government levels, set frameworks and guidelines and empower local governments to develop local solutions to remove the systemic barriers to FBOs and CSOs involvement. This is mainly because, structures and procedures enforced by development partners, and central government may not sometimes work at the local level in some of the countries in the region.
72. Where there are political upheavals, governments are more concerned with power protection and priority shift from social welfare to government self-protection.<sup>12</sup> What is needed in such countries is the strengthening of the CSOs and FBOs by building Forums that brings people together to make a collective voice. The Forums that provides coordination space for the CSOs and FBOs to get together and strengthen:
  - Funding sources by making joint proposals for funding from the international, regional and local organizations
  - Joint interventions
  - Challenge policies and structures that allow governments to remain silent on OVC issues. Silent governments have policies and systems that allow them to remain silent on issues raised by the people. OVC issues are important and urgent issues with no room for governments to remain silent

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<sup>12</sup> This normally happens during elections or a short period before the election period. This is the time when access to essential public services becomes difficult.

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## ***Monitoring and Evaluation***

75. The Guide to Monitoring and Evaluation of National Responses for Children Orphaned and made Vulnerable by HIV/AIDS identifies 10 key domains that need to be addressed and monitored at the national level. The domains are: (1) *policies and strategies*, (2) *resources and resource mobilization*, (3) *family capacity*, (4) *community capacity*, (5) *food security and nutrition*, (6) *health*, (7) *education*, (8) *protection*, (9) *psychosocial support* and (10) *institutional care/shelter*.
76. The nine sample countries have all embarked on strategies to establish one monitoring and evaluation mechanism. Realization of this objective is varied from country to country (Table 1.3). While other countries have the mechanism established and tools designed and being tested, other countries have the M&E mechanism laid down in the NPAs but have not yet developed the tools and have not yet established the proposed M&E structures at the different levels.
77. Generally M&E systems and mechanism to integrate the M&E of activities done by FBOs and CSOs are still weak in all the countries and capacity building is the major challenge. The FBOs and CSOs implement their own M&E systems and in all nine sample countries are not obliged to submit the M&E reports to the government. Most FBOs and CSOs are only accountable to the funding organizations and or networks and forums.

**Table 1.3: The Degree of achievement in Establishment and Operation of one M&E Structures in the Nine Countries**

Country	Status of M&E System
Angola	Have not yet established the M&E System though have

	plans to do so
Botswana	The M&E team have been identified and the M&E Framework is being developed
Lesotho	M&E system not functional yet but good progress made: M&E plan developed in 2005; M&E working group established & trained in 2006 and national orphan registration system being put in place
Malawi	The M&E system is not functional yet, but is being established. The M&E Task Force has been established which is chaired by the Red Cross and the Ministry is the secretariat
Mozambique	So far there is no functional M&E system for OVC responses in the country. Processes to establish the system are ongoing
Namibia	Does not have a functional M&E System yet. The M&E Plan is being developed; The government in collaboration with partners has established a national and sub-national M&E and research coordinating structures for the government, private sector and civil society. At regional and district level, the Government has also identified and mandated specific structures to manage M&E and research activities. The capacity of these structures is however still inadequate
Swaziland	The M&E plan has been finalized and the Technical Working Groups have been established. M&E capacity building has been done well at the National and Regional levels, but more training and capacity building are needed on data collection and reporting
South Africa	The M&E plan is not yet finalized
Tanzania	The M&E system is in place and an OVC database has been established in the Department of Social Welfare and tools have been designed, produced and distributed to all stakeholders. However, M&E capacity is still weak at all levels and needs strengthening

### ***Source of Funding for FBOs and CSOs Responses to OVC***

78. In only three countries out of nine sample countries, FBOs and CSOs receive grants from the government for OVC responses (Table 1.4). In the rest of the countries the FBOs and CSOs obtain funding from the multilateral and bilateral development partners and from the private sector (in South Africa) and from the congregation members (for the FBOs). In addition, it is only in South Africa where the CSOs networks facilitate members to have access to funds.

Table 1.4: FBOs and CSOs Source of Funding for OVC Responses in the Nine Countries



	Government Grants	UN Agencies	Global Fund	Bilateral and Other Organizations
Angola	No grants provided	None		USAID (PEPFAR)
Botswana	Some FBOs and CSOs are provided government grants	None		
Lesotho	No grants provided	None		Various
Malawi	No grants provided			USAID, DFID, CIDA and NORAD
Mozambique	No grants provided	None		USAID
Namibia				Congregational donations; USAID and UNICEF
Swaziland	Government subventions	None		Various donor agencies
South Africa	Government grants			Private Sector, USAID,
Tanzania	No grants provided	WFP	Global Fund Round 4	

## ***Gaps and Challenges in Funding FBOs and CSOs OVC Responses***

79. The following are the main gaps and challenges among the FBOs and CSOs in accessing funds for OVC responses:

- Donor fatigue due to the escalation of applications for funding
- With the escalation in the number of OVC, the CSOs and FBOs are taking most of the burden but have no support in terms of resources. Government subventions are not enough to cover all the CSOs and FBOs
- Technical Competence is very low because of lack of funding to recruit technical people and donors are reluctant to provide funding for administrative costs
- SA is not seen as a developing country and therefore there is a shift of resources to other countries.
- Lack of capacity to spend donor funds in the government Ministries, departments and agencies. This is a problem experienced in South Africa and Tanzania.
- CSOs FBOs with a good governance system and are transparent and have their financial audited by reputable auditors find it easy to source funding. Most FBOs and CSOs are not in a position to afford this option.
- Donors' expectations on M&E are too high and is a burden to the CSOs and FBOs especially the rural based. Different donors demand a different reporting format and this causes CSOs and FBOs to waste much time learning the reporting formats instead of reaching out for the OVC.
- It is difficult/challenge recording children information. For instance how the need to demonstrate respect and love to a child. M&E indicators related to child wellbeing are very difficult to quantify.
- The major problem in recording data for M&E is the lack of IT knowledge among the FBOs and CSOs

- CINDI is about to launch a database that will facilitate solving this problem among the members of the network. Have made contacts with the provincial and local governments where CINDI has networks and are willing to provide support.

### ***Alignment of FBOs and CSOs Responses to the National Efforts and Enhancing Effectiveness and Efficiency of their Responses***

80. In order to align the FBOs and CSOs responses to the national efforts and ensure universal access by 2010 as called upon by the 2006 AU declaration in Abuja, increased space for FBOs and CSOs involvement is required. This calls for addressing issues both at the *systems (structure)* and at the *process (service delivery or programmatic)* levels.
81. At the *systems level*, what is required is the enhancement of collaboration among the partners. The increasing number of OVC among countries in the eastern and southern region have attracted an increased involvement of multiple partners at international, national and local levels, in providing care, support and protection to the OVC and their care givers. This has resulted into fragmentation of accountability of the FBOs and CSOs to international CSOs and FBOs, national governments and local stakeholders.
82. The fragmented accountability of local FBOs and CSOs to international CSOs and FBOs, national governments and stakeholders, constitutes a challenge to the organizations as to whose interests are to be addressed first and foremost in their daily activities. The alignment of the FBOs and CSOs activities to the national OVC response efforts critically depends on the existing process that enforce accountability of these organizations to the national goals. Increased collaboration among the partners is therefore crucial for achieving better integrated service delivery to the OVC.
83. Collaboration is important for improving service delivery as it offers a number of benefits to FBOs and CSOs including information sharing for better processes, greater capacity to respond to local needs and more efficient use of resources. To the target groups, collaboration among the implementing partners facilitates to ensure the following:
  - equity in the distribution of responses across the country, i.e. geographically as well as across gender and age groups
  - consistency and sustainability of OVC responses countrywide
  - effective monitoring and evaluation of OVC responses
84. Coordination is an area where the governments in the individual countries could play a major role. This is mainly because coordination requires putting in place systems

and structures as well as regulation and guidelines to facilitate the integration of various FBOs and CSOs responses to OVC in harmonious operations.

85. Systems and structures for responding for OVC are already in place in each of the countries in the region. In each country, a national plan of action has been put in place, various bodies at national, sub-national and local levels have been established to facilitate reaching the OVC with adequate care, support and protection.<sup>13</sup> Most of the necessary changes needed to enhance the alignment of FBOs and CSOs to the national efforts, depending on the country context, may be developed and implemented by government agencies within the existing structural arrangements for HIV/AIDS and OVC responses. Enforcement and ensuring partners' alignment to these systems and structures in their operations would require government leadership and close involvement of stakeholders at all levels.
86. The important limitations to collaboration and joint working among the stakeholders in OVC responses include among others the following:
- Differences between FBOs and CSOs priorities and national policy drivers which make it complicated to identify common interest. FBOs and CSOs often align themselves to donor priorities and to the need to meet their obligations in delivering their core business.
  - An increase in competition for resources among the FBOs and CSOs
  - Limited space for FBOs and CSOs in the decision making process on issues related to OVC care, support and protection, which is partly due to
  - Lack of serious commitment and consistency in government agencies to collaborate with the FBOs and CSOs
  - Weak mechanisms to ensure accountability of FBOs and CSOs to the communities they serve and to both central and local governments
87. Government actions to support collaboration and joint working with FBOs and CSOs will require barriers to be removed at both national and local levels, to create more space for FBOs and CSOs. Forging strong collaboration will require addressing the following key issues on the part of the governments:
- Removing structural barriers and harmonizing the existing coordination mechanism for HIV Multisectoral and OVC responses. Appropriate organizational structures to address the inconsistencies in HIV/AIDS and OVC responses and the fragmentation of government agencies in-charge of coordination of these responses need to be developed.
  - Providing leadership and positive role model of collaborative behavior through fostering of collaborative culture, attitudes and values with the government ministries, departments and agencies at all levels

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<sup>13</sup> These include for instance the National Multisectoral AIDS responses coordination mechanisms, the Global Fund Country Coordination Mechanism, Committees and Forums for OVC response (e.g. the Most Vulnerable Children Committees in Tanzania).

- Enable flexible systems and processes at both central and local government levels that allow sufficient time and resources to support collaborative initiatives and information sharing
- Building relevant capacity and developing skills to support effective collaboration among the government ministries, departments and agencies mandated for HIV/AIDS and OVC care, support and protection. This could be done through capacity building seminars and workshops.
- Working together with the FBOs and CSOs and involving them in a collaborative manner both as representatives of local communities and service providers in their own right. This will require the following on the part of the government:
  - i. Building sustainable relationships between government agencies, local authorities, and local communities with the FBOs and CSOs by:
    - Develop effective consultation and involvement of FBOs and CSOs by consulting together to build understanding and facilitate dialogue and information sharing
    - Joint consultation processes and
    - Clear accountability mechanisms for meeting objectives and representing of local communities
  - ii. Improve the responsiveness of government agencies to FBOs and CSOs by recognizing their diversity of experiences and their capacity constraints and challenges
  - iii. Develop the capacity of FBOs and CSOs by ensuring sustainable funding to support collaborative activity in the long-term and developing joint training to share knowledge and capacity
- Establish minimum quality standards for OVC responses and issue guidelines to stakeholders. The establishment of minimum quality standards is to be done in collaboration with stakeholders.

88. While there are evident benefits to be gained from greater co-ordination of OVC responses implemented by the FBOs and CSOs, it is important to acknowledge that collaboration is not a panacea. Co-ordination in itself cannot counter the effect of lack of skilled practitioners to implement activities in particular areas of OVC care, support and protection at the operational level, constrained financial resources faced by the FBOs and CSOs especially at the community level, and the legislative limitations.
89. At the service delivery or programmatic level, the two critical issues that needs to be addressed in order to enhance the role, and effectiveness of the FBOs and CSOs responses are (i) building technical capacity at the operational level through implementation of capacity building strategies geared towards enhancement of volunteer capabilities in various areas of OVC care, support and protection activities. This is important for increasing the FBOs and CSOs efficiency in the delivery of core packages for care, support and protection of OVC, and (ii) facilitating access to financial resources

90. FBOs and CSOs have weak capacity in programming due to their limitations in recruiting human resources with the technical competence to design and manage OVC programs and limitation in having the required manpower to deliver quality services to OVC. Most FBOs and CBOs that are responding to OVC at the community level lack the required technical capacity to offer quality care, support and protection to OVC.
91. Capacity building of the local FBOs and CSOs at community level is an area where the governments in collaboration with the international and other local FBOs and intermediary CSOs could play a big role.

### **Box 1: Capacity building in Tanzania through PEPFAR support**

For instance the training of paraprofessionals in social work skills in Tanzania through the twin partnership of the American Institute of Health Alliance with the Institute of Social Work and Jane Adams School of Social Work at the University of Illinois Chicago, could be extended to the training of practitioners in FBOs and CSOs on specific practical skill required in OVC care, support and protection. Currently, training is being carried out in the following areas:

- Strengthening the Institute of social work, this includes reviewing the training programs and the curriculum. (Have introduced a degree program)
- Providing pre-service training of social workers
- Providing training of trainers (TOT) for in-service training
- Paraprofessional training, which is aimed to have at least one paraprofessional social worker in each ward. Training have started with three regions with the highest HIV/AIDS prevalence rates and largest number of OVC i.e. Dar es Salaam, Mbeya and Iringa.

With the existing social welfare system in Tanzania, the social workers are only available at the District (central government level) and not at the District (local government level). Training will also be extended to the Ward and Community Development officers so as to equip them with Social Welfare skills

The paraprofessionals will have the responsibility of overseeing Most Vulnerable Children Committees in the communities, and provide link between the Social Welfare Officers at the district level and MVMC Committees at the community level

### **Box 2: PEPFAR Financial Support to FBOs in Namibia through CAFO**

In 2006 CAFO received over \$N7 million in funding under the new NPI grant. With these funds, CAFO expanded services to orphans and other vulnerable children (OVC) in Namibia. CAFO follows a holistic, faith-based approach to caring for OVC that includes counseling along with education, food programs and other material support. It seeks to strengthen capacity to help OVC within communities and traditional Namibian extended family culture. CAFO's member churches works with its various committees to implement its nutrition and education programs.

Approximately 8,200 OVC benefited directly from CAFO's programs during 2005 – 2006. This support included: food, clothing, blankets, equipment for soup kitchens, and improvements to facilities where these children live and participate in programs. CAFO also supplied technical assistance in counseling, financial management, fundraising, grant writing and other capacity building activities at the local, regional, and national levels. CAFO funded over 100 projects for OVC during this period and distributed educational information to both its stakeholders and the general public.

CAFO is Namibia's first interfaith networking organization that is dedicated to meeting the needs of vulnerable children in their respective communities. Since its launch in 2002, CAFO's

## ***The Role to be Played by FBOs and CSOs in Scaling up OVC Responses towards Universal Access to Essential Services***

### **Systems strengthening for OVC care, support and protection**

92. FBOs and CSOs should get more actively involved in government efforts to realize the “3 ones”. The FBOs and CSOs ought to take the advantage of getting involved in the processes through opportunities that have currently been created in most of the countries in the region. This includes the stakeholder forums and the various coordination mechanisms both at central and local government levels.
93. In countries where opportunities for FBOs and CSOs involvement are still weak, involvement of the FBOs and CSOs in the systems strengthening and realization of the “3 ones” could take place through proactive engagement (through advocacy, and activism) by the FBOs and CSOs themselves in the process.
94. In countries where space has been created for active involvement of all stakeholders, the FBOs and CSOs should take up this opportunity and make use of it. This will include commitment to government requirements, which includes reporting to the government about their activities and extent of coverage and active participation in the various committees. FBOs and CSOs involvement is important for achieving coordinated responses and for effective monitoring and evaluation of strides towards realization of the Universal Access to Essential Services Target

### **The Role of FBOs and CSOs at the Operational or Programmatic Level**

95. The FBOs and CSOs represent an underutilized potential, which can be tapped into the initiatives to realize targets for OVC universal access to essential services by 2010. The UNICEF and WRCP (2003) study shows that local FBOs and CSOs are already playing a vital role in caring, supporting and protecting the OVC in the east and southern Africa region. The local FBOs and CSOs are however constrained by inadequate funding due to difficulty accessing donor funding. Channeling of resources through intermediary FBOs and CSOs has demonstrated effectiveness in securing funding for the local FBOs and CSOs in countries like Tanzania, (PEPFAR and Global Fund Round 4 funding); South Africa (CINDI, and The Nelson Mandela Foundation); Malawi (PEPFAR’s New partners Initiative (NPI) funding to local FBOs through The Church Alliance For Orphans (CAFO) to site just a few.
96. What is needed is strengthening local FBOs– and CSOs’ access to international donor funding through the intermediary FBOs and CSOs. Linking of local FBOs and CSOs to the international donors could be facilitated by the international donor community and by the intermediary FBOs and CSOs that are already working

through that arrangement in the region.<sup>14</sup> However, partnership and mentorship of weak capacity FBOs and CSOs at the local government and community levels is needed to enable them overcome technical weaknesses in financial management and accounting in accordance to the donor requirements.

97. Training of volunteers working with community level FBOs and CSOs, to build their capabilities to care, support and protect the OVC is another area of focus. Besides facilitating access to funding, intermediary FBOs and CSOs should also focus on implementing capacity building programs for the volunteers that are working with the FBOs and the CSOs.

## **Conclusion**

98. The study was undertaken in response to an urgent need, to establish who are the CSOs and FBOs on the ground and what services they are providing in order to define a role and map out activities that could be played by these organizations in the implementation and coordination of the national efforts to scale up OVC responses. The ultimate objective is to strengthen the role and contribution of the FBOs and CSOs in the national efforts towards the realization of universal access to essential services by 2010.
99. The information consolidated in this report suggests that opportunities for enhancing the role of FBOs and CSOs in responding for OVC are in place. However, the impetus to utilize the existing opportunities are either lacking in some of the countries or are weak in other.
100. At the systems levels, coordination structures for OVC responses are already in place and are providing opportunities for active involvement of FBOs and CSOs in the national efforts to save and preserve the wellbeing of OVC. Further advocacy however is needed both at international, and national level in mobilizing commitment to enhance and support the role of FBOs and CSOs in OVC responses.
101. FBOs and CSOs at the community levels still need capacity building in almost all area of programming and program implementation. Mentorship, joint-programming and implementation with the government and intermediary FBOs and CSOs could enhance as well as sustain the role and capacity of these organizations in prevention, care and support of OVC.
102. Still needed is the consolidation of data on OVC and the type of support they are getting from the various actors. This is still a major challenge in all the sample countries. Efforts for the implementation of one M&E are ongoing in each of the countries studies.

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<sup>14</sup> For instance PEPFAR through the New Partners Initiative (NPI) announced by President George W. Bush on World AIDS Day, December 1, 2005, the President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) offers an opportunity to help countries to link with the US based organization to apply for funds from the Emergency plan





## **ANNEX**

### **ANGOLA**

#### **A. Partners in OVC Responses**

##### ***UN Agencies***

Following the Global Task Team's recommendation in 2006 the United Nation (UN) established the Joint Team on AIDS, composed of all UN staff working on HIV-related activities (43 members) with an organizational structure that has three levels of accountability<sup>15</sup>

- The UN Theme Group on AIDS, led by the Resident Coordinator, is responsible for coordination, national policy and programmatic guidance
- The Management Group of the Joint UN Team on AIDS, chaired by the UNAIDS Country Coordinator, is responsible for coordination, national policy and implementation of the “Three Ones”
- Four Technical subgroups provide programmatic directions and technical assistance to government, donors and civil society and other stakeholders

#### **A3. *Bilateral Organizations and Other International Organizations*** USAID, SIDA and the Italian Co-operation

#### **A4. *Umbrella Organizations & Forums for Networking in OVC Responses*** The Christian Children's Fund (CCF) is a recognized umbrella organization in addressing child crises, including a recent widespread campaign on the issue of children accused of witchcraft.

#### **A5. *FBOs, CSOs & CBOs Responding to OVC*** National and International NGOs such as ANASO, LPV, CUAM, ALSIDA, PSI and GOAL amongst others; Associação Angolana de Luta Contra, AADSA, Ajuda de Desenvolvimento de Povo para Povo (ADPP), Associação das Misericórdias e Solidariedade de Angola (AMSA), Associação (ANASO), Acção Humana (AH), Acção pela Vida (APV), Cruz Vermelha de Angola (CVA), GOAL, Luta Pela VIDA (LPV), Population Services International (PSI), FISH, CAJ/JIRO, CELSE e ACOSIT.

### **B. *INVOLVEMENT OF FBOs and CSOs IN THE RAAAP AND NPA***

#### **B1. *RAAAP*** FBOs and CSOs were actively involved in both steering committees and consultative workshops. RAAAP in Angola was carried out by the Catholic University Scientific Centre for Studies and Investigation under the leadership of the Ministry of Social Affairs, with UNICEF support, and the participation of a

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<sup>15</sup> Source:

technical coordination group integrated by other State organs, the UN, local and international NGOs and faith organizations.

**B2. National Plan of Action (NPA)**

The NPA that was developed during the RAAAP is being improved with involvement of all the stakeholders (FBOs, CSOs and CBOs)

**C. COORDINATION OF OVC RESPONSES**

The coordination and monitoring of OVC support in Angola is done by the Country Coordinating mechanism, which incorporates Ministry of Health, Education, and Labour. International agencies such as UNDP, USAID, UNAIDS, PNUD, UNICEF, UNFPA, WHO, Donor countries, etc. FBOs, CSOs, and CBOs are also incorporated in the coordination and monitoring activity.

**C1. Coordination Bodies at Various Levels**

Level	Overall Coordinating Organ	CSOs and FBOs Networks	CSOs and FBOs Coordination/Forms
National	CONGA (Government Body)	Council of FBOs	None
Province	Provincial Committees for Child Rights Protection		

**C2. The Global Fund Coordination Mechanism**

NGOs, FBOs, CSOs & International Agencies and Donor community are nominated by the Country Coordinating Mechanism (CCM) to plan and prepare a proposal for the Global Fund. Some FBOs, NGOs, CSOs & CBOs provide technical support during the proposal preparation. For example, GOAL and Red Cross play a great role in terms of proposal review and technical assistance

**C3. Coordination Gaps and Challenges**

In Angola most FBOs, CSOs and CBOs focus their activities in a few provinces. For example, CUAMM is active in two provinces (Luanda and Uige); MSF Holland is active in one province (Malanje); MSF France is active in one province (Huambo); SOLE is active in two provinces (Banguela and Moxico); MSF Belgium is active in three provinces (Bengo, Bie and Moxico).

## **D. OVC Funding**

### ***D1. The Major Funding Sources***

USAID (PEPFAR) The UN Agencies (UNICEF, UNDP, UNFPA, UNAIDS and WHO); the World Bank; the Global Fund as well as other bilateral and international donors

### ***D2. Financial Management and Source of Funding of OVC Responses by the FBOs and CSOs***

Apart from USAID (PEPFAR) and UNICEF; FBOs, CSOs & CBOs rely on funding from donor countries such as Belgium, France, Holland, Japan and USA. These countries have their home based NGOs, FBOs, CSOs which operate in Angola. Other funds come from USAID, European Union, Italian Cooperation, Global Fund, World Bank, Ministry of Health, Diocesan Sisters of Cubal, Italian government and Humanitarian organization.

### ***D3. Funding Challenges***

**Information from the interview with the Archbishop**  
**Suggested solutions**

## **E. Kind of Responses to OVC provided by FBOs and CSOs**

- Psychosocial Support
- Home Based Care
- And Material support

## **F. Geographical Coverage**

Responses are mainly centralized in Luanda and a few provincial capitals

## **G. Areas of OVC where FBOs, CSOs and CBOs need human resources and technical support.**

- Project write up;
- M&E;
- Financial Management and
- Identification of OVC needs

## **H. MONITORING AND EVALUATION**

### ***H1. M&E Coordination Structure***

Angola doesn't have an OVC M&E structure or tools. OVC M&E process is not

yet in place

**H2. *Gaps and Challenges of Involving FBOs and CSOs in the M&E Process***

- Implementation of the “Three Ones” and ensuring the alignment and harmonization of the CSOs; FBOs responses
- Establishment of a well defines space for CSOs
- Coordination and decentralization involving ministries and the provincial committees
- Enhancing institutional capacity and addressing the limited human resources to ensure a Multisectoral decentralized responses to AIDS towards universal access

**I. *Alignment of OVC Responses by FBOs and CSOs to the National Efforts and Enhancing their Roles in the Realization of the Universal Access to Essential Services***

- Strengthening the institutional capacity of the National AIDS Council and the National Institute to Fight HIV/AIDS at the central and provincial levels and to make the provincial committees of the National AIDS council operational
- Strengthening coordination and space for FBOs and CSOs in the national responses and access to donor funds
- Provision of technical support to the network of FBOs and CSOs at the Provincial and community levels

## **BOTSWANA**

### **A. Partners in OVC Responses**

#### ***Government Ministries Departments and Agencies:***

**National level:** Department of Social Services, Ministry of Local Governments

**District Level:** Department of Social Welfare and Community Development

**Community level:** Nothing except CBOs, FBOS and NGOs

#### ***UN Agencies***

Cosponsor involvement in various OVC responses activities by the UNICEF, UNDP, WHO, UFPA and UNHCR

#### **A3. *Bilateral Organizations and Other International Organizations***

USAID (PEPFAR) and the Global Fund; Through the ACHAP the government of Botswana and The Bill & Melinda Gates Foundation and the Merck Company Foundation, in funding HIV/AIDS responses

#### **A4. *Umbrella Organizations & Forums for Networking in OVC Responses***

Botswana Council for Non-Governmental Organizations BOCONGO<sup>16</sup> and the Marang Childcare Network. These are the organizations that register other CSOs, FBOs and CBOs

#### **A5. *FBOs, CSOs & CBOs Responding to OVC***

Various

### **B. INVOLVEMENT OF FBOs and CSOs IN THE RAAAP AND NPA**

#### **B1. *RAAAP***

CSOs were involved in the steering committee and through the consultative workshops as well as in providing data

#### **B2. *National Plan of Action (NPA)***

Botswana does not have the NPA yet and the RAAAP report is currently the guiding plan of action

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<sup>16</sup> **Botswana Council for Non-Governmental Organisations (BOCONGO)** as the umbrella Organisation for all NGO in Botswana. The mission of BOCONGO is to assist in establishing an enabling environment for the NGO-Sector as well as to provide a platform for networking, advocacy, lobbying, and capacity building, and the mobilising of resources for the self-sustainability of the NGO sector

## C. COORDINATION OF OVC RESPONSES

The government started working hand in hand with CSOs, FBOs, and CBOs by holding a 3 days FORUM in 2006 where all stakeholders were invited. Objectives of the Forum were to achieve the following:

- To make CSOs, FBOs and CSOs aware of the policies and legislations that deal with the children in the country so that they are able to know the boundaries within which they can operate. This is to ensure the rights of the children are protected
- Bringing together the various CSOs, FBOs and CSOs so that they can get to know each other, share experiences and best practices
- **Workshop outcomes:**
  - Action plan for the way forward was developed
  - Recommended that the workshop should take place once every year
  - Districts should also form Forums for CSOs, FBOs and CSOs working on OVC issues
  - Start registrations of the CSOs, FBOs and CSOs working on OVC at the department of social welfare at the district level for coordination purpose and to avoid duplication of efforts
  - Agreed to have a directory of CSOs and FBOs that are working on OVC issues in the country. This will facilitate knowing who is doing what, where and what children are being reached

### C1. Coordination Bodies at Various Levels

Level	Overall Coordinating Organ	CSOs and FBOs Networks	CSOs and FBOs Coordination/Forms
National	Department of Social Services, Ministry of Local Governments	Botswana Council for Non-Governmental Organizations BOCONGO <sup>17</sup> and the Marang Childcare Network	None
District	Department of Social Welfare and Community Development		None
Community	Nothing except CBOs, FBOS and		None

<sup>17</sup> **Botswana Council for Non-Governmental Organisations (BOCONGO)** as the umbrella Organisation for all NGO in Botswana. The mission of BOCONGO is to assist in establishing an enabling environment for the NGO-Sector as well as to provide a platform for networking, advocacy, lobbying, and capacity building, and the mobilising of resources for the self-sustainability of the NGO sector

Level	NGOs
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## ***C2. The Global Fund Coordination Mechanism***

### ***C3. Coordination Gaps and Challenges***

- Coordination itself is a challenge, the Department of social services currently does not know which organizations are working on OVC, what they are doing and where and who (OVC) are benefiting. The CSOs and FBOs currently registered to the DSS are those that are applying for government grants. Because it is a requirement for them to be registered with the DSS to qualify for a government grant
- Mushrooming CSOs and FBOs that want to offer services to the OVC in the same locality and offering the same services to the same OVC. People in the CSOs and FBOs don't want to work together. Each wants to be independent with own plans and own resources but reaching the same target group with the same services
- Small number of OVC that benefits from a large number of CSOs and FBOs in a locality
- Most CSOs and FBOs come up with proposals to provide psychosocial support. Most don't have the technical capacity to offer that support. They want to get money from the DSS so that they are able to employ and pay qualified staff for offering that service
- Fragmented registration process of CSOs, and FBOs. Ministry of Local Governments, Department of Social Services is responsible for issues surrounding children, while CSOs, and FBOs are registered with the Ministry of Labor and Home Affairs. This makes it difficult for the Department of Social Services to know what are the existing CSOs and FBOs that are working on OVC. Organizations would register with the MoLHA and may be not known to the DSS but since they have registration certificates, they are able to obtain funding from donors and continue providing services to the OVC without reporting to the DSS. Currently there is enforcement of CSOs and FBOs working on OVC to register with the Ministry of Local Governments, Department of Social Services. A strategy has been put in place to go around this problem i.e. "The Children in Need of Care Regulation 2005". It is a government document/policy that sets standards and registration requirements for CSOs and FBOs that are working on OVC and children generally. The DSS is currently discussing with the MoLHA to stop registering CSOs and FBOs that are working on OVC and instead refers them to the DSS since they are the ones that have the technical competence to determine whether an organization qualifies for registration or not.
- Ministry of Local Governments, Department of Social Services is now trying to get those registered at the Ministry of Labor and Home Affairs transfer their registrations to the Ministry of Local Governments, Department of Social Services.
- At the district level, social workers have a custody of all CSOs and FBOs working on OVC and report to the national level. Social Workers facilitate the registration process by receiving the registration applications scrutinizing them and

- submitting them to the District Multisectoral Child Welfare Committees for approval and onward transmission to the national level for registration
- A Donor Forum was organized in 2006 to try to get donor on board this process by convincing and requesting them to fund CSOs and FBOs that are known to the Ministry of Local Governments, Department of Social Services and not otherwise. This is in order to encourage all the CSOs and FBOs working on OVC get registered to the Ministry of Local Governments, Department of Social Services to facilitate coordination and oversight.
  - To be registered at the Ministry of Local Governments, Department of Social Services, a CSO or FBO must satisfy some minimum standards that includes:
    - Infrastructure (e.g. having buildings/office space, toilets for the children) approved for ensuring the health standard of the children
    - Manpower, - staff who have no record of child abuse
    - Type of services to be provided
    - Administration – Determining who is on the board. This is important in order to have a board consisting only of family members which makes the organization become like a fund rising venture
    - Regulations on who can be on the board, terms of tenure, reporting etc.
  - At the moment it is still very difficult to coordinate with the double registration possibility open to the CSOs and FBOs.

### **Strategies**

- The focus of the national level now is to identify and build on the capacity of FBOs and CSOs with the capacity to offer specific services to the OVC and request them to mentor the CBOs and other CSOs and FBOs with lower capacity in those specific areas e.g. PSS and foster care. Such CSOs and FBOs are provided with grants to enable them provide mentoring to the other CSOs and FBOs.
- A Mentoring Project has been established which uses the OVC that have gone beyond the age of 18 and have benefited from the protection and support services provided to the OVC to serve the other OVC who are below 18. Partnering among themselves and it is not expensive.
- Criteria that is used to provide grant to the CSOs and FBOs
  - Offer services that is reputable
  - Services that are not expensive to maintain/sustain (for instance building centers is not supported as most of the money goes to administrative costs and overheads) Botswana is moving away from supporting CSOs and FBOs administrative costs
  - The government of Botswana has a program of providing material support to the OVC ( a basket of food, clothing and school material etc.) therefore there is no need for CSOs and FBOs to try provide the same. CSOs and FBOs applying for funds to provide material support is not granted as the food basket provided charters for all the members in the OVC household.
- **World University Canada** is currently coordinating the CSOs and the FBOs working on OVC in the country, and before that there was nothing done to coordinate them. The project offers technical advice to the CSOs and the FBOs.



- The government requested for technical assistance after the government report was out. The government wanted to get baseline data to help make decisions about CSOs and FBOs. The technical adviser managed to identify most of the CSOs and FBOs and what they are doing and what others can learn from them.

## ***D. OVC Funding***

### ***D1. The Major Funding Sources***

#### **Mainly Donors: PEPFAR, UNICEF and the Global Fund**

- CSOs, FBOs and CBOs are complaining that the forms that need to be filled to obtain donor funding are complex
- No or limited capacity building component in the funding is provided. Donors provide money only for the delivering of service packages ignoring the training and recruiting of staff and the administrative costs generally. This makes it difficult for the CSOs, FBOs and CBOs to sustain their projects as eventually they are not able due to inability to meet the overhead costs. Sustainability of projects limited by lack of incentives among the volunteers and technical staff employed by the CSOs, FBOs and CBOs.
- No networking among the CSOs, FBOs and CBOs. During the workshop there was felt a need to establish and strengthen CSOs, FBOs and CBOs networks. Some networks do exist but they perform below the acceptable standards to protect and support OVC. The existing networks for the CSOs, FBOs and CBOs include the BOCONGO and the MARANG (check on the websites). These are the organizations that register other CSOs, FBOs and CBOs.
- The government of Botswana is generally receptive and ready to accommodate CSOs, FBOs and CBOs. The workshop was held through the government initiatives
- The government realizes that there are areas where it is not doing well and the CSOs, FBOs and CBOs have the capacity to do much better and therefore seeks to partners with them to complement the government efforts. The government lack human resources in some areas where CSOs, FBOs and CBOs have that capacity etc. etc.
- CSOs, FBOs and CBOs are willing to work together and to partner with the government. The stakeholders on the Forum agreed to have a directory of CSOs, FBOs and CBOs
- Botswana government is generally receptive/ready to accommodate CSOs and FBOs. The government initiated the Forum
- The government realizes that there are areas where it is not capable of doing well and CSOs and FBOs could do better in those areas. The government lacks human resources while some of the CSOs and NGOs have human resources in some specific OVC areas

- CSOs and FBOs are willing to work together and appreciate the government efforts to bring them together to establish partnerships and collaboration

***D2. Financial Management and Source of Funding of OVC Responses by the FBOs and CSOs***

Government subventions and donor funding from various donors globally

***D3. Funding Challenges***

Limited access to donor funding by the FBOs and CSOs

**Suggested solutions**

***E. Kind of Responses to OVC provided by FBOs and CSOs***

Mostly essential livelihood material support

***F. Geographical Coverage***

Limited coverage of support provision to OVC in rural areas

***G. Areas of OVC where FBOs, CSOs and CBOs need human resources and technical support.***

Response programming and practical expertise at operational level

***H. MONITORING AND EVALUATION***

***H1. M&E Coordination Structure***

The M&E framework is in the process of being developed

***H2. Gaps and Challenges of Involving FBOs and CSOs in the M&E Process***

The major challenge is limited monitoring and evaluation capacity

***I. Alignment of OVC Responses by FBOs and CSOs to the National Efforts and Enhancing their Roles in the Realization of the Universal Access to Essential Services Proposed Solution to this problem from the key informant interviews includes the following:***

- There is a need to put in place a system to ensure accountability from the FBOs that are receiving fund from the NACA through the Botswana Christian Council (BCC)
- There is a need for NACA and donors to facilitate the other FBO umbrella organizations i.e. the Organization of independent churches OIC and the Organization of Pentecostal Churches to access funding

**People Contacted:**

- 1 Ms. Sylvia Gлика (District Social Worker –Coordinating OVC Issues)—  
Frances Town City Council
- 2 MS. Ookame Mokabathele (Child Protection Officer—Department of Social  
Services, Ministry of Local Governments.
- 3 Bishop O. Ditsheko,

## **LESOTHO**

### **A1. *Government Ministries Departments and Agencies***

- The National AIDS Commission and its secretariat, established in 2005
- Department of Social Welfare under the Ministry of Health and Social Welfare (MOHSW).
- Line Ministries

### **A2. *UN Agencies***

- UNICEF, UNAIDS, WFP,
- In the context of the “Three Ones” principles, UN partners actively engage in intensified advocacy work, joint policy review processes and joint funding of various response activities

### **A3. *Bilateral Organizations and Other International Organizations***

- US Embassy as representatives of USAID,

### **A4. *Umbrella Organizations & Forums for Networking in OVC Responses***

- The NGO Coalition for Children

### **A5. *FBOs, CSOs & CBOs Responding to OVC***

- Locally based NGO/CBO sector under the auspices of the Lesotho Council of Non-Governmental Organizations
- The Red Cross Society of Lesotho
- Catholic Relief Services (CRS)
- CARE , PSI
- Lesotho Employers and Business (ALE),
- Security Unlimited and TEBA Development
- The Catholic Relief Services (CRS), etc.

## **B. *INVOLVEMENT OF FBOs and CSOs IN THE RAAAP AND NPA***

### **B1. *RAAAP***

- The NGO Coalition for Children, which is a Secretariat for 45 – 50 organizations, which are registered, and deal with children’s issues, was the main CSO representative in the RAAAP steering committee. The coalition meets quarterly and shares information and experiences. Partners include FBOs, CBOs and grassroots organizations. The NGO coalition for children was particularly suited for representing the CSOs due to its role in coordinating work for children across all sectors – education, disability, child protection and health and HIV & AIDS.

- The Red Cross was also involved but only at a later stage. It was involved in group-work, contributing experiences to a forum and conveying information about views of children into the process. It reviewed the child protection group.
- CSOs were also involved through the stakeholders consultative workshop stakeholder workshop, 38 people from 21 ministries or government departments; 15 NGOs (including INGOs and national NGOS); 10 institutions or places of safety; and 11 UN Organisations. One informant named some of the workshop participants: Lesotho Girl Guides Association, PLOWHA, CHAL Clinics, Min of Health, Prisons Tsepong Counselling, District Aids Task Force, World Vision.

## **B2. *National Plan of Action (NPA)***

- The same process was used to involve the CSOs and FBOs in the development of the NAP. The Social Welfare department spearheaded the development of the Action Plan and the NGOs-Coalition was involved in the coordinating committee. Other CSOs were involved in workshops looking at different aspects of OVC - e.g. Red Cross is involved in a study of child domestic workers and sexual exploitation of children..
- The action plan however does not explicitly state how CSOs will be involved. “Development partners” are mentioned as Who is responsible/needs to be involved, in 11/30 critical next steps. “Stakeholders” are mentioned in 2 of the next steps.<sup>18</sup>

## **C. *COORDINATION OF OVC RESPONSES***

- Coordinated efforts to scale up OVC responses in Lesotho started in the year 2003 following the Maseru workshop where stakeholders from different countries discussed the extent to which countries have achieved implementation of the 3-ones. At the workshop Lesotho seemed to lack all of the elements of the 3-ones. This motivate stakeholder in the country to start process of bringing stakeholders together through interim committees to facilitate establishment of stakeholders coordination committees. Through these initiatives, the National OVC Coordination Committee (NOCC) was established last year (2006). So far coordination of OVC responses is up to District level, where the District Child Protection Team (DCPT) coordinates all the OVC responses at that level. There is no coordination mechanism yet at the community level.
- The process of involving the CSOs and FBOs in the coordination forums/committees is done through inviting them to bring representatives into the established National and District (DCPT). The Department of Social Welfare and the UNICEF facilitate the process. The FBOs and CSOs generally have been very receptive to the process.

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<sup>18</sup> UK Consortium on AIDS and International Development (2005)

- The main activities of the OVC coordination committee for this year is to do the following:
  - a) Laying down strategies/planning on how OVC responses could be scaled, includes developing an OVC policy
  - b) Implementation of the National Plan of Action

#### ***C1. Coordination Bodies at Various Levels***

<b>Level</b>	<b>Overall Coordinating Organ</b>	<b>CSOs and FBOs Networks</b>	<b>CSOs and FBOs Coordination/Forms</b>
National	National OVC Coordination Committee (NOCC)	The NGO Coalition for Children,	None
District	District Child Protection Team (DCPT)	None	None
Community	No coordination		

#### ***Responsibilities of the Coordination Bodies***

- The committees at the National and District levels will be making inventories on who is funding which organization in order to avoid the concentration of resources to only one or a few organizations.
- The committees will also be providing information to the FBOs and CSOs on the available sources of funding.
- In addition, the committees will facilitate mobilization of resources from donors on behalf of the stakeholders as well as facilitate processing and recommending proposals from CSOs and FBOs to donors for funding

#### ***C2. The Global Fund Coordination Mechanism***

- The government of Lesotho has National Country Coordinating Mechanism (CCM) which was established in 2002 during Lesotho's first application to the Global Fund. The CCM functions to promote cooperative partnership in the development and oversight of GFATM-supported programmes. Its membership is comprised of representatives from the public and private sectors, civil society, the association of PLWHA, academic and research institutions and bilateral/multilateral agencies<sup>19</sup>
- The process for the selection of representative members on the CCM was revised and reviewed in June 2005. This revision was necessary for the CCM to comply with the revised guidelines from the Global Fund on CCM membership. This process was undertaken within each constituency, which was requested to identify and select a representative from their members. The members of the CCM representing the non-governmental sectors have been selected and nominated by their constituencies using a documented, transparent process. A total of 18 non-

<sup>19</sup> Lesotho Global Fund Proposals

governmental members have been appointed to the CCM, representing 69% of the CCM membership

- The government also has the National AIDS Commission (NAC), which is a statutory body governed by a Board of Commissioners with an administrative arm functioning as the National AIDS Secretariat (NAS). One of the main functions of NAC is to co-ordinate and integrate national responses to HIV and AIDS programmes.
- There is a National Cabinet Sub-Committee on HIV and AIDS for which NAS is the Secretariat. Part of the terms of reference of this sub-committee is to monitor national responses to HIV and AIDS. In order to strengthen integration at a political level, regular reports on Global Fund grants are also submitted to this committee on a quarterly basis for noting

### ***C3. Coordination Gaps and Challenges***

- Lesotho did not have a coordination mechanism for the FBOs and CSOs responding to OVC until 2003 when the government started to involve stakeholders in forums for reviewing the ***Child Policy***. Representatives from different government sectors and children representatives participated in the review of the child policy. UNICEF played a major role behind the process of establishing the forum.
- The major challenge is that CSOs and FBOs working on OVC is that the CSOs and FBOs are so many and each of them doing different activities. The main challenge is how to bring all of them together and work as partners in pursuing the same goal, i.e. making them realize that OVC responses is a national issue and not an issue of individual institutions
- CBOs are not exclusively involved with OVC response only. CBOs are very informal and most of them started by responding generally to HIV/AIDS, and now are including OVC responses as one of their activities. Coordinating CSOs with a diversity of activities becomes a big challenge.

## ***D. OVC Funding***

### ***D1. The Major Funding Sources***

- The resources to support OVC in Lesotho mainly come from international agencies, NGOs, donor communities etc. UNICEF, WHO, UNAIDS; and for the bilateral sector, Irish AID and US Government provide funds for OVC programs. The World Bank HIV and AIDS Capacity Building and Technical Assistance Project, initiated in 2004, provide US\$5,000,000 over four years to strengthen the capacity of the Government of Lesotho and NGOs to utilize and assess the impact of funds received for HIV/AIDS. The project focuses on building fiduciary capacity and monitoring and evaluation capacity within the MOFDP, procurement capacity within the NDSO and the MOHSW Procurement Unit, and technical and management capacity within the MOHSW

***D2. Financial Management and Source of Funding of OVC Responses by the FBOs and CSOs***

- There is no coordination mechanism for the FBOs and CSOs in accessing funds. They fight on their own to secure funds

***D3. Funding Challenges***

- FBOs and CSOs difficulty access to donor funding

**Suggested solutions**

- Donors to find ways that will enhance access to funds by the FBOs and CSOs

***E. Kind of Responses to OVC provided by FBOs and CSOs***

Provision of direct support for life necessities as well as educational and access to health care services

***F. Geographical Coverage***

Still limited to a few areas

***G. Areas of OVC which FBOs, CSOs and CBOs need human resources and technical support.***

- Financial management and M&E

***H. MONITORING AND EVALUATION***

***H1. M&E Coordination Structure***

- So far there is no comprehensive M&E of OVC responses in Lesotho. Processes are underway to establish a coordinated M&E for OVC responses

**Institutional Arrangements of the OVC M&E**

***F2. M&E Gaps and Challenges***

Weak M&E technical capacity

***I. Alignment of OVC Responses by FBOs and CSOs to the National Efforts and Enhancing their Roles in the Realization of the Universal Access to Essential Services***



- Capacity building at the operational level i.e. OVC response programming and implementation of protection, care and support activities
- Financial and technical support in the M&E area

**People Contacted:**

Setora Makese –Tsiu, Social Policy Officer, UNICEF—Lesotho

## **MALAWI**

### **A. Partners in OVC Responses**

#### ***Government Ministries Departments and Agencies:***

- Ministry of Gender, Child Welfare and Community Services (MoGCWCS),
- Ministries (Education, Finance, Health), and
- National AIDS Committee (coordinates funds from the Global Fund)

#### ***UN Agencies***

- UNICEF, UNAIDS, WFP,

### **A3. *Bilateral Organizations and Other International Organizations***

- UNAIDS, DFID, and FHI
- Others: Save the Children US, Plan International, World Vision International, Canadian Physicians for AID and Relief (CPAR) and Action Aid Malawi)

### **A4. *Umbrella Organizations & Forums for Networking in OVC Responses***

- Interfaith Association of Malawi

### **A5. *FBOs, CSOs & CBOs Responding to OVC***

World Vision and church linked—community based women support groups

## **B. *INVOLVEMENT OF FBOs and CSOs IN THE RAAAP AND NPA***

### **B1. *RAAAP***

World Vision (WV) Malawi, which is an umbrella organization for OVC work in Malawi was closely involved in the RAAAP process. It is a very big Christian-based INGO, working in most districts in Malawi. It is active in national and district level networks (including NOVOC) and is involved in the technical working group on HIV, the working group on OVC, and the working group on home based care. WV is the co-chair of the FBO group – State Faith Committee. At district level WV is involved on District AIDS coordinating committee and other subgroups.

### **B2. *National Plan of Action (NPA)***

FBOs and CSOs were involved in technical working groups and through consultative meetings

### **C. COORDINATION OF OVC RESPONSES**

- The National OVC Steering Committee coordinates the OVC responses and the following organizations are represented: UNICEF, USAID, DFID, FHI, and the National AIDS Commission; FBOs and CSOs
- The National AIDS Commission coordinates the Global Funds
- Technical Working Groups constitutes technical experts from the government ministries, departments and agencies, as well as representatives from the FBOs and CBOs
- At the district level, the District Assembly is responsible for designing the District Implementation Plan (DIP) of all the district development plans. The district officials are therefore responsible for integrating OVC issues from the NPA into the DIP. Currently the districts are currently being oriented to the OVC NPA.

#### *Coordination Structure*

##### **National level:**

(a) At the National level, the OVC activities are coordinated by the National OVC Steering Committee, which is composed of the following representatives:

- Permanent secretaries from line Ministries
- The UN Agencies (UNICEF)
- Bilateral Development partners (DFID, USAID)
- International NGOs (Family Health International FHI)
- Local FBOs and CSOs

(b) The OVC Technical and Advisory Support Unit (TASU), which facilitates, coordinates, monitor and evaluate implementation of the OVC NPA. The OVC TASU consist of five technical advisers with the following tasks:

- Programme Management and overall coordination,
- Project Implementation OVC/Gender,
- Monitoring and Evaluation and Finance and Administration.

The OVC TASU reports directly to the Principal Secretary within the Ministry of Gender, Child Welfare and Community Services

(c) National OVC Technical Working Group, a body comprising of all technical programme staff from line ministries, UN agencies, donor agencies as well as civil society service providers. The TWG meets on a monthly basis and is chaired by the Director of the Social Welfare Department and has six standing committees to deal with the development of technical support, guidelines, undertake studies, mobilize technical resources etc, in the six strategic areas as stipulated in the NPA. Institutions chair the sub-committees, line ministries or NGOs that are best placed to head the sub-committee based on their qualitative expertise

##### **District Level**

So far there is a lack of concrete coordination of OVC responses at the District and community levels. The existing coordination mechanisms at District and community levels are not yet implemented.

The planned coordination of OVC responses at the district and community levels consists of the District Social Welfare Office who will act as the focal point institution, where an OVC coordinator will closely work with the District OVC Committee of the District Assembly and the DACC or DAC and link up with other line agencies and stakeholders. At community level, Community Child Protection workers/volunteers will provide programme linkages working closely with communities and community based organizations. It is envisaged that this approach will enhance community capacity building and empowerment in the management and monitoring of the OVC situation

### ***C1. Coordination Bodies at Various Levels***

<b>Level</b>	<b>Overall Coordinating Organ</b>	<b>CSOs and FBOs Networks</b>	<b>CSOs and FBOs Coordination/Forms</b>
National	National OVC Steering Committee	- World Vision Malawi - FBO group – State Faith Committee.	
District	a) District Assembly – under the District Commissioner (NGOs are also represented and provide reports on their activities) b) District Executive Committee with technical Committees on OVC, Education, and Health etc.	None	None
Area (Group of Several Villages)	a) Area Development Committee (Chaired by the Traditional Authority (Kings)	None	None
Village	a) Village Development Committee	None	None

NB: So far the coordination structure from the district to lower exists in the NPA only but it has not yet been realized on the ground

### ***C2. The Global Fund Coordination Mechanism***

The Country Co-ordinating Mechanism was established in February 2002, and represents the formalization of the Technical Working Group on ARVs that was established as a sub-committee of the National Technical Working Group on HIV/AIDS, by the Vice President in October 2000. The National Country Coordinating Mechanism (CCM) called the “Malawi Global Fund Coordinating Committee (MGFCC)” provides overall management and leadership of Global Fund programs and has the mandate to decide over all issues relating to policy guidance, design, funding, and reporting. The membership of MGFCC includes representatives from National AIDS Commission, government, Donors, UN system, civil society, NGOs, FBOs, private sector, research and academic institutions. The multisectoral

composition of MGFCC ensures a vibrant partnership among the constituencies

### **Coordination of the National HIV/AIDS Response in general**

The Cabinet Committee on HIV/AIDS provides the overall HIV/AIDS policy direction. The National AIDS Commission has been set up to act as a central coordination unit, which works closely with other coordination units of various stakeholders. The Malawi Network of People Living with HIV/AIDS (MANET+), which is being strengthened, is providing coordination of support groups of People Living with HIV/AIDS. The coordination of HIV/AIDS support groups is being provided by the Malawi Network of AIDS Service Organization (MANASO), which is also being strengthened for this role. To coordinate and strengthen working ties with the faith communities, a State/Faith Community Task Force is in place. Coordination with the donor community is being provided through the expanded theme group on HIV/AIDS, the Donor AID Coordination group and the Technical Working Group on HIV/AIDS. The Business Coalition on HIV/AIDS and the Principle Secretaries Committee on HIV/AIDS coordinate the private sector and private sector response respectively

### ***C3. Coordination Gaps and Challenges***

- Limited engagement of high-level political leadership in driving the responses, compounded by a lack of clear accountability of roles for HIV prevention
- Complex governance structure resulting in unclear demarcations of responsibilities and failure to maximize the engagement of key players
- Low implementation and coordination capacity compounded by insufficient mapping of current activities and partners
- Limited engagement of the Civil Society Organizations and Faith Based Organizations FBOs.
- Coordination requires having regular meetings or having in place a reporting system. The National OVC Steering Committee is scheduled to meet quarterly but meetings take place once or twice a year. Only one meeting was held in the year 2006.
- Steering committee brings together policy or decision makers, but junior staff members are delegated to represent Ministries.
- District coordination of OVC responses is on paper, and in reality there is no coordination of OVC responses at the district level, and therefore CSOs and FBOs are working without any coordination
- The officially recognized OVC coordinating committee at the community level is the Village Development Committee, which coordinates all the development activities in the community. The responsibility of coordinating OVC responses in principal rests within the mandate of this committee. Above this level, there is the Area Development Committee, which is responsible for coordinating development activities of several villages, and at the district level the responsible organ is the District Development Committee.
- Overlapping and concentration of CSOs in one area. The NGO board registers the NGOs and provides them with directives as to where they are supposed to operate. However the board is currently dormant

- Districts have been required/given a directive to ensure that all CSOs operating in a district must report and make themselves known to the District commissioners. The District commissioners will allocate them areas where they are supposed to operate
- Resources for OVC are concentrated on national level CSOs and there is nothing at the district level.

## ***D. OVC Funding***

### ***D1. The Major Funding Sources***

- The Global Fund, which is coordinated by the National AIDS Commission (NAC), comprises an element of orphan care, protection and support programmes under its Impact Mitigation component
- The National AIDS Commission also hosts funding from four pool donors, namely DFID, World Bank, CIDA and NORAD.
- It is proposed in the NPA that NACs Grant Facility will support the NPA implementation by channelling resources to the communities through financial support to Government line Ministries, District Assemblies, five international Umbrella Organisations (Save the Children US, Plan International, World Vision International, Canadian Physicians for AID and Relief (CPAR) and Action Aid Malawi) and national CBOs, NGOs and FBOs.
- Other potential sources of funding are MASAF and the Government treasury, the latter especially in relation to contributing human resource capacity.
- Earmarked donors are UNICEF, USAID, WFP, HACL, JICA, CDC, and other international and national NGOs, foundations and private sector.
- Generally funding of HIV/AIDS in Malawi is obtained from the Government of Malawi committed to contribute US\$14.5 million over the 5-year implementation period of the Strategic Framework for HIV/AIDS.
- Malawi's development partners support the implementation of the National Strategic Framework for HIV Prevention and Care over the next five years.
  - Key partners include DFID that has programmed US\$50 million in the area of sexual and reproductive health,
  - USAID US\$22 million in the area of community support,
  - EC US\$8 million in the area of Safe Blood,
  - the UN Family US\$4.5 million Canadian
  - CIDA US\$8.9 million in institutional and community support,
  - NORAD US\$800,000.
  - Other donors have contributed less than US\$1,000,000.
  - Government has programmed US\$14.8 million for the implementation of the National Strategic Framework.
  - US\$24,000,000 is programmed under the Roll Back Malaria Initiative.
  -
- OTHER funding are: Global Fund, Pool Fund (WB, DFID, CIDA, NORAD), UNDP, FAO, WFP, EU, ADB, SIDA, MASAF, Ministry of Gender, Child

Welfare and Community Services, Ministry of Health and Population (SWAP), Red Cross and the National Research Council of Malawi. For the period 2005-2009 a total of US\$206,157,661 will be required to implement the NPA

***D2. Financial Management and Source of Funding of OVC Reponses by the FBOs and CSOs***

- FBOS and CSOs access funding by applying to donors. In the past funds were disbursed to 6 umbrella organization, covering several districts, and FBO, CSOs and CBOs, accessed funds from these organizations. The problem was that the umbrella organizations concentrated only on FBOs and CSOs and ignored the District assembly. The current system is that the National Aids Commission channels funds to the District Assembly for the government departments and government agencies at the district level. Ideally the funds should also be accessed by the FBOs and CSOs, however currently FBOs and CSOs are accessing funds disbursed by NAC to the Malawi Interfaith Aids Association.
- The Malawi Interfaith AIDS Association MIAA is charged with the responsibility of coordination of all FBOs reposes. Members include Catholic Church, Moslems, Pentecostal churches and others. MIAA reports to NAC.

***D3. Funding Challenges***

- Difficult to assess Global Funds due to difficult processes
- The National Aids Commission did not have modalities worked out for transferring funds to the District Assembly. Therefore disbursement of GF R5 disbursement did not take place
- Global Funds procedures are centrally to the government procedures. Global Fund requires districts to open separate accounts for the Global Fund, but government regulations do not allow districts to open and operate such account.
- Delayed disbursements due to mismatch between Global Fund procedures and government procedures
- The development of a common financing mechanism for the NPA, in order to effectively mobilise and disburse funds from the above sources and ensuring that funds reach the communities.
- Unlike the US funded programs, which have a capacity building component (financial management, Proposal and report writing, Organizational capacity assessment, training in various technical areas to build the technical capacity of CSOs and FBOs) , the funding through NAC doesn't have a capacity building component. Consequently FBOs and other CSOs are not able to access funding that goes through NAC because they are not able to write competent proposals for funding due to weak technical capacity in that area.
- FBOs and CSOs have difficulties in liquidating and reporting on the use of funds and are therefore blacklisted
- Challenges in demonstrating results to external donors in the face of weak monitoring and evaluation systems

- The imminent expiry (in 2008) of the initial Global Fund grant looms as a potential funding crisis, especially in the light underperformance on Global Fund grants and the absence of demonstrable results

#### **Suggested solutions**

- The government is in the process of decentralization and therefore one of the first tasks of the TSU, the TWG and the Steering Committee is the finalisation of national and decentralised funding mechanisms, in respect of existing decentralised structures and NAC structures and the role of the TSU as proposed in the NPA.
- Proper coordination between donors
- Deliberate efforts to involve the CSOs especially in countries like Malawi where the CSOs are weak and the public sector is strong. For instance CCM channels the Global Fund through the government (principal recipients) which makes it difficult to enforce accountability and transparency in this situation as there is no watchdog capacity from the CSOs and FBOs given their weak capacity.
- Watchdog function among the CSOs and FBOs in Malawi is difficult without capacity building. The context in Malawi is that the government is strong, on the driving seat and does not give the CSOs and FBOs the watchdog space

#### ***E. Kind of Responses to OVC provided by FBOs and CSOs***

Most support for OVC and Early Childhood Development (ECD) at the community level is carried out by the church based Women Support Groups through the community based care centers

#### ***F. Geographical Coverage***

Geographical coverage is still very limited

#### ***G. Areas of OVC Responses in which FBOs, CSOs and CBOs need human resources and technical support.***

- Technical areas like administration, planning and management as well as specific service technical expertise

#### ***H. MONITORING AND EVALUATION***

##### ***H1. M&E Coordination Structure***

- The M&E system is not functional yet, but is being established and the Red Cross chairs the M&E Task Force and the Ministry is the secretariat.
- Establishment of accountability structure and quality assurance for OVC responses by the FBOs and CSOs

**The proposed M&E process in the NPA is as follows:**



- M & E activities will be coordinated at three levels namely, national level, district level and at the community level.
- In order to effectively monitor and evaluate OVC interventions, a team comprising the national level M & E project officer (OVC TSU), the DSWO at the district level to be trained in and responsible for M&E for OVC interventions and the Social Welfare Assistants with support from the child protection community workers, will be put in place. (Job descriptions to be developed for each member of the M & E team as annexes to the M&E workplan)
- Information from the community will be collected through the data presented on the village registers and further submitted to the district by the district level OVC focal person in order to develop and sustain monthly updated district level OVC profiles.
- At each level the M & E team will work closely with existing AIDS structures such as National AIDS Commission (NAC) to collect and analyse data under the overall umbrella structure of the District Assembly.

## ***H2. Gaps and Challenges of Involving FBOs and CSOs in the M&E Process***

Both human and financial resources limitations

### **H3. Proposed Solution to this problem from the key informant interviews includes the following:**

Capacity building programs from the FBOs and CSOs at the community levels, sourcing funds to support the FBOs and CSOs at the community levels

### **I: Alignment of OVC Responses by FBOs and CSOs to the National Efforts and Enhancing their Roles in the Realization of the Universal Access to Essential Services**

- The National Action Plan emphasizes and provides space for the involvement of the FBOs and CSOs in the National OVC responses.
- Government is aware its limitations in both human and financial resources for scaling-up OVC responses and considers FBOs and CSOs as potential partners in complimenting the government efforts.
- In the area of HIV prevention, the government agrees with the FBOs need to focus on Abstinence as major prevention mechanism
- What is needed in the next three years is increased partnership and working together without discrediting each other.
- FBOs and CSOs should be involved more in the provision of direct core support packages to the OVC and their care givers as well as sourcing funds while the government should continue with the coordination of responses to ensure equal geographic distribution of the FBOs and CSOs responses in the country

**People Contacted:**

1. Harry Satumba, (OVC Coordinator), Ministry of Women and Child Development, Malawi
2. Salah Mtonya Country Coordinator HADI – Malawi
3. Humphrey B.M. Moyo (OVC M&E) Officer, Ministry of Women and Child Development, Malawi
4. Malla Mbona, (OVC Expert), Project Staff (NPA Implementation Coordinator), Ministry of Women and Child Development, Malawi
5. Jacqueline Kabambe –OVC Officer, UNICEF—Malawi

## **MOZAMBIQUE**

### **A1. *Government Ministries Departments and Agencies***

- Ministry of Women and Social Action (MMAS) responsible for children,
- Ministry of Education and Culture (MEC),
- Ministry of Health (MISAU) Ministry of Interior (MINT),
- Ministry of Justice (MINJUS),
- National Institute of Statistics (INE),

### **A2. *UN Agencies***

- UNICEF, UNAIDS, WFP, and UNDP

### **A3. *Bilateral Organizations and Other International Organizations***

- USAID

### **A4. *Umbrella Organizations***

- National AIDS Network (RENSID)

### **A5 *FBOs, CSOs & CBOs Responding to OVC***

- The Foundation for Community Development (FDC)

## **B. *INVOLVEMENT OF FBOs and CSOs IN THE RAAAP AND NPA***

### **B1. *RAAAP***

A Steering Committee (SC) consisting of the Ministry of Women and Social Action (MMAS), UNICEF, WFP, UNDP, UNAIDS and USAID and a RAAAP Working Group MMAS, UNICEF, WFP, UNDP, UNAIDS and USAID and three CSOs, i.e. the FDC, HACI and the National AIDS Network (RENSID) supported the process in collaboration with two external consultants, who worked on the data collection and situational analysis.

### **B2. *National Plan of Action (NPA)***

The National Action Plan for OVC is the result of the Rapid Assessment, Analysis and Action Planning (RAAAP) for OVC. The NPA development process was led by MMAS, with the participation and support of key partners, including the Ministry of Health (MISAU), the Ministry of Education and Culture (MEC), the National Institute of Statistics (INE), United Nations agencies such as UNICEF, WFP and UNDP, bilateral agencies such as USAID, local and international NGOs, including Save the Children, the FDC, community-based organisations (CBO), faith-based organisations (FBO), community and traditional

leaders and RENSIDA (the Association of People Living with HIV/AIDS), as well as orphans and vulnerable children. Data on the situation of OVC was gathered, under the leadership of the government of Mozambique, and validated through consultative workshops and individual meetings with relevant government departments.

### **C. COORDINATION OF OVC RESPONSES**

The government coordinates the OVC responses through the Ministry of Women and Social Action (MMAS). The coordination system however still lacks capacity to provide comprehensive coordination of responses including those of FBOs and CSOs which hitherto are not coordinated.

Driving Force behind the OVC Interventions:

The UN agencies (UNICEF) and USAID play a major role in pushing actors towards responding to OVC. The Foundation for Community Development also plays an important role in supporting local initiatives, building community capacities and mobilizing resources to support the OVC

#### ***C1. Coordination Bodies at Various Levels***

<b>Level</b>	<b>Overall Coordinating Organ</b>	<b>CSOs and FBOs Networks</b>	<b>CSOs and FBOs Coordination/Forms</b>
National	Ministry of Women and Social Action (MMAS)	AIDS Network (RENSID)	Foundation for Community Development (FDC)
Provincial			
District	District Directorate for Women and Social Action (DDMAS)		None
Community	None		None

#### ***C2. The National AIDS Council***

National AIDS Council is the body, which coordinates HIV/AIDS interventions at both central and provincial level.<sup>20</sup> UN agencies provide technical and financial support to the National AIDS Council at both central and provincial level (World Bank, UNDP, UNICEF and UNAIDS Secretariat). Technical assistance is provided through UNDP to support NAC in building the institutional capacity of the Secretariat itself, as well as the Provincial HIV/AIDS Nuclei, some line Ministries and civil society organizations

<sup>20</sup> UNAIDS Secretariat in Mozambique (2003) UN Response to HIV/AIDS in Mozambique: 2003 Annual Report of the UN Theme Group on HIV/AIDS

**C3. *The Global Fund Coordination Mechanism***

The Country Coordination Mechanism for Global Fund is under the National AIDS Council

**C4. *Coordination Gaps and Challenges***<sup>21</sup>

- Weak monitoring and evaluation systems: (lack of systematic data about the magnitude of orphans and other vulnerable children, disaggregated by age, gender and location);
- Lack of clear legislation to safeguard the rights of children to basic services;
- Response to orphans and vulnerable children is fragmented and sporadic mainly due weak coordination:
  - between various government departments at central, provincial and district levels;
  - among civil society organizations;
- Lack of both human and financial resources particularly acute in the area of social action
- Inadequate coverage by health services;
- Coverage of Birth registration services still limited
- Procedure to obtain poverty certificates is not user friendly;

**D. *OVC Funding***

**D1. *The Major Funding Sources***

- WFP:
- USAID supporting OVC Stakeholders through the following organizations:
  - Foundation for Community Development (FDC), the Mozambique. The FDC started as an initiative to reduce or eliminate dependence on foreign funding on the part of Mozambican community development agents, mainly non-governmental organizations (NGOs), and grass-roots community organizations (CBOs), which prevent Mozambicans themselves from taking the prime responsibility for priorities and for taking decisions on improving the living conditions of the poor. The major areas of support provided are as follows:
    - Training of NGOs and CBOs
    - Institutional support for NGOs and CBOs
    - Promotion of reflections and debates
    - Establishment of emerging NGOs
    - Learn Project
  - Action for Community Development supports OVC through boosting the income of OVCs and single mothers affected by HIV/AIDS by hiring a dressmaker to train older female orphans and single mothers in dressmaking and other handiwork that has a local market. When the local

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<sup>21</sup> UNICEF, (2006) MOZAMBIQUE Plan of Action for Orphaned and other Vulnerable Children: A Summary

school introduced a school uniforms requirement for the new academic year, the existing income-generating activity was incorporated into the on-site manufacture of the school uniforms, with additional skills training provided with U.S. Government support

***D2. Source of Funding of OVC Responses by the FBOs and CSOs***

Mainly USAID through the FDC

***D3. Funding Challenges***

Weak FBOs and CSOs capacity to mobilize donor funding

***Suggested solutions***

Donors to strengthen the capacity of FBOs and CSOs in programming and resource mobilization

***E. Kind of Responses to OVC provided by FBOs and CSOs***

General material support for livelihood

***F. Geographical Coverage***

Limited geographical coverage

***G. Areas of OVC which FBOs, CSOs and CBOs need human resources and technical support.***

Capacity building is needed in almost all areas of OVC prevention, care and support from the level of programming to practical operational activities in the implementation process

***H. MONITORING AND EVALUATION***

***H1. M&E Coordination Structure***

M&E system for OVC responses is still being development

***Institutional Arrangements of the OVC M&E***

M&E dependent on the existing government structures (systems) to carry out M&E for OVC

***H2. M&E Gaps and Challenges***

Lack of comprehensive M&E framework capable of measuring and assessing the responses of all stakeholders in the country

**Proposed Solution to this problem from the key informant interviews includes the following:<sup>22</sup>**

- To establish and strengthen data collection and monitoring and evaluation systems at all levels and establish feedback mechanisms to the communities and OVC stakeholders.
- Establish an OVC M&E framework;
- Establish a central database on OVC;
- Adopt relevant national strategic plan indicators and data collection tools (developed by key partners) to monitor the situation of OVC;
- Harmonize with M&E systems of key partners within PEN II framework;
- Support national level INE/DHS and other sources to ensure continued monitoring of the situation of HIV/AIDS and its impact on OVC;
- Provide training to MMAS staff (at central, provincial and district level) on data entry, processing and management using appropriate software;
- Provide training (to NGOs, CBOs, FBOs, Associations) in collecting and reporting data on OVC program activities.

**I: Alignment of OVC Responses by FBOs and CSOs to the National Efforts and Enhancing their Roles in the Realization of the Universal Access to Essential Services**

**People Contacted:**

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<sup>22</sup> UNICEF, (2006) MOZAMBIQUE Plan of Action for Orphaned and other Vulnerable Children: A Summary

## **NAMIBIA**

### **Partners Involved in OVC Responses**

#### **A1. Government Ministries Departments and Agencies**

- Ministry of Women Affairs and Child Welfare (Responsible for Coordination)
- Other Line Ministries

#### **A2. UN Agencies**

- UNICEF, WFP,

#### **A3. Bilateral Organizations**

- USAID, (PEPFAR) – Supports interventions implemented by FBOs, and by local and International Non-governmental Organizations and by the government of Malawi

#### **A4. Umbrella Organizations**

- The Church Alliance For Orphans (CAFO)
- Namibia Network of AIDS Services Organizations
- Pan African Christian Aid Network
- Namibian Association Business Coalition on HIV/AIDS (NABCOA)
- Council of Churches Namibia

#### **A5 FBOs, CSOs & CBOs Responding to OVC**

1	A number of Community Action Groups such as (the Choi Women's Group, Tate Kalunga Mwaneka, Omukithi, and Katonyala HIV/AIDS Group)
2	AIDS Care Trust
3	Aids for Action
4	Aids Voluntary Campaign for Namibia
5	Bricks Community Project
6	Catholic Aids Action (CAA)
7	CCPN Kids Shelter
8	Children's Education Centers Rehoboth Tsumeb
9	Church Benevolence Board
10	Council of Churches Namibia
11	Development Aid from People to People
12	Helping Hand
13	HIV/AIDS Project Education Project
14	Michelle McClean's Children Trust
15	Namibia Aids Education Group
16	Namibia Network of AIDS Service Organization
17	Namibia Red Cross Society



18	Namibia TB Association
19	Namibian Association Business Coalition on HIV/AIDS (NABCOA)
20	Puppets Against HIV/AIDS
	Roman Catholic Church
21	SMA, CCN, CAA
22	SOS Children's Village in a Number of locations
23	The Ark Children's Home in Okahandja
24	The Council of Churches and Catholic AIDS Action
25	The Namibian Red Cross Society
26	The umbrella organizations for Civil Society NANASO
27	True Love Waits
28	Usakos Children's Village
29	Women Action for Development (WAD), etc.

*Source:* Social Impact Assessment and Policy Analysis Corporation (Pty) Ltd: (SIAPAC), (2002), A Situational Analysis of Orphan Children in Namibia: Ministry of Health and Social Services and UNICEF/Namibia and the Global Fund Proposals

## **B. INVOLVEMENT OF FBOs and CSOs IN THE RAAAP AND NPA**

### **B1. RAAAP**

- FBOs and CSOs were represented in the National Steering Committee (now a permanent task force)
- 2 FBOs and 2 NGOs were selected to participate in the sub-committee responsible for RAAAP. FBOs and CSOs were also involved in the stakeholders meeting to validate the RAAAP report.

### **B2. National Plan of Action (NPA)**

- The NPA was developed as an output of the RAAAP.

## **C. COORDINATION OF OVC RESPONSES**

### **C1. Coordination Bodies at Various Levels**

Level	Overall Coordinating Organ	CSOs and FBOs Networks	CSOs and FBOs Coordination/Forms
National	c) OVC Permanent Task Force PTF (meets monthly and chaired by the Ministry of Gender Equality and Child Welfare. OVC stakeholders are represented in	USAID has a monthly meeting for all the FBOs and CSOs funded through PEPFAR (about 20 organizations)	FBOs and CSOs do not have a separate coordination body. However, the Catholic Aids Action; the Church alliance for Orphans CAO and Christ Hope International each have own board meetings with representation from the congregations they support or

	the PTF	work with.
	d) The National Aids Committee (NAC), is the highest policy decision-making body, under cabinet on matters related to HIV/AIDS	CSOs have an overall umbrella body but not specific for OVC
Regional	e) Regional Aids Coordination Committees, which are mandated to coordinate all HIV/AIDS responses in the Region. f) Regional OVC Forums which brings together all the OVC Stakeholders and is chaired by the Regional Governor	No coordination Body
Constituent	Constituent OVC Forum. The Constituent OVC Forum reports to the Constituency AIDS Coordinating Committees (CACOCs)	No coordination body
Community	Piloted Village AIDS Coordinating Committees in a very limited number of Villages	No coordination body

**NB:** There are no coordination efforts yet to address overlapping of both FBOs and CSOs responses in the country. The only coordination is the involvement of the FBOs and CSOs in committee meetings

## **C2. The Global Fund Coordination Mechanism**

The Namibia Country Coordinating Committee for AIDS, Tuberculosis and malaria (NaCCATuM) membership includes representatives from the national organization for PLWHA (Lironga Eparu) which provide a national "voice" and advocacy for human rights. Country Coordinating Mechanism (CCM) also has representatives from Women's Action for Development as well as an organization that represents NGOs working in the field of malaria prevention and people affected by the disease in the country.

NaCCATuM, the CCM. The Rainbow Project, Namibia's self-organization for MSM and other LGBTI is represented in the CCM through NANASO, the umbrella organization of community organizations addressing HIV/AIDS. Namibia's National AIDS Coordination Programme (NACOP) examines the possibilities to involve this group within the realm of national laws.

### ***C3. Coordination Gaps and Challenges***

- Weak capacity to coordinate OVC responses and avoid overlaps mainly due to human resources constraints

## ***D. OVC Funding***

### ***D1. The Major Funding Sources***

Government, UNICEF, WHO, USAID, The French Government, and UNDP

### ***D2. Source of Funding of OVC Responses by the FBOs and CSOs***

Congregational donations;

Church alliance for Orphans is funded by USAID and UNICEF

### ***D3. Funding Challenges***

Short terms grants are provided to congregations that agrees to support OVC. USAID funding currently covers administrative costs as well while UNICEF supports programs only.

## ***E. Kind of Responses to OVC provided by FBOs and CSOs***

- Child advocacy: CAFO trains pastors and community leaders to mobilize their respective communities to meet the needs of OVC and reduce stigma against them.
- Strengthening the capacity of local church leaders, community volunteers and caregivers to provide psychosocial care, counseling, pastoral training, leadership development, team-building and HIV/AIDS education for youth
- Facilitating CBOs and other community based FBOs to access funding for OVC responses, e.g. CAFO provides small grants to CAFO members for activities benefiting OVC, mostly education, psychosocial support, child rights advocacy, general health needs and supplemental nutrition. The organization also supports income-generating activities, including raising goats and poultry, growing Mahangu (a millet grain), planting vegetable gardens and needlework.

## ***F. Geographical Coverage***

Most of the OVC activities concentrate in few selected areas. For example, Based on the national five-year strategic plan for orphans and vulnerable children, regional OVC action plans have been prepared in three regions (Caprivi, Omusati and Otjozondjupa) initiating community self-help mechanism with support from UNICEF. Catholic AIDS Action has OVC care and support activities in specific locations in nine regions with support from various donors. The Namibia Red Cross has initiated OVC activities in limited locations in two regions (Ohangwena and Kavango). Plans are being developed for community-based efforts in three regions (Ohangwena, Khomas and Erongo) through the MWACW with support from USAID.

## ***G. Areas of OVC which FBOs, CSOs and CBO need human resources and technical support.***

- Monitoring and Evaluation, Financial management and resource mobilization

## ***H. MONITORING AND EVALUATION***

### ***H1. M&E Coordination Structure***

The Plan for Multi-Sectoral Monitoring and Evaluation of HIV/AIDS 2006-2009 in line with the Medium Term Plan III for HIV/AIDS (MTPIII) was implemented in 2006. That document along draft Monitoring and Evaluation Plan for Namibia's OVC National Plan of Action (April 2006) forms the framework for all national monitoring and evaluation of support for orphans and vulnerable children

### ***H2. M&E Gaps and Challenges***

The main challenge is human resource capacity in data collection, and recording

## ***I: Alignment of OVC Responses by FBOs and CSOs to the National Efforts and Enhancing their Roles in the Realization of the Universal Access to Essential Services***

- Needed is the preparation and implementation of OVC strategic plans for OVC in the remaining regions and the initiation of the community self-help mechanisms in collaboration with the FBOs and CSOs
- Widening the scale of responses implemented by the Catholic AIDS Action and the Namibia Red Cross

**People Contacted:**

2. Mathew Dalling, Project Officer, OVC/Children and AIDS, UNICEF—Namibia
3. Brigitte Nshimiyimana, Social Worker and M&E Focal Person, Ministry of Gender Equity and Child Welfare

## **SWAZILAND**

### **A1. *Government Ministries Departments and Agencies***

- Ministry of Health and Social Welfare
- Line Ministries

### **A2. *UN Agencies***

- UNICEF, UNAIDS, UNDP, UNFPA, WFP, WHO

### **A3. *Bilateral Organizations and Other International Organizations***

- Not represented

### **A4. *Umbrella Organizations & Forums for Networking***

- Swaziland Action Group Against Abuse

### **A5. *FBOs, CSOs & CBOs Responding to OVC***

- Swaziland Positive Living

## **B. *INVOLVEMENT OF FBOs and CSOs IN THE RAAAP AND NPA***

### **B1. *RAAAP*<sup>23</sup>**

- The process was lead by the National Steering Committee with 42 members who met ten times with an average attendance of 15 members. Generally there was a high degree of participation and ownership amongst members during the meetings and the final consultation. The National Consultative Workshop (NCW) coincided with the OVC Network review meeting and was attended by Government ministries and representatives from 25 NGOs and CBOs partners. There was a good representation of civil society organizations both local and international such as World Vision. 57 stakeholders participated in the two-and-a-half day workshop. There was also a two-day National Consultative Workshop for children, which involved about 30 OVC.
- There was however one significant absence from the process: NERCHA- which is the national responsible council on HIV/AIDS, which is responsible for the disbursement of Global Fund.

### **B2. *National Plan of Action (NPA)***

The National Action Plan was developed as an outcome of the RAAAP and the same steps were undertaken to involve the CSOs

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<sup>23</sup> UK Consortium on AIDS and International Development (2005) Civil Society Involvement in Rapid Assessment, Analysis, and Action Planning (RAAAP) for Orphans and Vulnerable Children

### **C. COORDINATION OF OVC RESPONSES**

- a. To facilitate effective coordination of OVC responses it is proposed in the OVC NPA that linkages between the National Emergency Response Council on HIV/AIDS (NERCHA) and the other stakeholders who have been involved since 2001 in developing and expanding OVC responses be strengthened.
- b. NERCH through funds from the Global Fund is strengthening ‘*indlunkhulu*’ system (implemented through the Ministry of Agriculture and Cooperatives), and is setting up ‘*kgogo*’ or social centers at chiefdom level which are to have offices and storage, and serve as community base for organizing activities and monitoring situation of OVC
- c. The government in cooperation with the UNICEF has established an OVC Network (now renamed Child Protection Network). However, this is not linked to NERCHA activities. It is stated in the NPA that there is a needs to be linked up with thee NERCHA structures in order to facilitate clarification of issues of eligibility for assistance, of responsibility and accountability among the caregivers and volunteers.
- d. Children emphasized the need to strengthen the capacity of both rural Health Motivators and Lutsango Mothers, and Chief’s Runners to monitor the situation of OVC in homesteads in order to enhance OVC access to essential support at community and higher levels.<sup>24</sup>
- e. National level OVC Network Meeting is done quarterly for all OVC service providers. The meeting is driven by the Ministry of Health and the Ministry of Regional Development and Youth Affairs with support from the UNICEF.

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<sup>24</sup> NPA (2005:15)

***C1. Coordination Bodies at Various Levels***

<b>Level</b>	<b>Overall Coordinating Organ</b>	<b>CSOs and FBOs Networks</b>	<b>CSOs and FBOs Coordination/Forms</b>
National	Natinal EmergenceResponse Council (NERCHA)	None	None
Region	Regional HIV/AIDS committees	None	None
Constituent	Constituent HIV/AIDS committee		None
Chiefdoms	Community Development Committees (with a sub-committee on HIV/AIDS)	None	None
Sub-chiefdom	Traditional leadership structure	None	None
Homestead	Traditional leadership structure	None	None

Representatives to the committees at the different levels are elected democratically  
Source: Key Informant Interviews with (i) Mr. Eric Maziya – Direct, Social Welfare (2) Jaba Dlamini (National Coordinator OVC Safety Nets Program; (3) Zodwa Mthelwa (M&E) Officer – UNICEF Swaziland; and the National Plan of Action (NAP)



### ***Responsibilities of the Coordination Bodies***

To oversee the OVC responses and coordinate the various actors

### ***C2. The Global Fund Coordination Mechanism***

### ***C3. Coordination Gaps and Challenges***

- Lack of affiliation. The sector approach coordination system, where activities by various stakeholders are coordinated by the respective sector. CBOs though doing a lot of work on the ground are not affiliated to any sector and in this case it becomes very difficult to coordinate them. Their work does not fall under any of the established statute
- Financial Resources: Coordination cannot be done without money (according to respondents).
- The Activities by the Christian churches are coordinated by the Church Forum which falls under the sub-sector of Civil Society. The Church Forum reports to the secretariat of the Civil Society Sector. The Church Bodies forming the Forum of churches are as follows:
  - Conference of Churches
  - League of Churches
  - Non-affiliated Churches
  - Council of Churches

Only two of the church bodies that are dealing with OVC responses i.e. the Non-Affiliated Churches and the Council of Churches

- At the Regional level, there is no specific body/forum for FBOs and or CSOs. They are coordinated through the regional sectoral meetings where they report and participate in the meetings.
- Governance to ensure that actors in the CSOs and FBOs are accountable to the target people and communities as well as those providing resources. People work well when there is no money, and problems start when money comes.
- A policy guide (NGO Policy) has been issued by the government but the policy excludes the FBOs.
- There is a need to ensure that the FBOs and CSOs are affiliated somewhere
- There is a need to enforce a requirement for CSOs and FBOs to submit audited reports to the government authorities. CSOs and FBOs don't want to be audited
- Government has not yet provided the Unit that is to coordinate the CSOs though this is provided in the NGO policy. The government needs to allocate resources for the establishment of that Unit.
- According to the NPA, the following capacity is required at national, regional and local levels:
  - Weak delivery capacity within Ministries, NGOs and within communities. Extension and improvement of service delivery at community level is needed in order to take services closer to those in need. This implies the following:
    - more outreach and support for mobile services and

- reduction of barriers such as fees for basic health and education services
- Enabling communities to provide for themselves
- Lack of coordination and integration of efforts amongst resource providers and within the communities. There is a need to coordinate and integrate efforts between NERCHA, national NGOs, and international development partners and donors.

## **D. OVC Funding**

### ***D1. The Major Funding Sources***

Global Fund, United Nations, European Union, PEPFAR, Italian Cooperation, and DFID, and the World Bank

### ***D2. Financial Management and Source of Funding of OVC Responses by the FBOs and CSOs***

- The FBOs and CSOs receive subventions from the government e.g. CARITAS has been receiving funds from the government for OVC responses
- CSOs also receive funding from the donor agencies

### ***D3. Funding Challenges***

- Donor fatigue due to the escalation of applications for funding
- Government subventions not enough to cover all the CSOs and FBOs
- With the escalation in the number of OVC, the CSOs and FBOs are taking most of the burden but have no support in terms of resources
- Technical Competence is very low because of lack of funding to recruit technical people
- Donors reluctance to provide funding for administrative costs

## **Suggested solutions**

Increased donor funding to support the local FBOs and CSOs through the national umbrella organizations

## **E. Kind of Responses to OVC provided by FBOs and CSOs**

Core support and protection packages (Food and nutrition, shelter, clothing, educational and health support)

## **F. Geographical Coverage**

Limited to a few areas due to both human and financial resources limitations

**G. Areas of OVC which FBOs, CSOs and CBOs need human resources and technical support.**

- Technical support for capacity development in strategic planning and resource mobilization

**H. MONITORING AND EVALUATION**

**H1. M&E Coordination Structure**

- The M&E plan has been finalized and the Technical Working Groups have been established though the M&E system is not yet functional
- Proposed M&E coordination structure in the NPA consists of at National level, The Children's Coordination Unit under the Ministry of Health and Social Welfare, with a Head Coordinator and six official in the following areas
  - Legal
  - Assistant monitoring
  - Health Coordinator
  - Welfare Coordinator
  - Community Coordinator
- The coordination will collaborate with other institutions in the collection of data. Data from many sources will be included in the Children's Coordination Unit Annual Reports.
- The M&E technical working group will oversee coordination and supervision and assist in the preparation of the annual reports, including data collection, analysis and report writing
- One meeting will be held to review and discuss findings from the annual report on program implementation, and the other to discuss progress, M&E constraints and possible solutions.
- The M&E guidelines will be produced and distributed to all participating or interested agencies, organizations and institutions
- M&E reports in two formats (main document—intended for use in program planning and monitoring will provide detailed account of progress of the plan implementation and an accompanying document—(simple version) for advocacy purpose) will be produced and distributed annually.

**Institutional Arrangements of the OVC M&E**

**H2. M&E Gaps and Challenges**

- M&E mechanisms are not currently in place though they are provided in the NPA.
- Weak M&E capacity and systems and coordination an area that needs capacity building

- M&E capacity building has been done well at the National and Regional levels, but more training and capacity building are needed on data collection and reporting.
- FBOs and CSOs failure to submit reports has resulted into suspension of funding from the donors
- No capacity assessment is done before funding is provided to the CSOs and FBOs, and funds are withdrawn after demonstration of implementation weaknesses by the FBOs or CSOs.

**Proposed Solution to this problem from the key informant interviews includes the following:**

- There is a need for systems development especially around data monitoring and vital registration systems. This is needed in all ministries and at all levels.

**I: Alignment of OVC Responses by FBOs and CSOs to the National Efforts and Enhancing their Roles in the Realization of the Universal Access to Essential Services**

- Capacity building efforts to enhance FBOs and CSOs response capacity and integration of FBOs and CSOs in the national efforts is required.
- Ensuring that each FBOs and CSOs is affiliated to a sector or umbrella organization

**People Contacted:**

1. Zodwa M. Mthethwa, M&E Officer, UNICEF, Swaziland
2. Nozipho Mkhathshwa, Coordinator Impact Mitigation, National Emergency Response Council on HIV/AIDS
3. Senelisiwe Tsela, M&E Coordinator, National AIDS Council, Swaziland

## ***SOUTH AFRICA***

### ***A1. Government Ministries Departments and Agencies***

- Social Development Department is divided into two directorates dealing with the welfare of the children. OVC issue cu across these two departments:
  - a) HIV/AIDS (directorate that is responsible for the CSOs and FBOs working on OVC and also deals with the VC due to HIV/AIDS)
  - b) Children Families and Social Crime directorate: Deals with issue of children generally including the OVC
    - Adoption
    - Foster care
    - Residential care
    - Early Childhood Development (ECD)
    - Process of legislations pertaining to children
    - Specific issues to child abuse
    - Children –street children
    - Child trafficking and child labor

### ***A2. UN Agencies***

- UNICEF, WFP,

### ***A3. Bilateral Organizations***

- USAID, (PEPFAR)

### ***A4. Umbrella Organizations***

- Children in Distress Network CINDI
- Nelson Mandela Children Fund
- REPSI

### **A5 FBOs, CSOs & CBOs Responding to OVC**

The findings from a (2005) multi-community survey on community responses to HIV/AIDS in South Africa, conducted by the Centre for AIDS Development, Research and Evaluation (CADRE) shows that:

- A broad spectrum of organizations, groups and entities are involved in AIDS response at community level. Of the 179 organizations surveyed, 43 are civil society organizations (CSOs), 29 are government institutions or departments, and 16 are faith-based organizations (FBOs). CSO involvement in AIDS response has grown by 61% since 2000, while the number of FBOs involved in HIV/AIDS-related work has nearly tripled (275% increase).
- Community groups are significantly more active in providing care to orphans and vulnerable children (OVC) than are government institutions: 73% of CSOs and 71% of FBOs, compared to 13% of government institutions, report activity in this area.



## **B. INVOLVEMENT OF FBOs and CSOs IN THE RAAAP AND NPA**

### **B1. RAAAP<sup>25</sup>**

CSOs and FBOs were not actively involved. Only Save the Children UK (SCUK) was involved in the steering committee. The Steering Committee consisted of three members for Department of Social Development, Three from UNICEF, one from UNAIDS, USAID, and WFP, and two from SCUK. The action-planning workshop did have had a wide spectrum of stakeholders, and good representation from the relevant government Departments (except Department of Health), international and local NGOs and UNICEF and USAID. The workshop was confined to one day, due to budget constraints. This limited the amount of detail covered.

### **B2. National Plan of Action (NPA)**

The process of developing the National Action Plan was broad and inclusive which commenced with sessions of input by various stakeholder groups, and involved stakeholders in various consultative forums and initial inputs that informed the development of the Policy Framework and the National Action Plan.

## **C. COORDINATION OF OVC RESPONSES**

There are more ongoing efforts to ensure co-ordination of the FBOs and CSOs working on OVC issues in SA. SA is positioned in a unique situation:

- ❖ SA is a relatively well-off country compared to the other countries in the Region, and therefore the government has the capacity to provide grants to the FBOs and CSOs working on OVC
- ❖ It has developed an OVC Policy Framework that helps FBOs and CSOs to align themselves to the government efforts to ensure that the rights of the OVC are protected. To receive funding from the government, the FBOs and CSOs have to align themselves to this policy framework

### **Driving Force behind the OVC Interventions in SA:**

- ❖ SA has one of the best working constitutions in the region. The SA government responds to pressure from the Civil Society. The governance system allows for people to voice their concerns on various policy and no-policy issues to be put on the agenda.
- ❖ There is a vibrant partnership between the government and the CSOs and FBOs. The government is very clear about its limitations and opens doors for the CSOs and FBOs to fill the gap
- ❖ Owing to the unique history of fighting for their rights, SA has several platforms where people air their concerns and put the government to task.

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<sup>25</sup> UK Consortium on AIDS and International Development (2005:52)

- ❖ South Africa is the only African country that has been able to put people on welfare support
- ❖ In other countries systems resist FBOs and CSOs and live OVC issues to be addressed by the government and people at the community level
- ❖ There is a need to have strategies that impact on systems. FBOs and CSOs should not focus only on the immediate OVC protection and support issues, more focus should be on influencing changes in the systems.



***C1. Coordination Bodies at Various Levels***

<b>Level</b>	<b>Overall Coordinating Organ</b>	<b>CSOs and FBOs Networks</b>	<b>CSOs and FBOs Coordination/Forms</b>
National	National Action Committee for Children Affected by AIDS (NACCA): A permanent coordinating structure of government departments, civil society, business and development agencies lead by the Department of Social Development. NACCA is mandated to facilitate and coordinate mechanisms at national, provincial, district and community levels	<ul style="list-style-type: none"> <li>a) The Children in Distress (CINDI) Network with over 100 Members – NGOs, CBOs, government departments and individuals – who work together in the KwaZulu Natal Midlands to promote the rights of children affected or orphaned by HIV/AIDS.</li> <li>b) The Nelson Mandela Education Trust</li> <li>c) REPSI</li> <li>d) Caring School Networks- Building capacity of schools to address needs of the OVC</li> </ul>	
Provincial	<ul style="list-style-type: none"> <li>D. Provincial Action Committee for Children Affected by HIV/AIDS (PACCA)</li> <li>E. Others: Provincial (Plan of Action)</li> <li>F. Provincial Aids Council</li> </ul>		a) Community Based Care and Support Structure
District	<ul style="list-style-type: none"> <li>d) District Action Committee for Children Affected by HIV &amp; AIDS (DACCA)</li> <li>e) District Plan of Action</li> <li>f) District AIDS Council (DAC)</li> </ul>		a) Community Based Care and Support Structure
Local	<ul style="list-style-type: none"> <li>c) Local Plan of Action</li> <li>d) Local AIDS Council</li> </ul>		a) Community Based Care and Support Structure

## ***Responsibilities of the Coordination Bodies***

### **National Action Committee for Children Affected by HIV & AIDS (NACCA)**

- Ensure coordination between all stakeholders (government and non-governmental) at and between all levels to effect action that will realise the rights of children that are affected by HIV&AIDS
- Share information regarding issues and programs to realize the rights of children affected by HIV&AIDS
- Promote active collaboration between stakeholders to improve services and programs that will ensure that the rights of all children affected by HIV&AIDS are realized
- Ensure that research is conducted into pertinent issues and that the findings of research inform action to improve the situation of children affected by HIV&AIDS
- Advocacy

### **Provincial Action Committee for Children Affected by HIV & AIDS (NACCA)**

- Ensure that there are coordination structures for children at district and community /ward level to optimize service delivery to orphans and vulnerable children
- Identify the capacity constraints and build the capacity of NGOs, FBOs and CBOs and government officials
- Optimal participation of all partners
- Standardization of procedures to optimize service delivery
- Ensure that there is improved accessibility of services
- Monitoring and evaluation
- Ensure the establishment of provincial plan of action

### **District Action Committee for Children Affected by HIV & AIDS (NACCA)**

- Identification of orphaned and vulnerable children
- Ensure effective service delivery
- Referral of the identified children to appropriate service providers
- Establishment of child care forums
- Monitoring and evaluation
- Capacity building programs
- Establish local plans of action for children

According to the (2005) multi-community survey on community responses to HIV/AIDS in South Africa, conducted by the Centre for AIDS Development, Research and Evaluation (CADRE), shows that a majority of government institutions (83%) and CSOs (88%) report linkages with other organizations involved with AIDS response, although these linkages tend to be informal associations rather than official partnerships. The survey found a slightly lower level of networking among FBOs (50%).

### **CSOs and FBOs Networks**

- The Children in Distress (CINDI) Network was founded in Pietermaritzburg in July 1996 and now has over 100 Members – NGOs, CBOs, government departments and individuals – who work together in the KwaZulu Natal Midlands to promote the rights of children affected or orphaned by HIV/AIDS. Members promote the spirit of Ubuntu and collaboration by sharing and solving problems, disseminating information, raising awareness, lobbying and advocacy and developing joint fund raising initiatives.

A CINDI network has clusters that are set up to enhance networking amongst organizations involved in similar types of work. Clusters found within the CINDI Network are:

- Children in Care (CIC) which focuses on focus on developing guidelines to identify and promote common good practice, skills transfer and foster care promotion - including monitoring, training, recruitment, funding and backlogs
- Community Development (ComDev), which focuses on capacity building, access to Social Grants; and economic empowerment and development.
- Home Based Care (HBC), which focuses on developing skills in listening and counseling; ARV literacy and the promotion of good nutrition via the African Roots Project and
- Psychosocial Support and School and Youth Development (PSS/SYD), which focuses on on skills transfer and training (incorporating personal and leadership development), outreach and organizational development for CBOs; and sharing difficulties.

Clusters deal with the following issues:

- Sharing models and approaches to intervention
- Receiving and providing training
- Problem sharing and solving
- Information sharing
- Research
- Funding

## ***C2. The Global Fund Coordination Mechanism***

### ***C3. Coordination Gaps and Challenges***

- According to the key informant interviews, there is generally a lack of collective sense of understanding the role and importance of coordination among the FBOs and CSOs. Each and every one of them would like to work independently and with own plan. The absence of functioning coordination bodies means that services at community level are not necessarily joined up through referral networks and other coordinating mechanisms, leading to ‘cracks,’ inefficiencies, duplicated efforts and inadequate information sharing. Organizations working within the same general sectors are not necessarily aware of each other’s work, standards and procedures are not uniform, and key services are not functionally integrated with users’ needs in mind (CDRE:2005)

- There is a need for lobbying to the FBOs and CSOs to realize the importance of coordination and of having a coordinating body
- How to set up the body is another challenge. The consultative and relevance of the process that forms the body is important for that body to be credible.
- The process must display the relevance of the process. People do not want meetings; people need added value to what they do. The process should go beyond coordination.
- The IT divide between the CSOs and FBOs and skill gap between the urban based well resourced CSOs and FBOs makes it difficult to coordinate and interface in communication and sharing information which is important for programming
- Lack of resources from the CBOs and the fluid nature of organizations. They depend on volunteers and implement activities when adequate resources to do so are available and when volunteers to implement the activities are available.
- Exploitation of volunteers. Volunteers are made of people who are voluntary and therefore the volunteers are excluded from the economic mainstream. This is exploitative and exclusionary. Sourcing funding is always a problem and yet they are more involved in meeting the immediate needs of the OVC.
- The local government is paralyzed in terms of HIV/AIDS interventions.
- There is a lack of coordination between the government departments particularly the Department of Home Affairs
- Lack of social auxiliary workers at the community level; Child care workers; food and security (OVC have difficulty accessing social security grant) and
- Poverty
- CSO/FBO responses tend to be non-technical and general, resulting into broad duplication of similar efforts within individual communities, without attention to the reach, impact or even appropriateness of these activities. Having a 'linked-up' networks of organizations with expertise in particular sectors would enhance the effectiveness of the CBOs and FBOs
- M&E Increased training in practical and easily implemented monitoring and evaluation (M&E) techniques, rather than donor-driven M&E requirements, would assist community-based organizations to focus their efforts for greater effectiveness;
- The sustainability of community AIDS response is closely interlinked with the effective management of the large number of staff and volunteers who provide frontline services within the community, often under difficult working conditions and with little or no financial remuneration. It should not be assumed that community-based AIDS response can simply be scaled up indefinitely on the basis of volunteer contributions;
- A great proportion of community organizations struggle to resource their work. Although extensive funding is available for HIV/AIDS activities, it can be

difficult to access these resources and/or to meet donor requirements in relation to reporting, monitoring and financial management. Bridging the gap between the availability of funding at the macro level and the more modest resource needs of community groups at grassroots requires attention from donors and government structures in particular, both in terms of their own policies and procedures and in providing training for community groups in areas such as project design, proposal writing, record keeping and financial management.

## **D. OVC Funding**

### ***D1. The Major Funding Sources***

Government UNICEF WHO USAID UNDP and CSOs (e.g. CINDI and Nelson Mandela Children Fund (NMCF))

#### ***The Nelson Mandela Children Fund<sup>26</sup>***

Founded in the legacy of its founder, NMCF initially operated as a grant-making organization promoting a humanitarian response to the plight of South Africa's children and youth. The 1995-1999 period was characterized by ad hoc funding strategies that enabled children and families to meet immediate needs, and one-time support for overhead and salary costs for organizations targeting children's issues, with no particular programmatic basis for NMCF's engagement with these organizations.

The current NMCF strategy (The Sakha Ikusasa) is to function as a funding cum development agency that seeks to change the ways in which society treats its children and youth in order to improve their conditions and lives. The strategy incorporated an expanded operational approach that embraced a more developmental role which goes beyond the notion of people and children as needy, passive recipients of services, to a view that regards community development and people involvement as key in changing the conditions of children and youth. It emphasises a holistic intervention to help improve a child's conditions, taking into consideration the holistic needs of the child and taking cognisance of the family, the community, and the socio-economic context as a primary environment impacting on the child's development and survival. The Sakha Ikusasa strategy articulates the developmental approach as a combination of funding with community involvement and promotes programmes that:

- Promote the building of collaborative and participative partnerships
- Foster ownership, empowerment and sustainable involvement of communities
- Promote integrated, multi-sectoral and inter-departmental development interventions.
- Promote proactive, responsive, and innovative interventions
- Foster organisational sustainability

The NMCF's (Sakha Ikusasa) strategy targets four primary programme areas (Leadership and Excellence; Disability; Skills Development and Wellbeing of Child as follows:

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<sup>26</sup> <http://www.nelsonmandelachildrensfund.com>

**Leadership and Excellence:** To promote leadership potential and excellence of children and youth

Focus of activities:

- Promote youth talent and self-esteem
- Increased numbers of young people actively participating in decision-making platforms by 2010
- Increased opportunities for leadership development programmes
- Increased access by the youth to information and resources
- Envisioned outcome: Access to programs that provide children and youth with opportunities to participate as leaders within their communities in ways that harness their talents and self-worth

**Disability:** To improve the quality of life of disabled children and youth by facilitating their integration into mainstream society

Focus of activities:

- Securing access to existing government services for children and youth with disabilities
- Inclusion of children and youth with disabilities in mainstream schools, and in arts, cultural, sporting, leadership and other activities
- Provision of improved and appropriate care services provided to children and youth with disabilities
- Disability issues pertaining to children and youth are mainstreamed into all other NMCF programmes and activities

**Skills Development:** To improve opportunities for skills development in entrepreneurship for children and youth enabling their participation in the formal economy

Focus of activities:

- Identification and promotion of youth entrepreneurship models and redress of existing gaps
- Strengthened institutional capacity to deliver youth entrepreneurship programmes
- Increased access by the youth to information and resources

**Wellbeing of a Child:** The programme is geared at promoting a rights-based nurturing, caring, safe and supportive environment for children and youth

Focus of Activities:

- Input to policy and legislative developments aimed at the promotion of children's rights

- Facilitation of access to safety, care and support for children exposed to abusive, traumatic and difficult situations
- Provision of increased access to services for children and youth infected and affected by HIV/AIDS
- Strengthening household capacity to cope with conditions that create vulnerability
- Instituting Early Child Care Development programmes and services in selected geographic areas through promotion of sustainable family and community-based models

### **Child Welfare South Africa (CWSA)**

Child Welfare South Africa (CWSA) is an umbrella body that represents 169 affiliates and branches as well as developing children's organisations in communities throughout South Africa. Together with its members it forms the largest non-profit, non-governmental organisation in the country in the fields of child protection and child and family care and development.

With a national office that works on macro issues relating to the well-being of children, provincial offices working directly with our member organisations, and local CWSA affiliates and branches delivering services on the ground, CWSA is now in a stronger position than ever to act as a link between concerned individuals/companies and local communities in creating a child-friendly, child-centred society in our country.

Child Welfare South Africa has successfully translated its **Constitutional** functions into **National Programmes** - directed towards the capacitating of affiliates and branches to render effective services to children, families and communities.

These National Programmes are implemented, through the national and nine provincial offices of CWSA, in accordance with the strategic focus areas of the organisation.

This has facilitated the extension of services, by CWSA and members, to previously un-serviced and under-serviced communities in all nine provinces.

### ***D2. Financial Management and Source of Funding of OVC Responses by the FBOs and CSOs***

According to the (2005) multi-community survey on community responses to HIV/AIDS in South Africa, conducted by the Centre for AIDS Development, Research and Evaluation (CADRE):

- More than 70% of CSOs have bank accounts and bookkeepers or financial managers. A slightly smaller proportion of FBOs (56%) report having bank accounts and bookkeepers.
- Forty percent of CSOs involved in AIDS response report receiving some funding from the government. No FBOs receive any funding from government.

- Organizations report numerous challenges around fundraising and resource mobilization, including inadequate funding, inconsistent flows of funding, weak systems of financial management and control, underdeveloped fundraising skills, and challenges in obtaining funding to cover salaries. The survey found some organizations, however, that cite successes in building funding partnerships.

### **Access to Funding by the CINDI Network Members**

CINDI facilitates network members to access funding. All Joint Funding Processes are governed by the CINDI Funding Policy Document, which provides members with details on: Guiding Principles; Eligibility; Application and Allocation Processes; Financial and Narrative Reporting Requirements; and Non-Delivery Clauses.

- The Funding Conduit only deals with amounts in excess of R500 000.
- The application process is managed by the CINDI Funding Panel which comprises of 2 elected community members, 2 neutral CINDI Board Members, the non-voting Funding Manager and CINDI Director.
- In order to participate in a Joint Funding Proposal, CINDI Members need:
  - To present audited accounts for the two years prior to the start of an application procedure
  - An NPO registration and number
  - To have been full voting members of the CINDI Network for two years
  - To have attended 50% of CINDI Network

### ***D3. Funding Challenges***

#### **Challenges in Accessing Funding by the FBOs and CSOs includes;**

- ❖ SA is not seen as a developing country and therefore there is a shift of resources to East European Countries. SA should still be considered as a developing countries like any other developing country in the Eastern Europe
- ❖ Lack of capacity to spend donor funds in the department of health and Social Development (this is also the same problem in Tanzania)



- ❖ CSOs FBOs with a good governance system and are transparent and have their financial audited by reputable auditors find it easy to source funding.
- ❖ Donors' expectations on M&E are too high and is a burden to the CSOs and FBOs especially the rural based.
- ❖ Different donors demand a different reporting format and this causes CSOs and FBOs to waste much time learning the reporting formats instead of reaching out for the OVC.
  - For instance how do you demonstrate respect and love to a child in one year? It is very difficult to quantify or have indicators of wellbeing of a child. M&E indicators related to child wellbeing are very difficult to quantify. It would be better to focus more on statistics than on change on wellbeing of the OVC
- ❖ CINDI is about to launch a database that will facilitate solving this problem among the members of the network. Have made contacts with the provincial and local governments where CINDI has networks and are willing to provide support.
- ❖ **Difficulty of interventions:**
  - CINDI looking at the statistics one finds that it is difficult/challenge recording children information
  - For successful recording the children information there is need to capacity CSOs and FBOs on IT. The major problem in recording data for M&E is the lack of IT knowledge among the FBOs and CSOs.

### **Suggested solutions**

The question around capacity is important in securing funding among the FBOs and CSOs. OVC interventions by these organizations are driven by passion but no technical capacity and the required human resources to carry out the interventions effectively. FBOs and CSOs need to build capacity that could create confidence to donors. This could be done in the following ways:

- ❖ Experienced partners mentoring the CBOs and FBOs
- ❖ Joint funding ventures
- ❖ Capacity building initiatives so that donors could be competent in proposal writing

### ***E. Kind of Responses to OVC provided by FBOs and CSOs***

According to the Framework for Orphans and other Children Made Vulnerable by HIV and AIDS in South Africa, the major role of the Non-Profit Organizations (NPOs); FBOs and CBOs are as follows:

- Identify orphans and other children made vulnerable by HIV and AIDS
- Strengthen family and community coping systems
- Empower families and communities economically
- Support communities to take collective action.
- Mobilise resources
- Provide psychosocial support, spiritual guidance and material assistance

- Develop and implement community based care and support programmes for OVC including child headed households.
- Provide alternate care options
- Capacity building for families, caregivers, community members, volunteers and other service providers.
- Implement prevention programmes and campaigns.
- Establish early childhood development programmes
- Assist with succession planning

## ***F. Geographical Coverage***

OVC responses are not widely spread in the rural areas

## ***G. Areas of OVC where FBOs, CSOs and CBOs need human resources and technical support.***

## ***H. MONITORING AND EVALUATION***

### ***H1. M&E Coordination Structure***

The Framework for Orphans and other Children Made Vulnerable by HIV and AIDS in South Africa provides the following M&E Strategy for OVC Responses:

- Development by NACCA of a five year monitoring and evaluation plan to measure the impact of support to OVC's at national, provincial, district and local levels and which provides indicators for all three tiers of government.
- The submission of an annual report to Cabinet, through the Department of
- Social Development, on the performance and impact of activities and programmes for the care and support of OVC's at all levels.
- A report on co-ordination, implementation and monitoring of the Policy Framework to the South African National AIDS Council twice a year.

The Components of the monitoring and evaluation strategy include:

- Indicators for programming for affected children that conform to international and national standards.
- Defined intervals for evaluation from time of agreement in principle to the Policy Framework.
- A plan of action to integrate OVC indicators into the strategic plans of government departments.
- Research into activities to strengthen the capacity of state and the civil society sector with respect to programme planning, monitoring and evaluation, and budget analysis.
- Guidelines for stakeholders on the preparation and submission of annual reports to relevant structures with regard to the implementation and impact of the Policy

Framework.

- A plan of action to secure resources and capacity for the process of monitoring and evaluation at all levels.
- A strategy for the co-ordination of policy formulation, programme/strategy development and implementation at all levels.
- Investigation into an information system for reporting and tracking of OVC's from a local to a national level.

### **Institutional Arrangements of the OVC M&E**

1. At the national level, each government department, organization and institution will be a full member of NACCA and the Coordinator shall provide a progress report on activities in relation to the implementation of the strategies and future action regarding the Policy Framework twice a year.
2. At the provincial level, each Provincial Action Committee for Children Affected by HIV/AIDS (PACCA) will similarly furnish the Secretariat of NACCA with a consolidated progress report reflecting provincial activities related to OVC twice a year.
3. The national secretariat shall synchronize all reports into one national consolidated report twice a year and which will indicate performance, impact and the participation of all sectors.

### ***H2. M&E Gaps and Challenges***

- Skills gap again, the lack of documentation culture and the skills of doing that. Need again is mentorship. There should be a body that is interested in CBOs, a coordination body concern with CBOs FBOs to help them build their capacity. The lack of capacity and coordination body for the CBOs eventually renders them being family or "brief case ventures". The coordination body is important for ensuring the following:
  - ❖ Quality assurance of the interventions
  - ❖ Stewardships to OVC services
- Partners should subscribe to such organizations/Forums to avoid mushrooming of FBOS and CSOs that comes and go.
- CSOs and FBOs in South Africa operate independently and are not required to report to any government organ. The only time they report is when they want to apply for government grants/funding. In this respect synergy with the government is on voluntary basis and not mandatory
- CSOs and FBOs access funding from donors independently without the need to contact the government.

### **Proposed Solution to this problem from the key informant interviews includes the following:**

A regulatory requirement for CSOs and FBOS to report on what they do is important so that the government can have an oversight on what they are doing. Because the existing CSOS and FBOS reporting loophole it is very difficult at the moment to get data from the CSOs as long as they operate legally. They are not obliged to report to any one.

National efforts are in place now to find ways to improve M&E of the OVC activities in the country that includes the following:

- ❖ Capacitating the CSOs and FBOs in terms of management of operational functions
- ❖ Various stakeholder Forums focused on specific children interests (e.g. PSS, household level care etc. try to request and seek partners to report what they are doing to the national level.
- ❖ The National Action Committee on Children Affected by HIV/AIDs NACCS has been formed which will facilitate coordination and accountability of stakeholders to the committee.
- ❖ SA National Aids Council through the National Strategic Plan on HIV/AIDS also is implementing efforts towards this end
- ❖ Others are CINDI initiatives
- ❖ NACCS is trying to mobilize and advocate for the increase on funding for the OVC from the donors and from the government.
- ❖ CSOs are realizing the importance of networking and providing data to the government as this is to their own advantage in the following ways:
  - Helps to influence National Government based on empirical data
  - Data is the only basis CSOs and FBOs to request national support (grant) and to influence policy.

**I. Alignment of OVC Responses by FBOs and CSOs to the National Efforts and Enhancing their Roles in the Realization of the Universal Access to Essential Services**

- Increased support of the FBOs and CSOs at the community levels by the intermediary CSOs in accessing donor funding and in OVC responses programming

**People Contacted:**

1. Tom Zhuwau, Country Resident Adviser Measure Evaluation, South Africa
2. Abraham Phahlamdhlaka, Ministry of Social Development
3. Yvonne, CINDI
4. REPSI

## **TANZANIA**

### **A1. *Government Ministries Departments and Agencies***

- Department of Social Welfare under the Ministry of Health and Social Welfare (MOHSW).
- Line Ministries

### **A2. *UN Agencies***

- UNICEF, UNAIDS, WFP,

### **A3. *Bilateral Organizations and Other International Organizations***

- USAID, The Canadian International Development Agency; Ireland AID; The Swiss Agency for Development and Co-operation; The Embassy of Finland; The Royal Netherlands Embassy; The Royal Danish Embassy; The Royal Norwegian Embassy (Donors contributing funds to the Rapid Fund Envelope—(RFE). This is the source of funding that is accessible to all FBOs and CSOs on a competitive basis.

### **A4. *Umbrella Organizations & Forums for Networking in OVC Responses***

- PACT- Tanzania (Recipient—Global Fund Round Four and PEPFAR) provides funding to implementing agencies in the Districts
- Social Action Trust Fund (Sub-recipient Global Fund Round Four) provides funding to implementing agencies in the Districts

### **A5. *FBOs, CSOs & CBOs Responding to OVC***

Major FBOs: World Vision, Catholic Relief Services, Caritas, PACT, Family Health International (FHI); Salvation Army, BAKWATA, etc.

## **B. *INVOLVEMENT OF FBOs and CSOs IN THE RAAAP AND NPA***

### **B1. *RAAAP***

A few CSOs in Dar es Salaam were involved in the process as data providers. FBOs and CSOs were also involved in the stakeholder's workshop to validate the RAAAP report. The stakeholder meeting constituted representatives from all government ministries and agencies and representatives from all the non-state organizations i.e. local and international NGOs, FBOs and CBOs.

### **B2. *National Plan of Action (NPA)***

The design and development of the NPA involved all the stakeholders through a consultative process and through a series of stakeholders' workshops. The revised costing of the NPA was also done through a consultative process where all stakeholders implementing OVC responses were consulted to provide inputs on

the costing process. Implementation of the NPA is currently coordinated through the Implementing Partner Group Meeting that takes place once a month at the national level.

## **C. COORDINATION OF OVC RESPONSES**

### ***C1. Coordination Bodies at Various Levels***

<b>Level</b>	<b>Overall Coordinating Organ</b>	<b>CSOs and FBOs Networks</b>	<b>CSOs and FBOs Coordination/Forms</b>
National	National OVC Steering and Technical Committees Tanzania Commission for AIDS (TACAIDS)- Global Fund coordination, and Coordination of Country Multisectoral AIDS interventions	None	None
District	District OVC Committees District Multisectoral AIDS Committees (DMAC)	None	None
Ward	Ward Development Committee Ward Multisectoral AIDS Committees	None	None
Village	Village OVC Committee Village Multisectoral AIDS Committees	None	None

### ***Responsibilities of the Coordination Bodies***

- The OVC Committees at each level are responsible for the coordination of all OVC responses implemented by partners
- The Multisectoral AIDS Committees at each level are responsible in coordination of all HIV/AIDS activities implemented by stakeholders

### ***C2. Coordination of HIV/AIDS Interventions and the Global Fund Coordination Mechanism***

Both Tanzania Mainland and Zanzibar have in place legal bodies to coordinate HIV/AIDS interventions. The Tanzania AIDS Commission (TACAIDS) and Zanzibar Commission for AIDS (ZAC) were established in 2001 and 2002 respectively. Both Authorities have been given broad responsibilities, including the task of fostering national and international linkages among stakeholders through proper coordination of all HIV/AIDS prevention and control programs and activities within the overall national Multisectoral strategy. Both TACAIDS and ZAC coordinate the Global Fund Country Coordinating Mechanism (CCM) in Tanzania mainland and island respectively

### ***C3. Coordination Gaps and Challenges***

- Overlapping responsibilities between the OVC Committees and the Multisectoral AIDS Committees

- The OVC Committees are not statutory committees yet while the Multisectoral AIDS Committees are statutory. This reduces the effectiveness of the OVC Committees
- There is generally a lack of coordination between the MVC program at other child protection and support programs implemented by other stakeholders at National level. Only recently the Implementing Partners Group (IPG) has been formed at the National level, which is a monthly meeting that brings together the various stakeholders implementing MVC programs in the Country. The establishment of the IPG is to bridge the gap left behind by the irresponsible formal coordination mechanisms i.e. the National Steering and Technical committees
- At the District, Ward and Community levels, coordination of various partners implementing MVC protection and support programs is still very weak. In most cases the CSOs are not part of the MVC committees. At these levels, even the coordination between the MVC program and other programs implemented by the other government departments and agencies is very weak. For instance process of selecting students for receiving support for education from the Ministry of Education is not done in collaboration with the MVC committees at District, Ward and Village levels. In addition, the Regional facilitating Agencies contracted by TACAIDS to facilitate CSOs to have access to the TMAP HIV/AIDS funds are working outside the MVC committees on issues related to protection and support of the MVC

**C4. Recommendations for Improving Coordination and enhancing the effectiveness of FBOs and CSOs**

- There is a need to establish strong coordination departments in the government departments in general and ensure that all the government staff are empowered and have the capacity to coordinate. The development partners could facilitate the government to employ a person who is experienced in running programmes and who is motivate through good remuneration. This could be done through development partners seconding such a person to the DSW, the Department of Social Welfare has capacity and competence in Social Welfare issues but has no capacity in planning and programming as well as on monitoring and evaluation.
- There is a need to strengthen the trust atmosphere between the OVC partners i.e. the government, development partners, FBOs, and CSOs
- The prominent international and local NGOs working on OVC should extend and strengthen their partnership in implementing OVC responses with the CBOs and FBOs at the community level
- There is a need to create the capacity among the FBOs on the following areas:
  - Writing proposals to apply for funding (this could be done through joint proposal writing with experienced NGOs)
  - Administration and management of funds
- Strengthening systems of accountability for FBOs and CSOs. This includes

accountability to the communities they save, accountability to the government and to the development partners (funding agencies)

- FBOs and CSOs interventions should not be done at the expense of undermining the contribution of communities. For sustainability of responses, community capacity building component should be part of the responses especially at the program level (i.e. national level CSOs)
- The agenda for universal access to essential services by 2010 should be aligned with the NPA operational plan
- The implementing partner group (IGP) meetings should also be extended down to the district levels and community levels, as the OVC committees are still weak and are driven by the government. State/government structures constrain implementation of activities due to bureaucracy. The governments have so many meetings in order to approve things which delays implementation

## **D. OVC Funding**

### ***D1. The Major Funding Sources***

#### **Source of Funding for Programmes to Support, Care, and Protect OVC in Tanzania**

<b>Programme</b>	<b>Source of Funding and Duration</b>	<b>Programme Outline</b>
Pilot Community Based Care, Support and Protection of the Most Vulnerable Children (MVC) Programme	UNICEF and AXIOS	The MVC programme facilitates and builds capacities in communities in the identification of vulnerability criteria; applying the criteria in the identification of MVC, and in the development of plans for support and care of the most vulnerable children and their caretakers.
Tumaini Program – a programme providing care and treatment ART, voluntary counseling and testing (VCT) and impact mitigation—i.e. care and support for OVC and home based care for PLWHAs (implemented in 25 Districts)	United States Government (PEPFAR)	This programme came to an end in September 2006.
Jali Watoto Program	United States Government (PEPFAR) US \$10 million for 3 years, 2006-2009	A programme to reach MVC with essential services.
Community Based Orphan Care, Protection and Empowerment (COPE)	United States Government (PEPFAR)	A programme implemented by AFRICARE in 5 Districts of Dodoma Region
Global Fund Round 4 – OVC Component	The Global Fund to Fight Malaria, Tuberculosis and HIV/AIDS (US\$ 58 million for 5 years)	GF-R4 OVC component covers 24 districts, with focus on providing MVC with access to adequate, integrated community



Programme	Source of Funding and Duration	Programme Outline
		based care; mitigating extreme poverty; and preparing MVC's future through better access to education.
Salvation Army	US Government's PEPFAR and USAID	Supports OVC mostly in those places where church services are also provided. OVC support includes educational support, (fees, uniforms and scholastic material); supplementary feeding to MVC and sick parents as well as funds for medicines for MVC after they have received a prescription from the doctors (Dar es Salaam only)
Catholic Relief Services	US Government's PEPFAR and USAID	Educational support (fees, uniforms and scholastic material)
Community HIV/AIDS Response Fund (CHRF)	World Bank (US \$14 Million for a period of three years 2005/06, 2006/07, 2007/08) <sup>27</sup>	One of the components of the Tanzania Multisectoral AIDS Programme, TMAP. The fund is aimed to support CSOs in responding to HIV/AIDS.
National Village Fund Program [TASAF]	World Bank (Total of US \$120 million for the programme for an unspecified period)	Each district is allocated a specific amount of money, based on a formula, from which village governments can apply to implement village development programmes, including projects to alleviate poverty and vulnerability.
Secondary Education Development Program (SEDEP)	World Bank (TShs 6,480,000,000/- for every financial year from 2004/05 to 2009/2010).	Funds to provide support to the most vulnerable children for secondary education. The MVC are identified by Local Government Authorities and the names of the identified MVC are sent to the Ministry of Education.
World Food Programme (WFP)	World Food Programme	Four components of WFP's Country Programme are designed to: (i) enable young children and pregnant and lactating women to meet their special nutrition-related health needs; (ii) enable poor households to invest in human capital through education and training; (iii) enable poor families to gain and preserve assets; and (iv) mitigate the effects of natural disasters in

<sup>27</sup> The Government's Development Budget Estimates for 2006/07 indicate an allocation from the World Bank (IDA) of TShs 14.2 billion for district and community response in 2006/07

		areas vulnerable to recurring crises.
Rapid Fund Envelope (RFE)	Funds contributed by The Canadian International Development Agency; Ireland AID; The Swiss Agency for Development and Co-operation; The Embassy of Finland; The Royal Netherlands Embassy; The Royal Danish Embassy; The Royal Norwegian Embassy; The United States Agency for International Development (USAID) US \$5 Million have already been given to 50 Organizations between 2002 and 2006	The RFE provides 6-to-12 month grants of \$50,000 to \$200,000 to civil society organizations for urgent activities that bring quick results and which fall within the national response to the AIDS epidemic
REPOA (2007) Revised Costing of the MVC Action Plan		

## **Funding OVC Responses through a Strategy for Community Based Care, Support and Protection**

The Department of Social Welfare (DSW) with support from the UNICEF and AXIOS started implementing a pilot MVC programme in the early 2000s. The programme facilitates and builds capacities in communities in the identification of vulnerability criteria; applying the criteria in identifying the most vulnerable children in their communities, and in the development of plans for support and care of the vulnerable children and their caregivers.

**National guidelines have now been agreed upon by the stakeholders involved in various programmes to support, protect and care for the most vulnerable children in the country as follows:**

### ***Step 1:*** Training of the National Facilitators Team

Two weeks training of the national facilitation team including:

- Facilitation skills and community planning, Participatory Rural Appraisal (PPA) facilitation skills
- Human Rights Approach to Programming
- Vulnerability Mapping
- Communication skills
- Familiarization with the tools and instruments to be used in dialogues with communities

### ***Step 2:*** Advocacy meeting with district leaders and stakeholders

- Exchange views about the process of identification
- Consultation with leaders on the situation of vulnerable children
- Gain consensus on vulnerability and vulnerable children

- d. Solicit commitment and support from district authority and stakeholders
- e. Identification of key partners and allies
- f. Identification of the district MVC facilitation team

*Step 3: Training of the District MVC facilitation team*

To ensure the district facilitators are able to do the necessary facilitation at the ward and village levels, and also to equip them

*Step 4: Ward Level Advocacy Meeting*

To build Consensus, consult and identify community facilitators.

*Step 5: Training of ward and village/street facilitators*

Four days training to equip the facilitators to facilitate dialogue, discussions and ensure inclusiveness and participation of all groups, to facilitate participation of children and young people. Participants are expected to be selected from ward extension workers, Village Health Workers, teachers, representatives of CBOs, FBOs, and youth, among others.

*Step 6: Community Dialogue and Identification of the MVC*

Dialogue meeting with leaders of the Village Government and with members of the community to introduce the programme, to facilitate identification of vulnerability criteria, to identify the most vulnerable children, to select members of the village MVC committee and to train them.

**UNICEF** has supported the implementation of this strategy in 17 districts, and has channeled matching funds to villages' MVC bank accounts. This has been done through a tripartite memorandum of understanding between the community, District Council and UNICEF. The district is designated as the guarantor of the fund, facilitating the opening of village accounts, mobilizing resources, and providing accountability. The Village MVC fund is an attempt to create a resource base at the community level to provide social protection to the most vulnerable children and households. Envisaged sources of funding for the Village MVC Fund include (i) voluntary contributions from the community (ii) contributions from the District Councils (iii) a matching fund from UNICEF (iv) contributions from CSOs and others.

In order to secure the commitment of districts in overseeing the performance of the funds, districts are required to contribute to each village fund. The Memorandum of Understanding provides for the annual transfer of a lump sum to village governments in the programme. However to date, many of the districts implementing this MVC Programme have not made such transfers. UNICEF's contribution to the fund is according to a matching fund formula, i.e. for every one-dollar from the village, UNICEF contributed two dollars, and supported capacity development by funding training in basic financial management skills. This approach is currently adopted in the implementation of all OVC responses in the country e.g. those funded by the Global Fund Round four and by PEPFAR.

Funding from USAID facilitate system strengthening in the central (Department of Social Welfare) and local governments and direct support to OVC through the FBOs and CSOs. The system strengthening efforts focuses on realization of both long-term and short-term goals. The long-term goal is to build the capacity in the country to train social workers equipped with the capacity to deal with the emerging social welfare challenges due to HIV/AIDS.

System strengthening supported by USAID also includes the following:

- The National Data Management System
- Capacity building in the Department of Social Welfare
  - Supporting the provision of one computer for OVC data management in all the districts in Tanzania
  - Training data entry clerks and social welfare officers on data management
  - Seconded two staff to work in the DSW in the following areas:
    - Capacity building in addressing OVC issues
    - Data Management
  - Through support from the USAID, FHI is currently developing standard packages (Minimum Standard) for OVC responses
  - Development of the NPA through FHI
  - UNICEF facilitates roll out of the NPA
  - Provided a data saver for OVC data management in the DSW. However due to bureaucratic problems the saver has not been installed for the last two years.
  - Provided internet services in 200 to the DSW but until now connections has not been done due to problems on the recipient side
  - Through PACT, capacity building in communication systems (DSW has no working tools)

The American Institute of Health Alliance in twin partnership with the Institute of Social Work and Jane Adams School of Social Work at the University of Illinois Chicago, are carrying out the following system strengthening activities with regard to OVC in the country:

- Strengthening the Institute of social work, this includes reviewing the training programs and the curriculum. (Have introduced a degree program)
- Providing pre-service training of social workers
- Providing training of trainers (TOT) for in-service training
- Most districts in Tanzania lack social workers. The community development officers, who by the virtue of their training are not equipped with social work skills, provide social welfare services at the local government level. The pre-service training is aimed at equipping them with social work-skills to address OVC issues. Training will also be extended to the Ward Community Development officers so as to equip them with Social Welfare skills.
- Paraprofessional training, which is aimed to have at least one paraprofessional social worker in each ward. Training have started with three regions with the highest HIV/AIDS prevalence rates and largest number of OVC i.e. Dar es Salaam, Mbeya and Iringa. The paraprofessionals will have the responsibility of

overseeing Most Vulnerable Children Committees in the communities, and provide link between the Social Welfare Officers at the district level.

Direct support to FBOs and CSOs includes support to the following organizations:

- PASADA
- Selian Hospital Arusha
- Deloitte and FHI (Tunajali program)
- Roads project (provide services along the highways)
- International Youth Foundation, through global development alliance (skills development for employability)  
Implemented in partnership with the private sector – i.e. public, private sector partnership (PPP); The program provides skills to the OVC and facilitates job placement through working in partnership with the private sector/industries. Currently the CBOs that are implementing the program are KIWOHEDE in Dar es Salaam and IDYDC in Iringa

Track one partners are funded directly from the USA government and USAID provides additional Funds to facilitate the organizations to implement the National Action Plan activities e.g. facilitating the exercise of OVC identification in the communities where these organizations are working

USAID supports FBOs through Balm and Gilead, which coordinate FBO responses in the following areas:

- Direct services
- Advocacy
- Counseling and testing

Currently Balm and Gilead, is working with Bakwata, and Salvation Army.

## ***D2. Financial Management and Source of Funding of OVC Responses by the FBOs and CSOs***

This is an area that needs capacity building especially among the FBOs and CBOs. Access to funding among these organizations is difficult and most of them are unable to comply with the donor requirements due to weak financial management capacity

## ***D3. Funding Challenges***

- Inability of the FBOs to apply for funding e.g. from the Rapid Funding Envelope (RFE) due to lack of capacity to write proposals
- Lack of information on the available funding opportunities as information tends to be announced in newspapers and CBOs in the rural areas have no access to newspapers and are not capable of reading the English newspapers where the advertisements are normally placed

### **Suggested solutions**

Development partners should establish a special window to facilitate FBOs and CSOs access to donor funding in a less complicated fussion

### ***E. Kind of Responses to OVC provided by FBOs and CSOs***

FBOs and CSOs provide support in almost all the areas of OVC support care and protection identified in the *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS*. However, the area of economic capacity building needs strengthening

### ***F. Geographical Coverage***

So far organized/coordinated OVC responses are provided in the districts with support from the Global Fund Round four and PEPFAR.

### ***G. Areas of OVC where FBOs, CSOs and CBOs need human resources and technical support.***

- Financial management
- Proposal writing
- Technical capacity e.g. in psychosocial support

## ***H. MONITORING AND EVALUATION***

### ***H1. M&E Coordination Structure***

An M&E system has been put in place. However the M&E system is still weak due to the lack of capacity at the community level to collect data and the inherent reporting weaknesses between the FBOs, CSOs and the government structures

### ***H2. M&E Gaps and Challenges***

- Capacity problem at the community level to collect and report data. This is mainly because of the following:
  - People are not motivate to do as they work on voluntary basis
  - The level of education
  - Communication problems. The FBOs and CSOs are still not aware on how the established OVC M&E works.

### **Proposed Solution to this problem from the key informant interviews includes the following:**

Harmonization of the FBOs and CSOs M&E processes

Training or mentorship to build the M&E capacity of the FBOs and Community Based Organizations

## **I. Alignment of OVC Responses by FBOs and CSOs to the National Efforts and Enhancing their Roles in the Realization of the Universal Access to Essential Services**

- The role of FBOs and CSOs could be enhanced through increased allocation of funding to support the FBOs and CSOs implementing programs at the community levels
- The government has limited capacity (material and infrastructure) in the delivering of support packages to the OVC. The government should focus more on policy and provision of guidelines. The provision of services be left to the CSOs and FBOs.
- The government of Tanzania should continue facilitating the work of the USA based umbrella organizations here in Tanzania to facilitate strengthening of FBOs and CSOs capacity as sub-guarantees by orienting them to the USA policy and government guidelines on use of public funds/financial management. This is important for enabling FBOs and CSOs in Tanzania build the capacity of accessing the donor funding from the US government as well as from other donors.

### **People Contacted:**

1. Elizabeth Lema, OVC Project Management Specialist, USAID—Tanzania
2. Dan Griffin, Assistant Country Representative and Head of Programming, Catholic Relief Services
3. Laurence Mapunda, WCRP—Tanzania Secretariat
4. Jane Carder, PACT
5. Ricardo Mkonda, UNICEF—Tanzania
6. Salvation Army OVC Programme Coordinator

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