Capacity Development and Support Programme

Achievements of OVCY programmes

USAID
FROM THE AMERICAN PEOPLE

PEPFAR

fhi360
THE SCIENCE OF IMPROVING LIVES

DISCLAIMER

This publication is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with the United States Agency for International Development (USAID) under cooperative number: AID-674-A-14-00009.

The contents are the responsibility of the Capacity Development and Support (CDS) project, managed by FHI 360, and do not necessarily reflect the views of USAID or the United States Government.

Front cover photograph: A Vhutshilo adolescent group meet at the home of a social auxilary worker in Lerentjeni village in Limpopo.

USAID
FROM THE AMERICAN PEOPLE

PEPFAR

fhi360
THE SCIENCE OF IMPROVING LIVES

Capacity Development and Support Programme

Progress to date

CONTENTS

Introduction

The U.S. Agency for International Development's (USAID's) orphans and vulnerable children (OVC) programmes, through PEPFAR, aim to improve the health and well-being of children living with and affected by HIV. The OVC programs strengthen child and family resilience and contribute to the acceleration of access to HIV/AIDS treatment for children and to the prevention of HIV among adolescent girls and young women.

In addition, OVC programs contribute to meeting the UNAIDS 95-95-95 goal by ensuring all beneficiaries know their HIV status, are receiving treatment for HIV and are virally suppressed.

By lessening the impact of HIV and AIDS on children and families, communities are better positioned to work toward an AIDS-free generation.

FHI 360 was awarded with a ten-year Capacity Development and Support (CDS) program which aims to contribute to USAID's goal of mitigating the impact of HIV, STIs and TB by increasing the capacity of local NGOs and the South African Government (SAG)

FHI 360, through CDS, implements OVC projects on behalf of USAID South Africa Mission and PEPFAR.

FHI 360 is a non-profit organisation working in more than 70 countries, with a Southern Africa Regional Office based in Pretoria, Gauteng. FHI 360 is a non-profit human development organisation dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions.

The CDS programme

FHI 360, through the CDS programme, with funding from USAID, implements three orphans and vulnerable children and youth (OVCY) projects:

1) Bridge (Support, Prepare and Engage Vulnerable Youth)

2) Early Childhood and Household Stimulation (ECHS)

3) Reaching Adolescents and Children in their Households (ReACH)

These OVCY projects aim to improve the well-being of OVCY by mitigating the impact of HIV and AIDS, reducing their risk and vulnerability and increasing their resilience and likelihood of growing up to be healthy, educated and socially well-adjusted adults.

Purpose of this publication

This document seeks to showcase the interventions and programmatic outcomes by different sub awardees funded by USAID through the FHI 360 CDS programme. These successes are documented through case studies and success stories, and an overview of each programme is given at the beginning of each section.

Methodology

FHI 360 identified particular sub awardees across the three projects to be visited for the purpose of showcasing their particular community-led interventions and programmatic outcomes. The showcasing was based on visiting each of the sub awardees, spending time with their staff and beneficiaries, and accessing relevant documentation regarding the implementation of each project.

Schedule

WHO	WHERE	PROJECT	WHEN
HOPE worldwide	Johannesburg	ECHS	11 & 12 October
Future Families	Pretoria	Bridge	24 October
mothers2mothers	Witbank	ECHS	23 October
CHoiCe	Tzaneen	ReACH	30 October
AFSA	Durban	Bridge	15 October
Kheth'Impilo		ECHS	16 October
NACOSA		ReACH	17 October
Youth for Christ		Bridge	19 October

SECTION 1

The Bridge Project
Support, Prepare and Engage Vulnerable Youth

Overview

Home visits are an important part of improving the well-being of households

The Bridge Project seeks to expand on youth development programmes for OVC youth (aged 15 to 24) in KwaZulu-Natal and Gauteng in South Africa. It is implemented by four OVCY sub-awardees; HIVSA and Future Families in City of Johannesburg and City of Tshwane. Aids Foundation of South Africa (AFSA) and Youth for Christ KZN (YFC) implement in eThekwini North and West respectively. AFSA and YFC have each done direct implementation to 13 534 youth between 15 and 24 years, during year one of the project. HIVSA implements their target of 33 320 youth, through 24 community-based organisations. Future Families does direct implementation to 4 900 youth.

GOAL

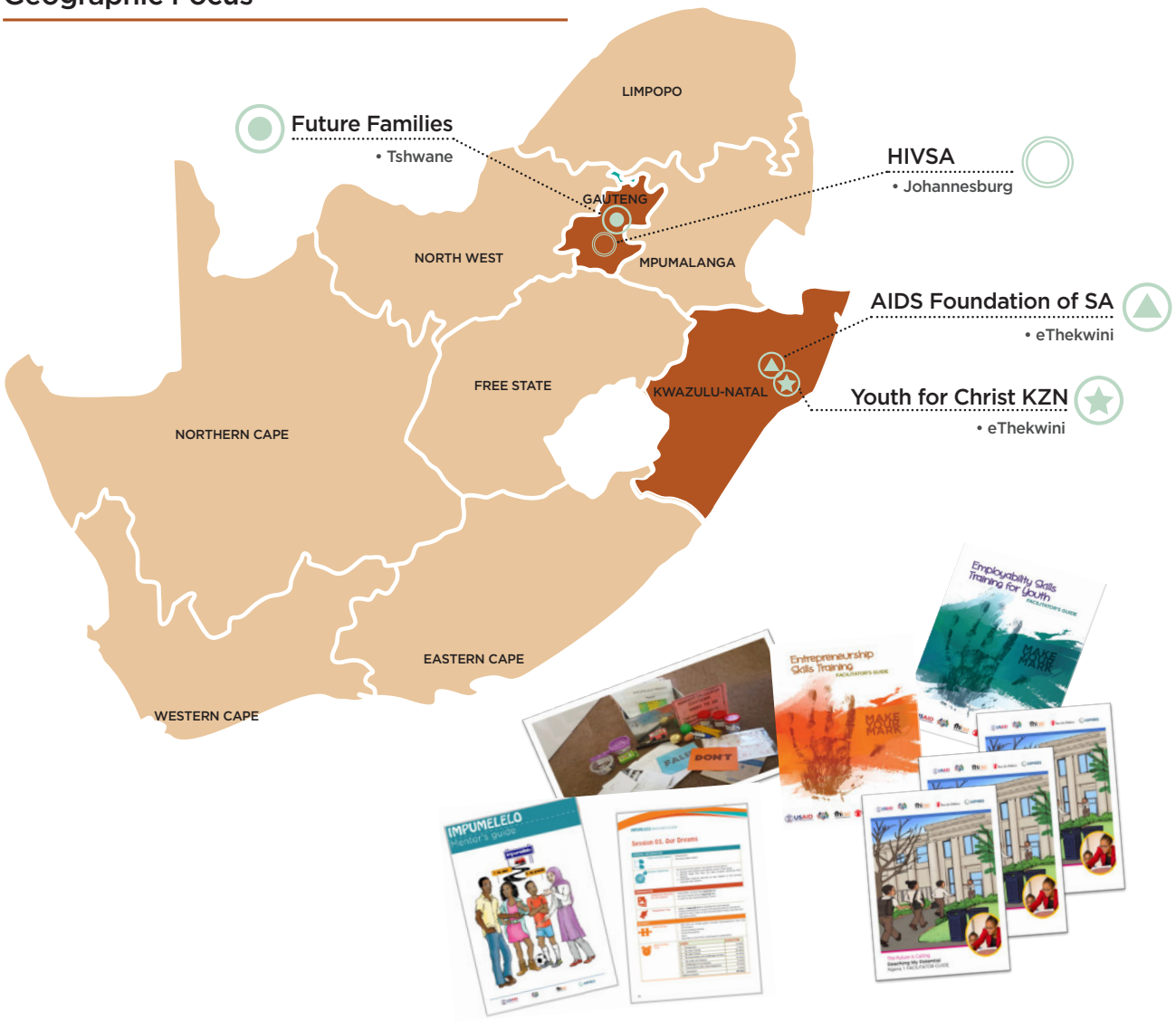
To improve the health and economic security of vulnerable youth by addressing the socio-economic factors that mitigate the impact of HIV and AIDS, thereby reducing their risk and vulnerability, and providing them with structured support during their transition to becoming healthy, educated and socially well-adjusted adults.

OBJECTIVES

1. **Increase the number of adolescents and youth between the ages of 15 and 21 years old who receive a package of evidence-based socio-economic interventions that equip them with the assets and skills they need to negotiate livelihood choices and health behaviours that lead to better health outcomes and mitigate the impact of HIV and AIDS on this vulnerable group.**
2. **To improve the well-being of the households of vulnerable adolescents and youth by increasing their ability to better prevent and cope with shocks (social, health, and economic) and mitigate the impact of HIV and AIDS on the family.**
3. **To advocate and mobilize community support and resources to increase adolescent and youth access to information, networks and new technologies that build linkages to professional and community networks.**

The Bridge Project

Geographic Focus



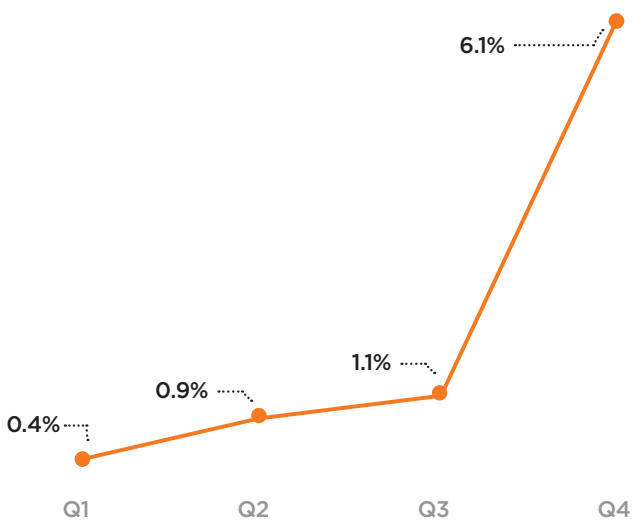
THE BRIDGE PROJECT AIMS TO UNLOCK THE POTENTIAL OF TRULY VULNERABLE YOUTH AND HOUSEHOLDS BY:

• bridging gaps between the education system and the job market • reducing risky behaviours • improving healthy living and social inclusion.

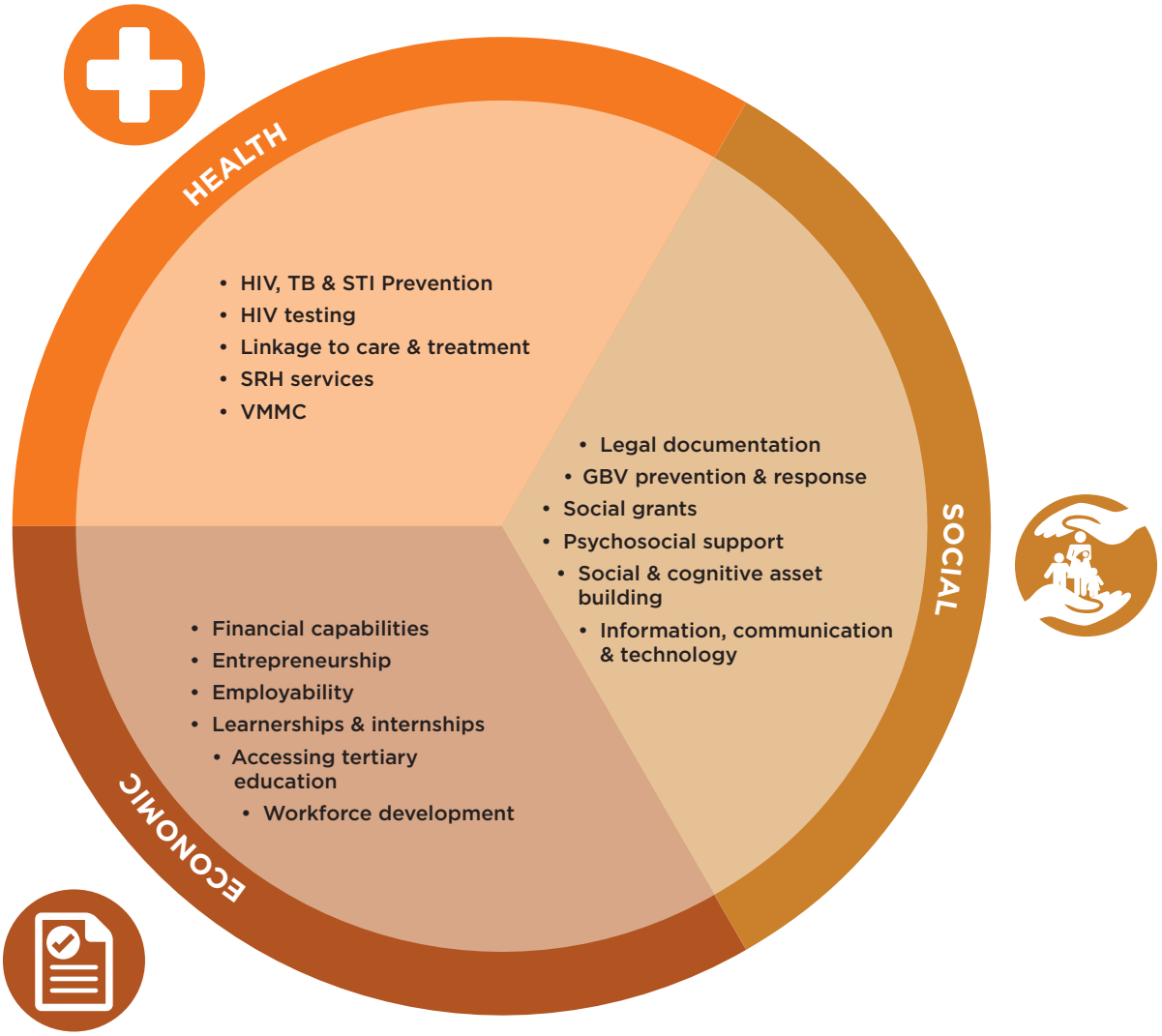
THE PROJECT FURTHER AIMS TO:

• strengthen economic capabilities • build social assets • promote positive health-seeking behaviours • improve access to health and social services.

PROPORTION OF BENEFICIARIES ENROLLED, WHO ARE HIV POSITIVE (<18YRS)



Implementation Model



HIV prevention and economic strengthening programmes

At the core of the Bridge project is HIV prevention training, as well as the aim to prepare and support youth to enter into learnership or study opportunities, improve their employability or set them up for successful entrepreneurial success.

All Bridge youth receive a 16 session Vhutshilo 2 HIV prevention training to support increased knowledge, behaviour change and continued HIV negativity amongst the youth. HIV positive youth receive a tailored Vhutshilo 3 programme to provide them with knowledge, behaviour guidance and support group opportunities amongst HIV positive youth.

To assist youth to find employment, learnerships or entrepreneurial opportunities the youth are provided with economic strengthening (ES) trainings. All youth should complete at minimum the 16 session financial capabilities training, at some stage during the three-year Bridge project. At least half of the youth should be provided with one of the additional ES training sessions during the three years; either employability, entrepreneurship or support to access tertiary education (SATE).

In support of objective two, households of the enrolled youth should also be afforded an abbreviated ES and HIV knowledge training to assist them in understanding HIV, youth behaviour and specific, essential financial topics; i.e. savings, budgeting and good/bad debt.

Learnerships, employment and entrepreneurial opportunities

The Bridge implementing partners work closely with community networks, private businesses, social services organisations to link youth to career and small business opportunities.

All the Bridge partners have linked youth to the not-for-profit social enterprise organisation Harambee in KZN, City of Johannesburg and City of Tshwane. Harambee screens, enrolls and prepares/trains youth for job placements. Youth across both provinces are routinely supported and linked to a variety of job placement networks; career guidance events, IT or internet capabilities training, as well as CV writing and career choice orientation sessions.

Although small numbers (141) of local employment opportunities have been recorded by all the Bridge partners, the Bridge project needs to focus on large-scale learnership and employment placements during the second year of the project. Future Families is actively engaging the local municipality's learnership and management training programme to ensure year two of the project affords improved numbers in this regard.

Vhutshilo group discussions, Sithokozile school, eThekwini

LESSONS LEARNED

- Implementing partners need staff strong in ES to complement HIV prevent focused skills
- Sub-awardees should ideally do direct implementation; additional subcontracting increases costs and inefficiencies
- Beneficiary case management reviews and data quality assessments are crucial to ensure effective implementation of programmes

BRIDGE CUMULATIVE RESULTS

Services received by beneficiaries:

- HEALTH
- ECONOMIC STRENGTHENING
- PSYCHOSOCIAL CARE AND SUPPORT

AIDS FOUNDATION OF SOUTH AFRICA

The role of partnerships and relationships

Recruiting people living with HIV through clinics

AFSA staff at the satellite office

AFSA aims to be a leading contributor to the promotion of healthy communities and sustainable, equitable human development.

BACKGROUND

The AIDS Foundation of South Africa (AFSA) was established in 1988 in Cape Town to raise and distribute funding to finance HIV/AIDS education and care projects. In 1994, operations were expanded to KwaZulu-Natal and Gauteng and shortly thereafter AFSA moved their head office to Durban as KwaZulu-Natal was the province where most of AFSA's supported programmes and organisations were operating.

The Bridge project is implemented in the eThekwini North sub-district of the eThekwini Metro, focusing on the townships of Inanda, Ntuzuma and KwaMashu (collectively known as INK) which are approximately 25km north of the Durban city centre. The area is home to more than half a million people and has one of the largest concentrations of low-income households in South Africa.

ACTIVITIES

The target for AFSA was to enroll 13 534 OVCY. Having enrolled these beneficiaries, AFSA would then visit the relevant schools in the area to deliver a range of services as well as refer and link the beneficiaries with services in the area provided by government, NGOs and CBOs, and the private sector. In addition, a series of home visits are undertaken to improve the well-being of the households from which the beneficiaries are drawn.

Enrolling beneficiaries into the project was initially slow. This, coupled with a change in the orientation to focus specifically on HIV positive beneficiaries, led to the realization that the door-to-door recruitment process was not yielding sufficient success. A change in approach was needed and led to the signing of a Memorandum of Understanding with the Department of Health. The idea behind this was to develop partnerships with clinics in order to access their database on individuals who were either starting outon antiretroviral therapy (ART) or who were listed as defaulting on their treatment.

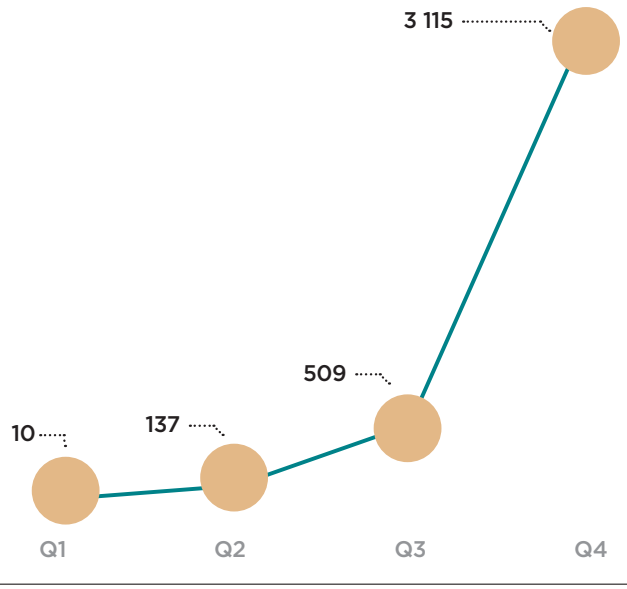
The approach to the clinic was key and was framed as "how can we help you?" Once a clinic realized that AFSA was there to help/assist, they were happy to open up and share information. AFSA discovered that clinics had challenges retaining patients in care and had high defaulter rates. Thus began a mutually beneficial partnership.

Home visitors from AFSA would be supplied with the address of a prospective beneficiary and would go to the house, often accompanied by the Department of Health community care worker for the first visit. Using a comprehensive case management approach, detailed individual and household information would be collected to allow for targeting of services and appropriate referrals to be made. The role of home visitors were critical in assisting local clinics to trace ART defaulters and encourage them to go back on treatment.

By the end of the project's first year, AFSA exceeded their target and enrolled and served 14 600 OVCY. The proportion of HIV positive beneficiaries between the ages of 15 and 24, also significantly increased with the change in recruitment strategy, resulting in the enrollment of 3 115 such beneficiaries (21% of the total number of beneficiaries).

The role of home visitors is critical in assisting local clinics to trace ART defaulters and encouraging them to go back on treatment

Number of HIV positive beneficiaries enrolled



Successes and lessons learned

Targets were achieved as a result of:

- The partnerships created with local clinics, which in many instances saw AFSA staff being given a physical space at the clinic from which to recruit beneficiaries immediately
- Collaboration with community caregivers who formed part of the field team
- Working with local HIV prevention NGOs organizing HIV testing rallies and door-to-door testing (approximately 90 such events were conducted)
- Developing and maintaining good relationships with the beneficiaries themselves and the broader community from which they were drawn
- Beneficiaries starting to see improvements in their situation as a result of the project

Mom and daughter celebrate Ayanda's new job

The Mtolo household garden

"Since the project has come into our lives there has been a lot of change. Everyone has been tested and we all know our status. There was no money coming into our house before. Now we go to the soup kitchen. We have our garden. And we are getting social grants again. Even though the money is little, it is more than we had before."

MTOLO HOUSEHOLD

The Mtolo household is headed by the matriarch, Khetani, who is HIV positive, suffers from mental health issues and is unable to work. She has five children, ranging in age from 23 to 11 years old, who all stay with her in the one roomed house that they occupy. Her eldest daughter, Ayanda, was first enrolled into the project as she was HIV positive but was defaulting on her treatment. All the children have subsequently been enrolled into the project.

The initial assessment revealed a severely impoverished and desperate household. The only source of income was Khetani's disability grant and the child support grants that Ayanda received for her two children, who are aged 6 and 2 years old.

A range of services have been provided to the household:

- **HIV testing and treatment** – all the children have been tested and support is being given to ensure that Khetani and Ayanda adhere to their ART
- **Social assistance** – food vouchers have been provided, assistance has been given to help renew Khetani's SASSA grant card, three children have been helped to obtain social grants, and access to a local soup kitchen has been secured in order for Khetani and Ayanda to be able to take their medication
- **Sexual reproductive health** – the older girls in the family have been placed on family planning, the boys have been referred for circumcision and condoms have been provided to the household
- **Economic strengthening** – the home visitors have assisted in the development of a food garden (Khetani sells some of the produce which enables the household to buy bread and other daily necessities) and Ayanda is about to start working on the Expanded Public Works Programme (EPWP) in the area
- **Education** – one of the children who is in matric is being assisted with financial and other support to complete the central office application form for tertiary education

BUILDING TRUST WITHIN COMMUNITIES AND COLLABORATION BETWEEN PARTNERS AND STAKEHOLDERS ARE ALL KEY TO ENSURING SUCCESSFUL OUTCOMES

BHUYENI HOUSEHOLD

The community of Bhambayi in Inanda is extremely impoverished, and people are desperate. To work in this area requires the development of trust with the residents and building and maintaining relationships are key. AFSA have worked hard to develop and maintain these relationships as well as foster links with other providers, such as the departments of Health and Social Development. This has enabled them to work together, allowed for cross referrals, and strengthened the response to the huge need at a household level.

The Bhuyeni household is one such household in Bhambayi. Fana, aged 26, is the *de facto* head of the household after both his mother and father passed away. There are currently ten people staying in a one-roomed wooden house, whilst two of Fana's siblings have been moved to foster care as they were sexually abused by an uncle who lived nearby.

When the household was identified by the home visitor from AFSA, Fana was bedridden and gravely ill, while the rest of the household were also in extremely poor health. While the immediate provision of food parcels was key, all the members of the household were taken to the clinic for testing and screening services. Fana was diagnosed with HIV and TB and was put on treatment.

Social assistance was provided to the household - access to identity documents for all the children was secured and social grants for two children initiated. The two abused children were referred to social workers and were removed from the home and placed in foster care. Education on sexual reproductive health was provided as well as information on family planning and circumcision.

Partnerships with the Department of Health and local clinics are key to successful interventions

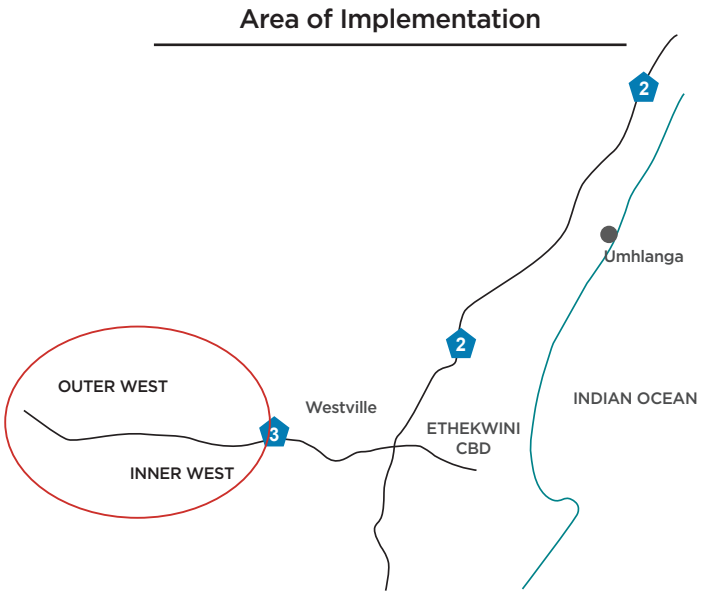
Fana and his younger brother, their circumstances have been improved significantly through support from this USAID funded project

"No-one had the time of day for me before – it was very difficult. Today, bit by bit, things are getting better. I can now tell my friends to go and test. They can see that it makes a real difference to know your status."

Importantly, in the area of economic strengthening, Fana has been able to get employment on the EPWP, assisting in the identification and recruitment of other households into similar projects to that of Bridge. He has also been given advice on budgeting and financial management. Fana is now saving money in a bank account every month, has managed to buy furniture for the house and is able to buy some food and not rely solely on food parcels.

YOUTH FOR CHRIST

Economic strengthening
Improving earning capacity of beneficiaries



YFC staff outside the KZN offices

BACKGROUND

South Africa is one of the largest Youth for Christ (YFC) national programmes in the world. The particular vision and mission for YFC in implementing the Bridge project is:

Giving hope to orphans and vulnerable children and youth (OVCY) coming from disadvantaged communities by presenting opportunities for their holistic development.

Our aim is to improve the health and psychosocial well-being, access to education and economic status of OVCY, through improving the well-being of families and their vulnerable children at household level.

YFC targets the geographic area of west eThekwini.

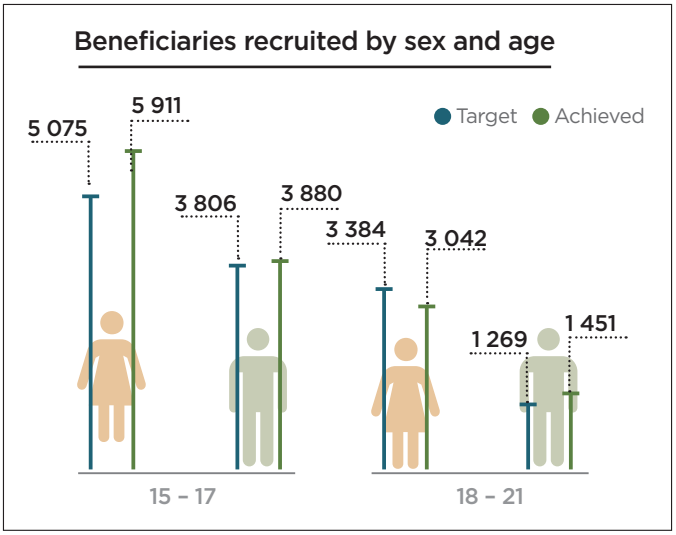
ACTIVITIES

Tasked with enrolling 13 534 youth into the project, YFC surpassed this target and managed to enroll 14 340 youth. They initially started off working in 10 schools, which was then expanded to 23 schools, and 3 communities.

The Bridge project's changing of priorities provided a challenge to the enrollment of youth into the project: initially the focus was economic strengthening for youth, then it turned attention to HIV prevention, and then the focus was on people living with HIV. For recruitment of beneficiaries (especially those who are HIV positive), it was important to engage with others doing similar work. YFC were able to piggy back on a youth development organisation that already had a database of clients; work with clinics (who provide the medical focus to balance YFC's social focus); and partner with clubs in the community that had an active youth constituency.

After beneficiaries were enrolled and assessed, a case plan was developed to deal with the identified needs. The type of support provided included both group-based support and household-based support. Activities provided varied and depended on the area as to which activity was most required and impactful.

While the core of the Bridge project is HIV prevention training, it also aims to prepare and support youth to enter into learnership or study opportunities, improve their employability or set them up for successful entrepreneurial success. YFC conducted training sessions with groups of 20 to 25 beneficiaries on Vhutshilo 2&3, financial capability, entrepreneurship, employability and SATE using evidence-based curricula. They also held workshops on gender-based violence, child protection and career guidance both in schools and in communities.



Skills development contributes to social and economic integration. Ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programmes is one of the most effective ways to combat poverty in our communities. Providing training in vocational skills plays an important role in equipping young people and adults with the skills required for work and social integration.

A group of 15 out of school youth from Savanna Park were the first to be beneficiaries of an accredited skills programme which spanned over 3 months where beneficiaries were provided with the theoretical and practical aspects of basic carpentry. This initial group were followed by a second group of 30 out of school youth. Two participants from the first group who excelled in the course were given further training and were recruited to be the facilitators of the second round of training.

Successes

- The overall target for enrolling youth for the year was surpassed, as was the target of the required HIV positive beneficiaries in a very short space of time
- We have forged very strong working relationships with clinics and community-based organisations who deal directly with HIV positive populations
- A number of out of school youth that have completed training have been able to start their own business or secure employment

Lessons learned

- Relationships are the key in building the success and sustainability of the project
- Communication underpins everything and is a very important aspect of the project
- To be responsive and receptive to change
- To be accountable
- To be innovative and able to think outside the box

Thembelihle Zuma shows off her beadwork

"This project was so helpful to me – I grabbed the opportunity [to do the course] with both hands. I started with a small amount of cash, and I've used that to buy wigs and beads which I can then work with and sell."

The case plan approach

When working with a beneficiary a case plan is developed for them which involves:

- **HIV testing and counselling**
- **Helping them set up bank accounts and to start saving**
- **Career guidance**
- **Psychosocial support**

THEMBELIHLE ZUMA

Thembelihle Zuma is a single mom. She has three sons; her oldest is disabled and requires significant medical and ongoing care. This has restricted her ability to work. Members of YFC approached her as they realized she wasn't working, and were proactive in arranging for her to attend the lifeskills course at times when her son was at school.

Until she did the course, Thembelihle found that her energies were focused on her child rather than herself or how to earn a living. Not only did the lifeskills course help her to deal with hurts from the past, the healing that resulted enabled her to learn to value herself more and realize there were ways she could earn money.

The entrepreneurial course taught her skills which she has used to build work opportunities. Because she can't work for an employer (given that she needs to be at home and available for her son) the ability to work for herself is a life saver.

She is currently doing the carpentry course facilitated by YFC which she is loving and hopes will further add to her potential to earn the money she and her family need.

Thembelihle feels that understanding the importance of keeping healthy, building your confidence, having people to support you as well as learning practical entrepreneurial skills all translate into a better state of mind, which in turn gives one the energy needed to start a business, care for your children and feel positive about yourself. For her, this is the success of the project and she is so pleased that she was given the opportunity to attend.

RELATIONSHIPS ARE THE KEY IN BUILDING THE SUCCESS AND SUSTAINABILITY OF THE PROJECT

SANDILE MAKHAYA

Sandile Makhaya is from Savanna Park. Both of his parents died when he was young, and his early years involved a life of gangsterism for which he was in and out of prison. He was known in the community for being a troublemaker and many people would steer clear of him if they saw him in the streets.

When YFC moved into the area and began enrolling youth, they invited him to join a lifeskills course. He refused the first time around as he did not see the point. However, he was then approached a second time and decided to join:

"I realized that I needed to change. I had to become a father and, most importantly, a role model for my young child."

After the lifeskills course, Sandile completed the carpentry course run by YFC. He was then asked to take control of the next course as co-facilitator. He is absolutely loving the opportunity to interact with all sorts of people of different ages and has been able to gain people's respect, despite them all knowing about him and his past

The carpentry course has opened up a few economic prospects and being facilitator on the current course has also provided some welcome income.

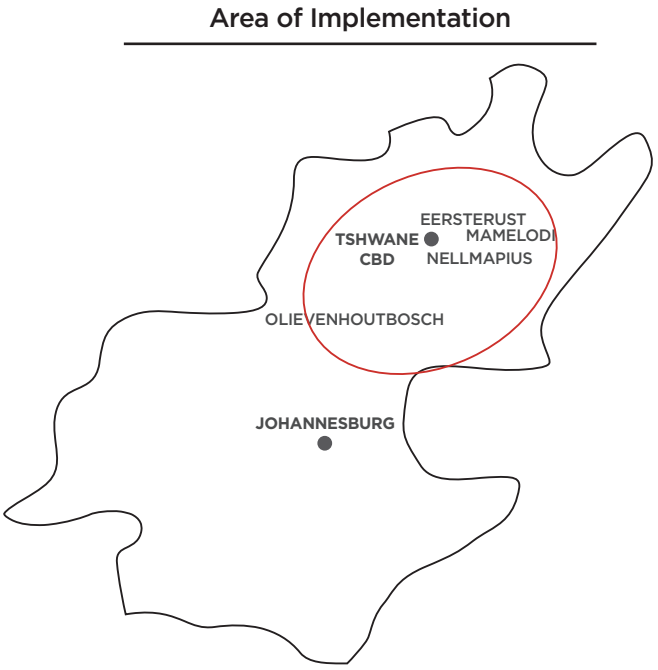
Sandile Makhaya, enjoying being a father and role model to his child

"For the first time, I am now in a position to throw a party for my child and a few of his friends."

Participants on a YFC entrepreneurship course

FUTURE FAMILIES

Financial skills
Enabling planning and budgeting by the whole household



Empowering families to create their own future

BACKGROUND

Future Families is a non-profit organisation providing services to OVCY and people infected and affected by HIV/AIDS in South Africa. Their objective is to keep children in their families, which may sometimes be a new type of family – a granny-headed family, a youth-headed family or even a child-headed family. They empower the community to care for the family and create support to ensure the family can successfully raise balanced children who will become responsible members of the community.

Future Families is funded by the Bridge project to serve 4 900 OVCY beneficiaries and their households in the Tshwane metropolitan area of Gauteng, focusing on sub-districts 4, 5 & 6 (which include Olievenhoutbosch, Eersterust, Mamelodi West and East, and Nellmapius).

Future Families team at Tshwane office

ACTIVITIES

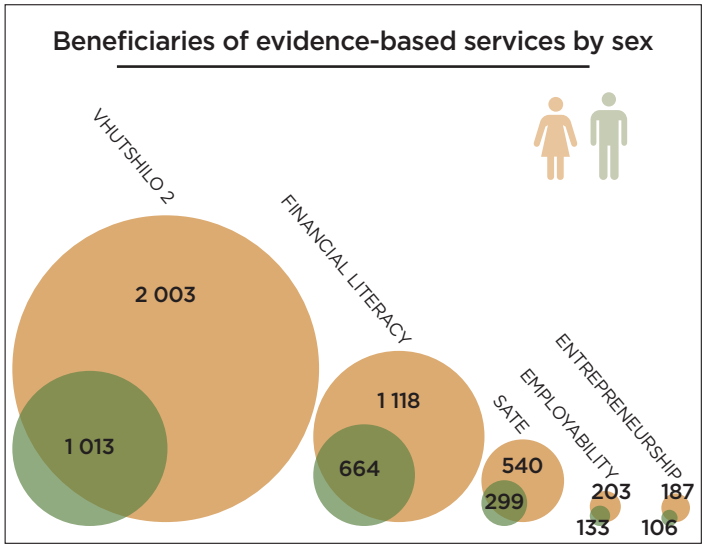
There is a need to deal with a range of stakeholders to effectively deliver on the Bridge project. At the outset, the mapping of communities is a key aspect of the project: this has seen Future Families work through schools, NGOs/CBOs, community forums, the Department of Health and their ward-based outreach teams and local councilors. The home visitors are from the communities in which they work and are fundamental to undertaking this comprehensive mapping exercise.

From their target of 4 900 OVCY, Future Families served 4 917 youth beneficiaries through the Bridge project. Evidence-based services provided include Vutshilo 2 (3 016 beneficiaries), financial literacy (1 782 beneficiaries), support to access tertiary education (839 beneficiaries), employability training (336 beneficiaries) and entrepreneurship for out of school youth (293 beneficiaries).

The second highest number of beneficiaries were reached through the financial literacy training, which included topics such as good and bad sources of money, how to save money, preparing a budget and the good and bad side of debt. Almost twice as many female beneficiaries as male beneficiaries attended financial literacy training.

In addition to the evidence-based services, core services provided by Future Families included HIV testing as well as training around family planning, voluntary medical male circumcision and gender-based violence. Linkages have also been established within the targeted communities to assist the beneficiaries with compiling CVs/job applications, tertiary education applications, business start-ups, and so on.

1 236 caregivers (linked to beneficiaries) have been reached through workshops focusing on sexual reproductive health basics, gender-based violence and financial literacy (workshops often run in parallel with the handing out of food parcels at the office in order to target groups rather than individuals).



Successes

- The financial literacy courses have been a huge success and have even managed to encourage some people to open up group accounts for saving purposes
- Healthy lifestyles are talked about throughout the programme, which then encourages youth to ask to be tested
- Dealing with misconceptions around a range of issues including disclosure, adherence and discrimination

Lessons learned

- Establishing trusting relationships with youth and household is key to program implementation
- Need for seed funding for youth to start their own businesses – working with City of Tshwane to source such funding
- Use of technology – an important recruitment strategy is to target wifi access points in the communities; while the setup of WhatsApp groups has made communication really instant and easy
- The project has big targets and small teams, so resources are always an issue: this has led to innovation in how the teams work as they now provide a range of services at the same time
- HIV+ youth need monthly follow-up (as opposed to the once a quarter contact that is expected) so linkages are important to deliver on this

Caregivers at Future Families office

VCT promotional t-shirt

CAREGIVERS' GROUP AND INPUT FROM STUDENTS

The general consensus is that parenting is not an easy job, especially when many of the caregivers were single mothers. All the mothers expressed their gratitude to the project for providing much needed support and input. Even at the level of communicating with their children and opening up channels of communication that didn't exist before, many caregivers felt that the communication skills of both parents and children had been enhanced. The project also provides other channels of communication which can be beneficial:

"It takes a nation to raise a child. If I cannot communicate with my daughter about something, there is someone else in the project who can talk with her."

The caregivers also pointed to how their children's participation in the project had translated into an increased interest in their school work and improved results. The financial literacy skills that have been provided through the training to both the children and their parents were singled out for the important role that they have played in developing a different attitude to money on the part of many of the participants. One of the mothers has included her 18-year-old son in the household budgeting process and he is now able to explain to the younger ones in the household when there is no money for treats or other non-essential items.

"I have seen such a change in my son. He has grown up, matured and is emotionally strong. He is so ready to play an important role in the world."

THE FINANCIAL LITERACY COURSES HAVE BEEN A HUGE SUCCESS PARTICULARLY AROUND HOUSEHOLD BUDGETING

Adolescents who have enjoyed learning financial skills and how to speak to those who care for them

Zanele (Grade 11) views the project as a great opportunity and says that her marks at school have improved since she joined. She has learned a lot of things from the project, particularly around contraception (she is now on contraception) and financial literacy. She has also learned to deal with peer pressure, which she says is huge at her school and in her community. Based on what she has learned, her advice to others in dealing with peer pressure is as follows:

"Don't take decisions lightly – think about what is good for you."

Nomsa (aged 17 and in Grade 11) lost her parents when she was young and lives with her two brothers in Olievenhoutbosch. She said the grief and loss counselling component of the project did a lot for her in coming to terms with her situation. She really enjoyed the financial literacy skills she gained, especially around how to do a budget. She has passed on these skills to her brothers and they now do a household budget for a whole month at a time.

"We may not have everything that we want, but we do have everything that we need."

Taking part in a support group

Support groups give adolescents the chance to debate different ideas and viewpoints

SECTION
2

ECHS
Early Childhood Household Stimulation

Overview

Getting men involved in the rearing of children is an important aspect of the project

A household-centred integrated service delivery approach

Early Childhood Household Stimulation is one of the OVCY projects implemented under FHI 360 with a specific focus on children 0 to 5 years and their caregivers.

GOAL

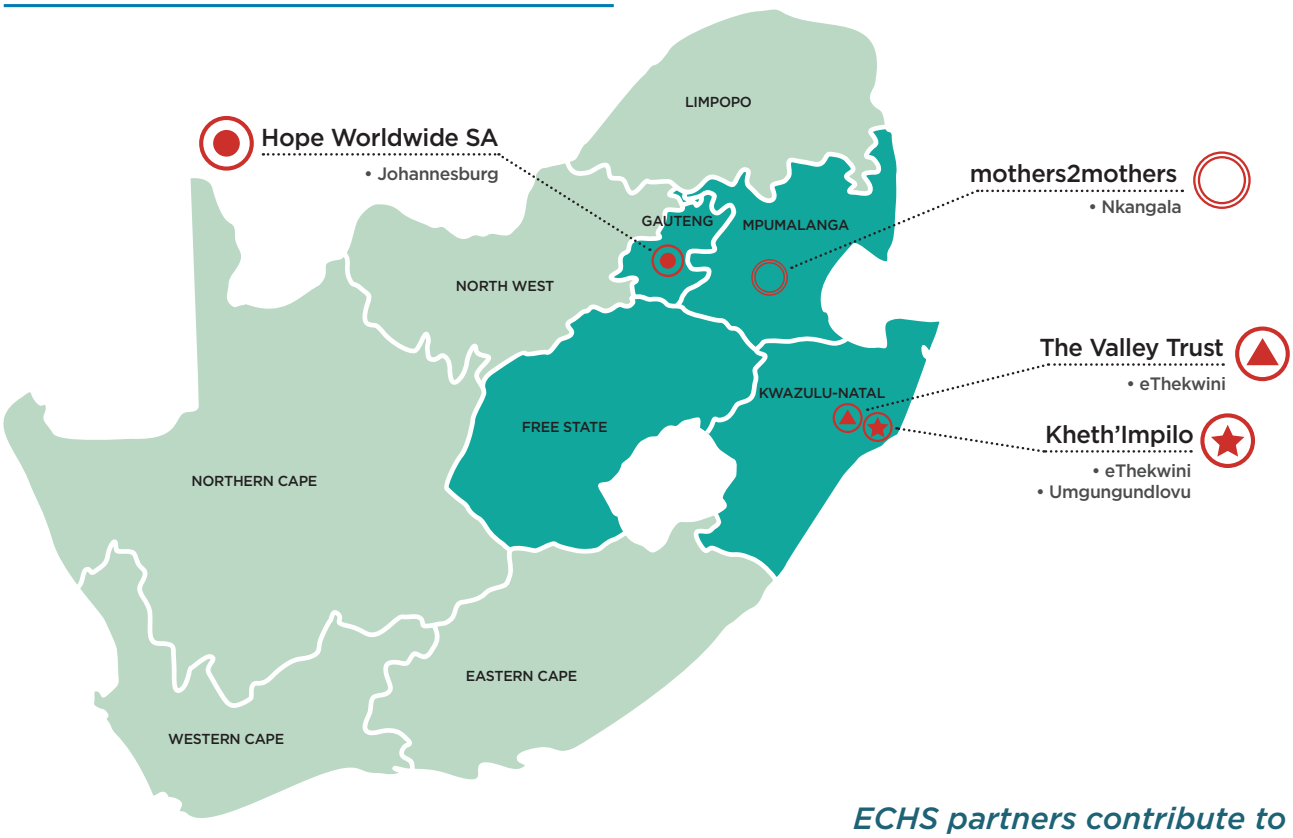
Create a safe environment and opportunities where HIV exposed/affected children have access to high quality and comprehensive ECD, health and social services to reduce risk and mitigate the impact of HIV and AIDS.

OBJECTIVES

1. **Increase the number of children between 0 and 5 years that have access to physical, cognitive, emotional stimulation and HIV related services.**
2. **Strengthen the capacity of caregivers to provide a positive relationship and support their children by increasing HIV knowledge to address non-disclosure, stigma, discrimination, low acceptance, low uptake of HTS and poor adherence to ART.**
3. **Strengthen referrals and linkages to high impact HIV services, health, social, child protection and other services that enhance the well-being of children and their caregivers.**

Early Childhood Household Stimulation

Geographic Focus



100% OVC with known HIV status

100% HIV positive OVC on ART treatment

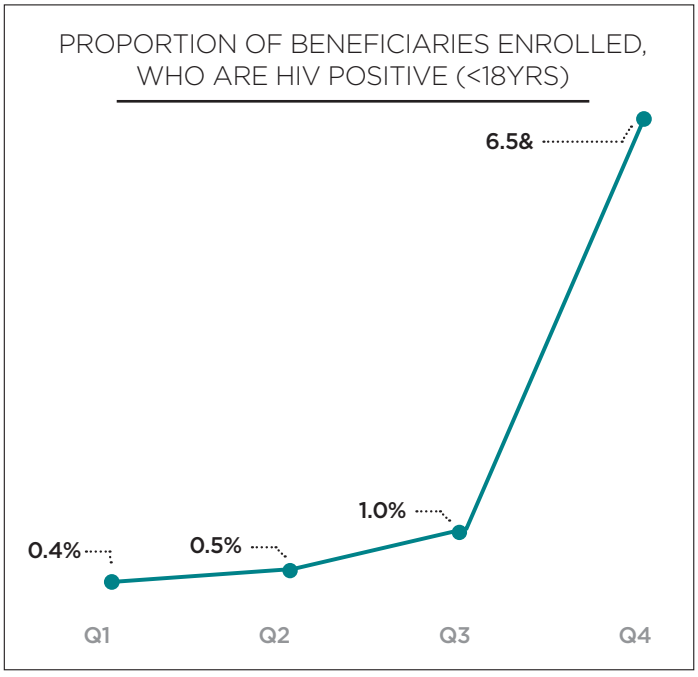
ECHS partners contribute to the 95-95-95 strategy as part of PEPFAR and the National Strategic Plan to control the epidemic by 2030

THE ECHS PROJECT SERVES THE MOST AT RISK OVC SUB POPULATIONS:

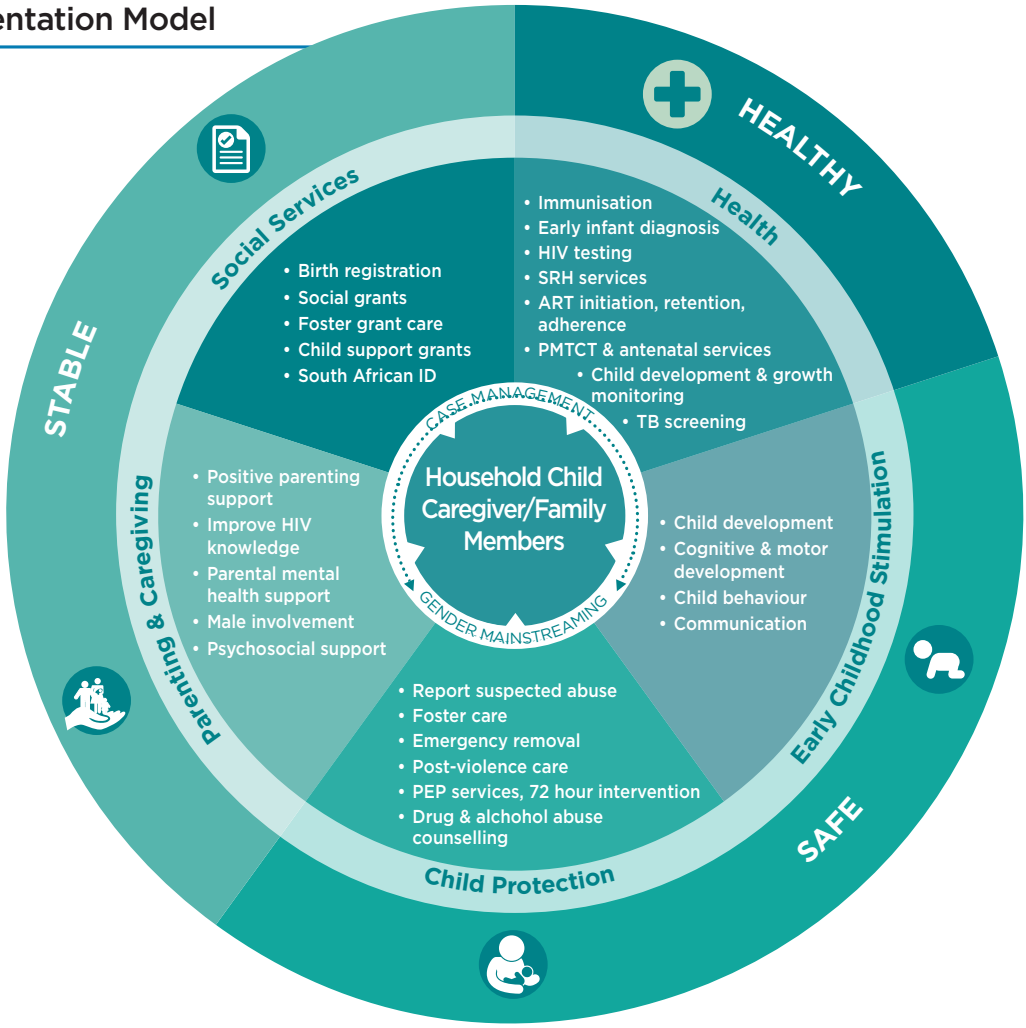
• HIV positive children • HIV exposed infants and children • children living with key populations (female sex workers) who are biological parents • children living with HIV positive caregivers • children exposed to GBV.

THE PROJECT PRIORITIZES INCREASED ACCESS TO:

• safe • accessible• high-quality• comprehensive services, including early childhood development (ECD) services, at household level and through group interventions in the form of circles of support.



Implementation Model



The ECHS project implements a case management approach using community referral structures through health and social services.

Trained community workers mobilize and educate communities by reaching out to women through prevention of mother-to-child transmission groups and counselling services at local centres.

A family-centred approach is used in the implementation of early childhood stimulation activities through using locally made toys and books, reading, story-telling and play. This is achieved through circles of support which enable the caregivers to engage and play with their children and also share experiences. The project facilitates men involvement in caring for children. All partners have incorporated men support groups and offer support though training and campaigns.

The project helps caregivers access treatment and services both for themselves and their children. These services include early infant diagnosis, ART initiation, ongoing support and follow-up care. Linkages to health facilities and social support are significant factors in the success of the project.

Different games and activities target the cognitive and motor development of children

INCREASING CASE FINDING OF CHILDREN LIVING WITH HIV TO ACHIEVE 95-95-95 GOAL BY 2030

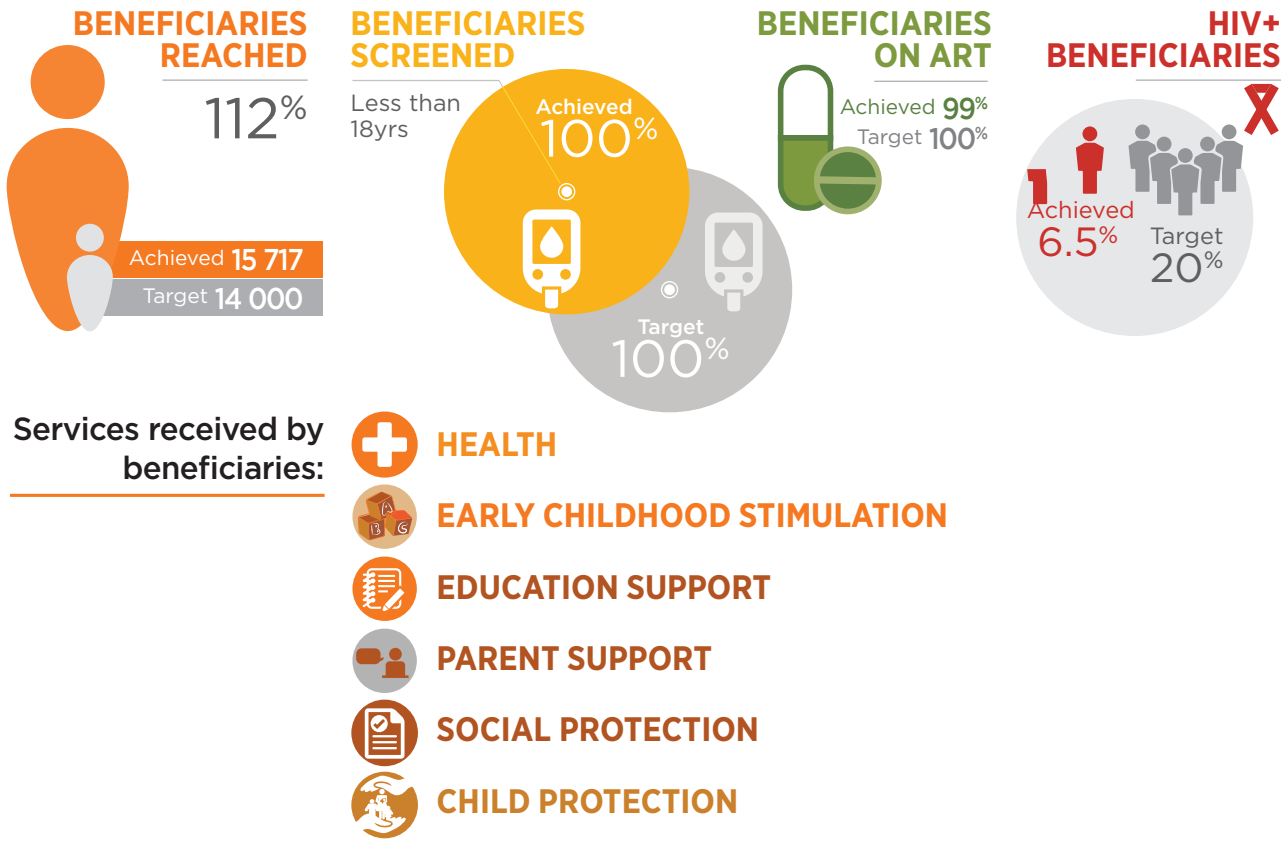
To achieve the first 95 (the identification of children living with HIV) partners have embarked on rigorous case finding and promoting universal offering of testing to ensure all children have a known HIV status.

ECHS sub awardees embarked on new strategies to improve case finding including using home visitors to track mother-infant/ child pairs to strengthen the link between community and facility programmes.

Sub awardees also collaborated with facilities and obtained MoUs to formalise relationships. Through improved case management, sub awardees are now able to track and follow up children to facilitate ART initiation and retention.

A mom with her baby - she has learned parenting skills from the home carer with whom she has built a friendship

ECHS CUMULATIVE RESULTS



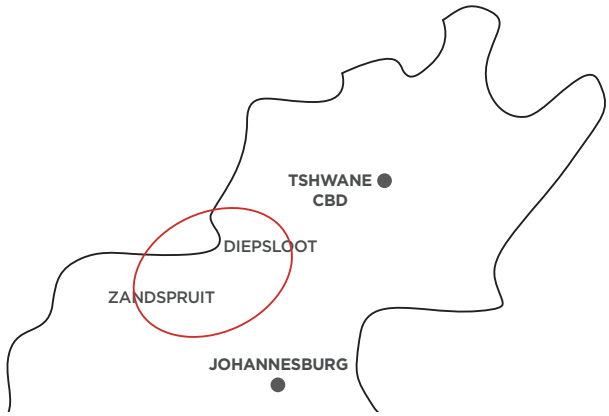
HOPE WORLDWIDE

Early childhood development results (ASQ Assessments) and the layering of services

Vision: We see a South Africa where every vulnerable child has the best possible start in life.

Mission: To transform the lives of young vulnerable children, their families and communities through compassion, collaboration and capacity.

Area of Implementation



HOPE worldwide SA in Zandspruit

Familiarising a caregiver with the different toys and books

BACKGROUND

HOPE *Worldwide* South Africa has been serving vulnerable children, households and communities since 1993. From 2011, focus has been on the most vulnerable in society, young children aged 0 to 6 years, as this is the most critical period in a child's development. What happens in early childhood will last a lifetime.

The geographic area of implementation for HOPE's ECHS project is Zandspruit (Region C) and Diepsloot (Region A) in the City of Joburg.

Early Childhood Household Stimulation

ACTIVITIES

HOPE's approach to ECHS involves, firstly, the careful screening, selection and extensive training of community home visitors, who are primarily mothers who have come through our project and who have shown capacity and leadership. Home visitors are at the heart of the ECHS project. They are responsible for the recruitment of children and their households into the project. Their local knowledge, enthusiasm and commitment to making a difference serves them well, supported by capacity building and training from HOPE and FHI 360 to boost their confidence and effectiveness.

The selection of home visitors is then followed by the selection and assessment of eligible beneficiaries. Beneficiaries are selected predominantly through door-to-door campaigns that promote awareness of HOPE and the ECHS project. HOPE uses proven assessment tools that track a number of important dimensions, focusing on the quality of interactions between caregiver and child which is widely recognized as one of the most important determinants of the child's development and education. They are also track child development using the Ages & Stages Questionnaire (ASQ) which monitors progress in reaching age-appropriate milestones.

Having comprehensively assessed the household, beneficiaries are then engaged through structured home visits, curriculum-based parent support groups and play groups and referrals where needed.

Out of a target of 5 500 beneficiaries, HOPE *worldwide* reached 5 602, thus achieving 102% of the annual target.

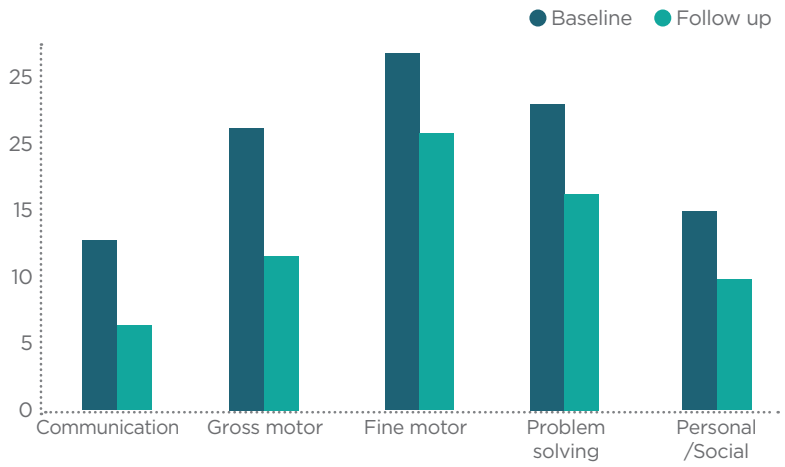
They were also able to screen 100% of all their beneficiaries under the age of 18 for HIV.

Range of interventions:

- **Early childhood stimulation:** Play activities occur at household level and in playgroups.
- **Positive parenting**: Positive parenting and capacity development training for parents are conducted at household level and in parent support groups.
- **Child protection**: Child protection and gender-based violence risk screening campaigns and events are conducted once a quarter as a tool to identify child abuse and/or domestic violence cases.
- **Health**: HIV education/sensitization is conducted in the homes and at the parent support groups and men's forums. HIV counselling & testing, STI and TB screening, ART initiation, ART adherence support, early infant diagnosis, growth monitoring and immunization are also offered at a household level.
- **Gender**: Men's forums have been established and HOPE uses a USAID-supported open source curriculum called One Man Can which is combined with positive parenting skills development sessions to train the men.
- **Social Services**: This includes interventions by a social worker or social auxiliary worker as well as linkages to care and support partners for the most vulnerable families and children at risk of HIV infection and referrals for birth certificates, identity documents, social grants and social economic support.

ASQ Assessment

A baseline assessment was conducted at the outset of the project in 2015 and a follow-up assessment was conducted toward the end of the project in 2018 to assess the impact that the various interventions may have had. The assessment measures the extent of development delays experienced by the children being assessed. When looking at the change from the baseline to the follow-up, a reduction was found in all five domains highlighting the benefit of early childhood stimulation in the development of children.



Successes

- Well trained staff – knowledge has been developed across areas such as HIV, nutrition, parenting, etc.
- Project innovations such as the men's forums, Play Every Day and LEGO
- Partnerships have been established with clinics, community, corporate and church links
- The project is having an impact as there are measurable improvements through HOPE's identify, test and serve approach

Lessons learned

- Community home visitors can be effective facilitators of parenting programmes
- Home visitors require support from professional staff to ensure proper case management and to address more complex situations
- Workloads need to be managed as heavy workloads and scope reduce morale, effectiveness and project quality
- Staff motivation is vital to ensure integrity, data quality and sustainability
- Relationships are key and one needs to engage other service providers to deliver a full package of care
- Need for data verifiers on site as data quality verification can be time consuming and can divert resources from other core project functions
- Educating the beneficiaries about the importance of taking treatment has increased the adherence to ART

Hope's programme manager Simon at a play session

ZANDSPRUIT

Thabo (not his real name) was identified through Zandspruit clinic as living with HIV and was ECHS programme. Thabo was born with HIV and both his parents are deceased.

He lives with his grandparents who struggle to support him. When contact was made with him, he was not on treatment. Through the support of the social worker, both Thabo and his caregiver both received psychosocial counseling. He received early childhood household stimulation, was referred for reinstatement on ART.

The social worker provided support to the caregiver, explaining why it is important for Thabo to remain on treatment. The social worker accompanied him and the caregiver to collect his ART and TB medication.

Thabo is now consistently taking his treatment and has progressed well. HOPE *worldwide* has provided consistent support to him to ensure he is retained on treatment.

Other services and assistance provided by the ECHS programme include:

- Assistance with accessing child support grants - this helps households buy uniforms for children to go to school and for younger children to attend creche.
- "Play every day" is taught to caregivers and parents to help them realise the importance of playing with children and also assists in the best ways to do thi. Caregivers help children to count, and to learn their colours and shapes.
- The programme also provides information on HIV to households.

"I didn't have any friends because other children fear me. But now my teacher from HOPE worldwide brings toys, we play, and I am happy."

Early Childhood Household Stimulation

DIEPSLOOT

Sandiswe has been in the project since 2015, after a neighbour introduced her to a home visitor from HOPE. She has six children, ranging in age from 1 to 19 years old. Her previous partner was abusive, and the last straw was when he burned her with boiling water. She then moved to her mother's shack and, when the mother passed way, she took over the shack.

Sandiswe has been assisted with a range of services:

- Assistance with birth certificates and identity documents as well as money to get to and from the Department of Home Affairs
- Nutritional assessment for the children and the provision of food parcels
- Psychosocial support and a referral to an auxiliary social worker to deal with her anger
- Parenting skills and how to play with her children
- "Let's talk" support group for her and the children

The main impact of the range of the services provided is that Sandiswe has learned how to relate to her children and their relationship has improved. She says that she is able to talk to them about anything and everything, even including why she does not have a boyfriend! She has also been able to disclose her HIV positive status to her children and has used it to teach her children important lessons in life.

"I used to feel like such a failure. Now I believe that things are possible. I have learned to be brave, to stand up and to make a difference."

Sandiswe's children play with the toys while she shares information with the home visitor

THE PROJECT IS HAVING AN IMPACT AS THERE ARE MEASURABLE IMPROVEMENTS THROUGH HOPE'S IDENTIFY, TEST AND SERVE APPROACH

HOPE WORLDWIDE SOUTH AFRICA

One man can make a difference

"If the man can change, the whole Diepsloot can change!"

Men engaging in a forum discussion

Participants in the One Man Can campaign proudly show off their certificates and discuss how the campaign has benefited them

BACKGROUND

HOPE *worldwide* has formed six men's forums to engage men in issues of ECD being involved in positive parenting of their children. Fathers play an important role in the development of their young children. Research tells us that the presence of a father in a child's life is actually beneficial to their social, emotional and cognitive growth. And yet men are often absent in raising their children.

Beyond promoting men's involvement in ECD, the men's forums also address gender norms and gender-based violence. They draw heavily on the One Man Can campaign, launched in 2006, that supports men and boys to take action to end domestic and sexual violence and to promote healthy, equitable relationships that men and women can enjoy. The campaign works from the premise that each individual has a role to play and that each individual can create a better, more equitable and more just world. The campaign encourages men to work together with other men and with women to take action – to build a movement, to demand justice, to claim their rights and to change the world.






Early Childhood Household Stimulation

A group of men who meet regularly in Diepsloot

DIEPSLOOT AND ONE MAN CAN

Male home visitors are the backbone of these groups and act as gender-based violence prevention change agents in the community. They recruit other men into the forums, which meet on a regular basis. The forums used to meet at the Department of Social Development offices in Diepsloot but when the venue was no longer available, the men themselves found a shack in the community in which to continue meeting.

In addition to the positive parenting skills development sessions that they are taken through, various services are offered by the project: home visits, provision of books and toys, social services and HIV testing services. Access to voluntary medical male circumcision has been promoted by this intervention. To date 50 men have been linked to this service.

Behaviour change is one of the biggest impacts of the campaign. Before the campaign, Alpheus believed that men could not raise a child like women

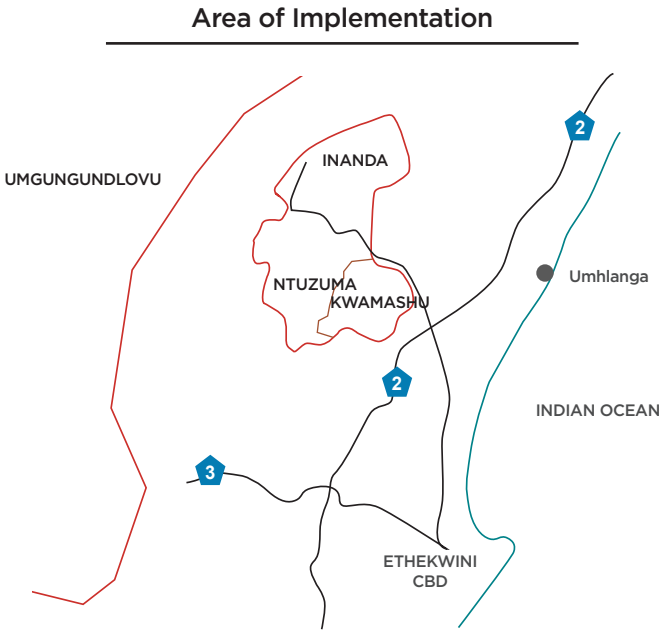
"Now I am really a man as I know how to raise my children."

could. Through One Man Can, he discovered that this was not the case. He now looks after the children, and even helps with the cleaning and sweeping at home. His wife met the home visitors in the street one day and wanted to know what had happened to her husband – in her words, she told them that "I used to have a boy, but now I have a man!"

TARGETING AND RECRUITING MALE CAREGIVERS WILL HAVE LONG-TERM BENEFITS ON EARLY CHILDHOOD DEVELOPMENT

KHETH'IMPILO

Circles of support as a mode of delivery and a legacy



Men's circle of support and playgroup

An AIDS free generation in our time.

Keth'Impilo home visitors

BACKGROUND

Kheth'Impilo's mission is to support the South African Government in achieving its goals for the scale-up of quality services for the management of HIV/AIDS in the Primary Health Care sector as outlined in the National Strategic Plan. Kheth'Impilo, meaning *choose life*, seeks to promote positive health-seeking behaviour on the part of the communities and beneficiaries they serve.

The geographic focus for Kheth'Impilo's ECHS project is eThekwini North and uMgungundlovu District Municipality.

ACTIVITIES

A total of 4 208 beneficiaries were serviced during the year, surpassing the overall target of 3 500. The number of beneficiaries under 5 years totaled 1 669, those aged 5 to 17 years totaled 918 and beneficiaries 18 years and older totaled 1 617.

Due to an initial slow uptake of HIV positive children into the project, Kheth'Impilo received guidance from FHI 360 to work with facilities to find and recruit HIV positive children. The strategy was to target facilities within the districts where the published prevalence rates for OVC were the highest. As a result of this strategy, Kheth'Impilo was able to recruit 327 HIV positive children into the project, with 44 being under the age of 5 and 283 being from the 5 to 17 age group.

The approach to ECHS that Kheth'Impilo has adopted is home-based, with two key components. The first component involves the establishment of circles of support for caregivers and the second component is the facilitation of age-specific playgroups. These components are complementary and are run in parallel in the targeted communities. The recruitment of children into the project is undertaken by home visitors, who are members of the community that have been trained. Children are identified primarily through a door-to-door recruitment process and, on identification, the children and their parents/caregivers are invited to join a group.

The circles of support are made up of 8 to 10 caregivers, clustered together in a particular locale. Their children, who are aged 0 to 5 years, are grouped together to form a playgroup. The circles of support and playgroups meet once a month and the home visitors also follow up with the children and their caregivers on an individual basis and can refer people for relevant services where appropriate. The groups are held at a caregiver's home and generally rotate amongst the members of the group so that everyone has a turn to host a group.

The circles of support have proved invaluable, not only in the ability of home visitors to share information and knowledge to many people at a time. This has enabled people to raise concerns and share ideas and the many myths prevalent in any given community have been able to be dealt with. The formation of these circles of support has also allowed for services, such as HIV testing services, to be more effectively delivered to the group rather than on an individual basis.

Successes and lessons learned

- The circles of support and playgroups play a major role in educating the communities and can contribute to behaviour change amongst the beneficiaries
- The circles of support contribute to social cohesion and foster a sense of belonging
- Despite a lack of funding, caregivers are actually involved in creating their own groups as they have the knowledge by the end of the support and can see the value

Importantly, however, the caregivers have been given a voice, and they have also learned to support each other. The circles of support have been instrumental in developing social cohesion and a sense of belonging. They have also given the caregivers the ability to leverage as a group – there are countless examples of savings clubs that have been established as well as communal food gardens, where members have been able to secure seedlings and other support from the Department of Agriculture.

The playgroups for the children are equally invaluable. The stimulation provided to the children covers a range of areas. There is cognitive stimulation, where children are exposed to themes such as counting, shapes and colours as well as to issues of health and safety hygiene. There is emotional stimulation as positive relationships are encouraged and nurtured between children and their caregivers. The home visitors are also able to observe the children whilst they are playing. This enables them to identify children that need to be referred to the clinic to have their developmental milestones checked. The caregivers are also educated as to what activities they can do with their children to support their development. The playgroups encourage the children to interact with other children and they learn to share and take turns. All of this stimulation is critical to the development of the child and also plays a significant role in preparing the children for formal schooling.

Facilitator shares information with a circle of support

Nomfezeko and Lwandile Mfiki

Nomfezeko Baleni

CIRCLES OF SUPPORT IN BHAMBAYI

It was the turn of Thembakazi Nomaphelo to host the circle of support. She lives in a more formal section of Bhambayi township in the district of Inanda. Thembakazi looks after her grandchildren, one of whom has cerebral palsy and has been abandoned by her mother. She is a firm believer in the value of the circles of support, stating that they have opened her mind to a whole range of things from parenting skills to knowledge about sexual reproductive health and HIV. She is also encouraged by how much the children learn from the playgroup and how ready they are for school when they get there.

"I would encourage all mothers to join the project because I have seen the difference that it has made in my life and that of my grandchildren."

Nomfezeko Mfiki and her child, Lwandile, were recruited into the project when Nomfezeko approached the home visitors to assist with Lwandile who had gall stones. She loves the circles of support and the way it caters for both the children and the caregivers.

"I like the system of teaching that is used – we are motivated and encouraged by the home visitors to do our best."

Nomfezeko Baleni is new in the area, having arrived from Eastern Cape within the last year. Her eldest child was refused entry into the local schools and when she attended a circle of support the home visitors saw how old the child was and intervened to get her into school. Her youngest child is still involved in the playgroup and has thrived as a result.

"This group is so critical – my little one has become sociable and relates well with other children. When his sister comes home from school, he also wants to sit and write when she does her homework."

Early Childhood Household Stimulation

"This circle of support encourages us to do the right thing – as individuals and in our relationships."

In a nearby part of Bhambayi, another circle of support was being hosted. In this instance, the caregivers were all fathers or uncles of the children. Male circles of support are not as common. Mzwandile Mazibuko, a home visitor, reflects on how desperate men are in the community due to the extremely high levels of unemployment. Knowing that men in the community are looking for any skills or training that they can get, the project ensures that it also teaches hard skills to these caregivers – toy-making is a skill they have learned and are using. Two of the caregivers in this group were recruited through the project to receive further training on HIV-related issues and have recently got their certificates. This qualification will allow them to apply to become home visitors if such opportunities arise in the future.

Dumisani Mkhize, also a home visitor, says the groups are playing a dual role – firstly, they are preparing the children for when they enter the schooling system and, secondly, they are capacitating the men to be equal partners in raising the children in the targeted communities. They have received positive feedback from women in the community in terms of what the men have learned and what they are now doing in the household.

"Everyone thinks that men can't raise children – we are showing them different." Linda Nondubula

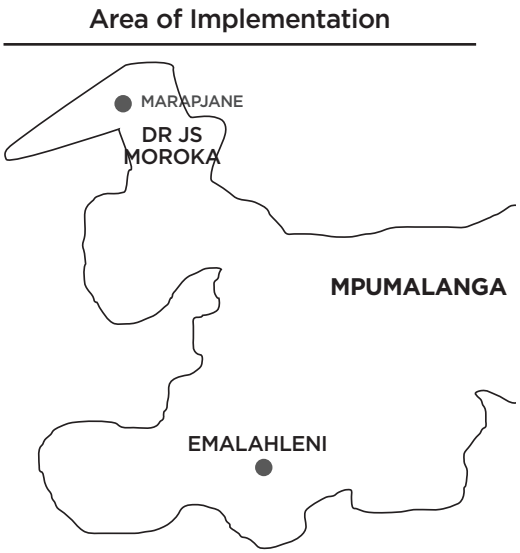
Male circle of support in Bhambayi

THE CIRCLES OF SUPPORT PLAY A MAJOR ROLE IN EDUCATING THE COMMUNITIES AND CAN CONTRIBUTE TO BEHAVIOUR CHANGE AMONGST THE BENEFICIARIES

MOTHERS2MOTHERS

Community mapping and establishing linkages to increase recruitment/enrolment of beneficiaries living with HIV

Mission: to impact the health of mothers by putting them at the heart of improving reproductive, maternal, newborn, child and adolescent health.



Children enjoying the toy library

BACKGROUND

mothers2mothers (m2m) was established in Cape Town in 2001 and now operates in 8 African countries. m2m believes "in the power of women to eliminate pediatric AIDS and create health and hope for themselves and their babies, families, and communities."

m2m's ECHS approach is informed by the fact that the earliest bonds formed by children with their caregivers have a tremendous impact on child development that continues through life. The project is built on a peer mentorship model where mentor mothers, themselves women living with HIV and who have children aged 0 to 5 years, are recruited from the community and trained and supported to provide ECHS services. The mentor mother model empowers mothers living with HIV, through education and employment, as role models to help other women and their families access essential services and medical care.

m2m's ECHS project is located in Nkangala District, in the province of Mpumalanga. The project is active in seven wards, linked to seven health facilities in five sub-districts: Thembisile Hani, Emalahleni, Dr JS Moroka, Steve Tswete and Emakhazeni.

ACTIVITIES

Mapping of the area in which they work is an important initial exercise for m2m. They identify areas with high HIV prevalence, which resulted in the focus on Mpumalanga and the particular areas within the province. Within each targeted area, the starting point is the clinic. m2m have a strong working relationship with the Department of Health, and the clinic is the springboard from which they conduct their activities – they work from the clinic into the community and then back to the clinic.

Having identified the clinic, they demarcate the catchment area of the clinic. The size of the catchment area and the population residing in that area helps to work out the number of mentor mothers required to service that area. Within that catchment area, the mapping exercise then seeks to identify where people go to receive particular services. The stakeholders providing those services are also identified and relationships are established to build linkages and strengthen the process of referrals.

4 756 beneficiaries have been recruited into the project against a target of 3 500. The recent shift in focus to prioritize enrolment of HIV positive parents/caregivers and their children has seen more targeted recruitment across all sites involving a range of stakeholders. This has resulted in mother mentors working more closely with staff at the clinics to enroll new HIV positive clients, working with the Department of Social Development to enroll clients receiving foster care grants, and establishing linkages with mining companies in the area to serve their HIV positive employees. Through door-to-door campaigns in the community, mentor mothers are also identifying pregnant women and encouraging early booking at the clinic to have access to testing and know their status, thereby reducing the chances of mother to child transmission for positive mothers.

While improved case finding of HIV-infected infants, children and adolescents remains an urgent need, the targeted recruitment is seeing some success. The project has serviced 179 HIV positive children aged less than 18 years out of a total of 2 538 screened and 832 HIV positive adults out of 2 142 screened. All

Out of a target of 3 500 beneficiaries, Mothers2Mothers was successful in recruiting 4 243 beneficiaries, thus achieving 143% of the annual target.

HIV positive OVC enroled in m2m's ECHS project are linked to care and treatment services. When mother mentors identify HIV positive clients, they assume the responsibility of linking these clients to HIV care and treatment services. Parents with children diagnosed HIV positive are given high priority and receive more regular visits by the mother mentors.

In the case of HIV positive babies, caregivers need lots of support and visiting once a quarter is insufficient. m2m does not believe in a "touch and go" approach and mentor mothers will often use their own time and resources to provide ongoing support.

Mother mentors also play a crucial role in ensuring all clients are adherent to treatment. Disclosure is highly recommended and encouraged amongst all HIV positive clients. As a way of encouraging disclosure, mother mentors always disclose their own status to beneficiaries enrolled in the ECHS project. Given that mentor mothers are also drawn from the community, they are therefore known, understand the situation and are able to establish a kind of "sisterhood" with the mothers. This improves the disclosure amongst families and reduces stigma, but more importantly, helps clients to adhere to treatment as they have the support of their families and friends.

"As much as we are working in the community, the impact and benefit goes to the health facility."

NOMTHANDAZO

Nomthandazo was staying with her mother, two brothers and an elder sister when her mother passed away. There was no money or food coming into the household and so pressure was put on Nomthandazo to become sexually active in order to get something for the household. After a period of time, her boyfriend and his aunt saw that she was not well and stepped in and offered her a place to stay at the aunt's house.

The aunt noticed that her breasts were enlarged and her periods had stopped, and so took her to the clinic where she discovered she was pregnant. She was also tested and found to be HIV positive and was put onto treatment.

During the delivery, the aunt was there for her and provided much needed support. However, a month after delivery, Nomthandazo moved back to her sister's house because the aunt was too strict and wouldn't let her see her boyfriend. She stopped taking her medication and also stopped the baby's medication as she didn't know what it was or what is was for. The baby got sick and ended up back at the clinic. The value of the medication was explained, the nutritionist stepped in to provide support and also referred her to Nonhlanhla, one of the m2m mentor mothers.

With regular visits and support from Nonhlanhla, and under the watchful eye of aunty, Nomthandazo has since made sure that both her and her baby adhere to their treatment and their health has greatly improved. The baby (who is now 14 months) has been tested twice and remains HIV negative.

Nomthandazo explained her situation and how the support from m2m enabled her to survive and see a future for herself and her child.

"I was not well when I started the treatment – the medicine was making me dizzy. I also did not take the news of being positive well – I wondered why or when I got the virus. Support from Nonhlanhla has helped me not to lose my baby. I want to be able to get a job so that I can now support my baby and aunty, who has been there for me at every step of my journey. If it wasn't for aunty, my child would not be alive today."

FIONA

Fiona is 27, has completed only Grade 8, and lives with her elder sister as her mother passed away when she was only 10. Recruited through the door-to-door campaign that they were conducting, m2m found Fiona was angry, emotional and unable to be a good mother to her child. They also discovered that she was HIV positive and that her boyfriend had left her when he found out.

The m2m mentors were able to provide support and referred her for counselling to deal with all the anger she had inside. They also assisted the child after conducting a nutritional assessment which indicated that support was required for the baby. While Fiona is still living with her sister, she is in a far better space today and has developed a close bond with her child. She is full of praise for the role that the mentors from m2m have played in her journey.

BONGEKILE

Bongekile was born in Swaziland to a Swazi mother and a Zulu father. When she was 13 years old, she went to Pongola to live with her father. Opportunities were scarce in Pongola and as soon as she was old enough, she moved to Pietermaritzburg and found work as a hairdresser, before moving to Witbank.

She fell pregnant with her second born soon thereafter and, following on an antenatal visit to the local clinic, discovered she was HIV positive. She came to know m2m through her antenatal visits and they have assisted her greatly. Because she had no ID document, she was unable to register the births of any of her children and was not able to receive any social grants for them. Mapule, her m2m mentor, arranged for food parcels and clothing to alleviate the immediate desperate situation that the household was in. She also made sure that the whole household received HIV testing services and that ARV treatment was arranged for Bongekile. In addition, Mapule has been able to help Bongekile secure a hairdressing job two days a week.

The burden on Bongekile has been greatly eased by the intervention of m2m. Reflecting on her relationship with Mapule, Bongekile had this to say:

"Mapule is like my sister. I am able to talk to her about anything that I am worried about and I know she will listen."

Early Childhood Household Stimulation

Successes

» The linkage with the health facility is an important part of their success. If a client misses an appointment or is not collecting medication, the nurses come to the mentor mothers to assist in following up/tracing the client. The education/information then provided to the client on the importance of adherence has led to an increase in adherence rates.

Lessons learned

» The regular debriefing of mother mentors is critical

» Travel allowances and airtime are important things m2m provide their mentor mothers as this leads to improved planning and scheduling of activities

» Some clients seen at the health facility are from far flung rural areas – the mentor mothers have arranged to travel with the mobile clinic to go see these clients

» The disclosure of a child's status to them by their caregiver is a challenge that requires ongoing support/input for caregivers

"[The m2m mentors] are such good listeners. They provide support and I can share anything and everything with them – it's like my mother is still alive." These are the words of Bongekile, one of the mothers supported by m2m.

LINKAGES WITH HEALTH FACILITIES HAVE RESULTED IN MUTUALLY BENEFICIAL PARTNERSHIPS

SECTION
3

ReACH - Reaching Adolescents and Children in their Households

Overview

Preparing for a Vutshilo session

An evidence based intervention using a group-based approach to promote easy learning among adolescents and accommodate school going youth

ReACH is one of the OVCY projects implemented under CDS, focusing on the strategic use of data and targeting methods to identify the most vulnerable children and their families and supporting early identification and retention of children affected by, exposed to, and infected by HIV. It also seeks the improved stability of families affected by the pandemic, with a specific focus on layering services for adolescent girls.

GOAL

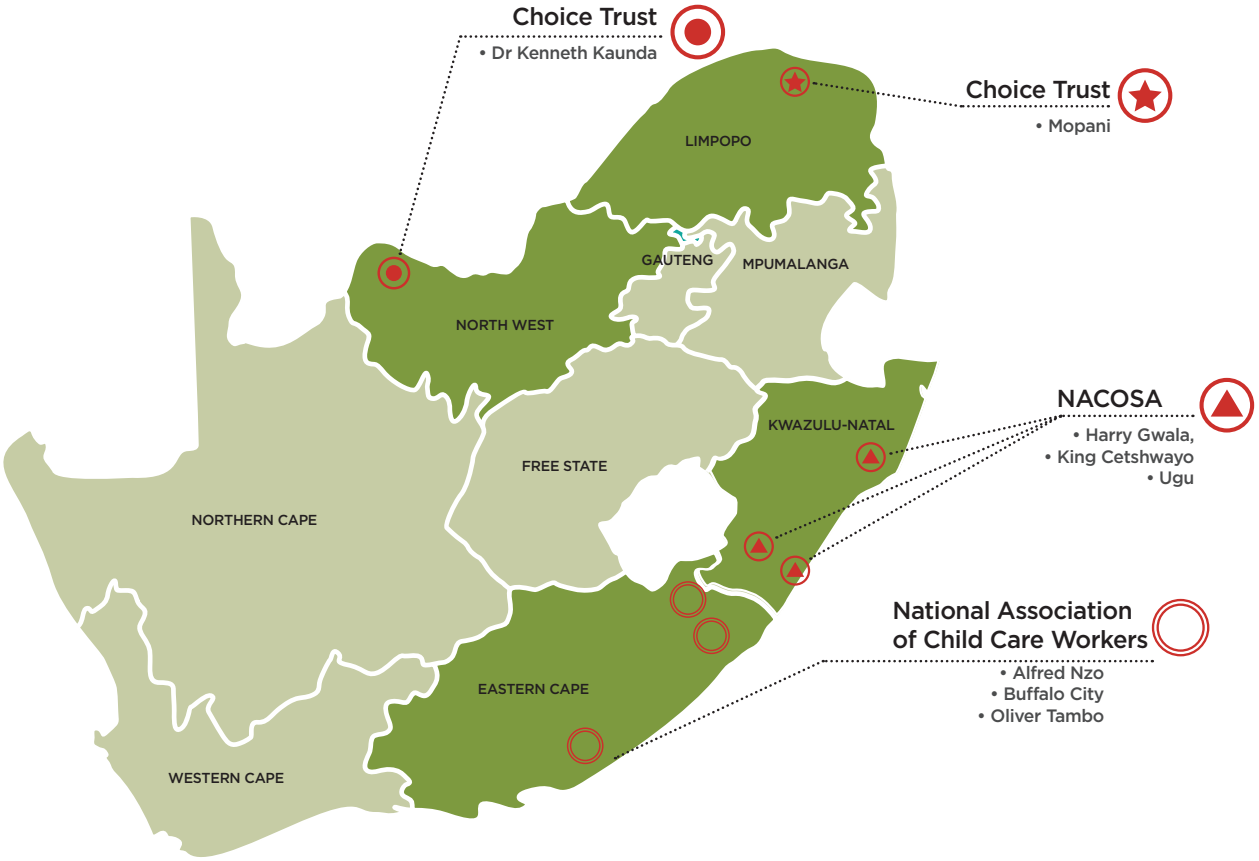
To improve the well-being of vulnerable children and youth by mitigating the impact of HIV and AIDS, reducing their risk and vulnerability and increasing their resilience and likelihood of growing up to be healthy, educated and socially well-adjusted adults.

OBJECTIVES

1. **Increase the number of OVC (particularly adolescent girls) between the ages of 0 and 17 who receive a comprehensive package of evidence-based interventions that mitigates the impact of HIV/AIDS.**
2. **Strengthen the capacity of OVC caregivers and families to communicate and address the key issues facing children affected by HIV/AIDS, including sexual risk behavior and prevention of neglect, violence and exploitation.**
3. **Proactively promote HIV status knowledge and support OVC and remaining in appropriate HIV services.**

Reaching Adolescents and Children in their Households

Geographic Focus



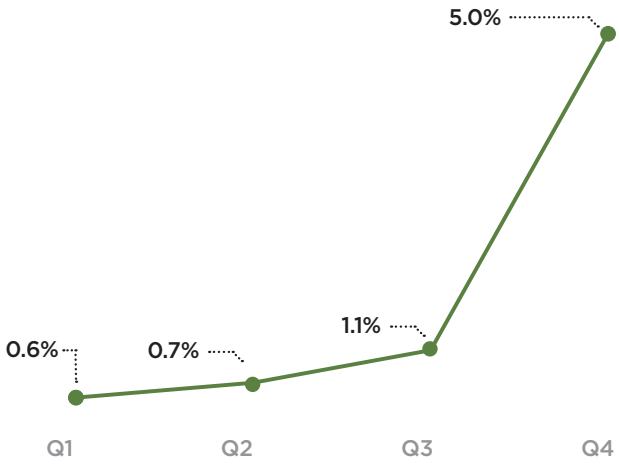
THE REACH PROJECT AIMS TO STRENGTHEN FAMILY STABILITY AND PROMOTE CHILDREN'S RESILIENCE THROUGH SOCIO-ECONOMIC INTERVENTIONS THAT:

• reduce HIV risk • support client retention in HIV services in the PEPFAR scale-up districts.

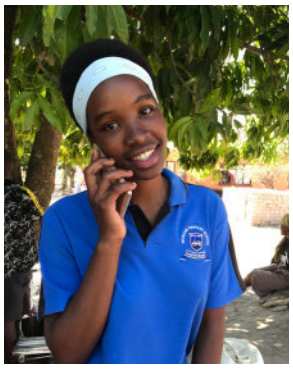
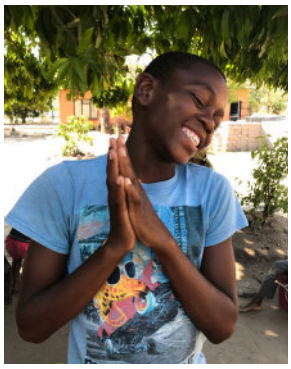
THE PROJECT WORKS TO ACHIEVE ITS GOALS THROUGH THE IMPLEMENTATION ACTIVITIES WHICH INCLUDE:

• case management • structured HIV prevention education • parenting and caregiver programmes • educational support • child protection interventions • referrals and linkages to health services.

PROPORTION OF BENEFICIARIES ENROLLED, WHO ARE HIV POSITIVE (<18YRS)



Implementation Model


"The programme taught us to trust ourselves and to be happy with what we've got. I've learned to appreciate my famiy - we have to share our pains with the people we trust."



Adolescent youth attending a Vutshilo session in Limpopo

Reaching Adolescents and Children in their Households

CDS facilitates all ReACH sub awardees to implement evidence-based interventions to achieve the project priorities. It does this through the Vhutshilo and Let's Talk programmes.

Vhutshilo 1: is a curriculum for use with youth ages 10 to 13 to build personal skills required for young adulthood and share key information about puberty and sexual health. This curriculum promotes risk avoidance. It enables participants to recognise that they possess considerable skills, strength, and wisdom to support one another as well as reduce exposure to any risks.

Vhutshilo 2: is a sequence of 16 sessions co-facilitated by a team of young adult facilitators (or an adult facilitator paired with a peer educator) leading groups of young people, both male and female, between the ages of 14 and 18. This programme enables participants to recognise that they possess considerable skills, strength, and wisdom to support one another. This curriculum serves as a critical need for addressing youth who are at high risk for HIV and AIDS and promotes risk reduction among youth.

Vhutshilo 3: specifically seeks to address and support adolescents living with HIV. In addition to providing psychosocial support, it responds to areas of importance for HIV positive youth for example living healthily with HIV, the importance of support communities, adherence to ART, dealing with stigma and discrimination.

Let's Talk: is a weekly support group for adults (caregivers) and the adolescents aged 13 to 19 under their care. It addresses key issues facing adolescents affected by HIV and AIDS, including elevated risk for poor psychological health, sexual risk behaviour and HIV infection. These efforts are accentuated by parallel support for caregivers, addressing their personal challenges and working to build skills for effective emotional coping and parenting.

REACH CUMULATIVE RESULTS

BENEFICIARIES REACHED

89%

Achieved 77 329
Target 87 115

BENEFICIARIES SCREENED

Less than 18yrs

Achieved 100%

Target 100%

BENEFICIARIES ON ART

Achieved 99%
Target 100%

HIV+ BENEFICIARIES

Achieved 5%
Target 20%

Services received by beneficiaries:

- HEALTH
- PARENTING SUPPORT
- CHILD PROTECTION
- EDUCATION SUPPORT
- SOCIAL PROTECTION

NACOSA

Vhutshilo intervention led to the access of HTS and SRH services by adolescent girls through active referrals and linkages

Area of Implementation

NACOSA acts as a bridge between people and health and social services.

BACKGROUND

The Network of AIDS Community of South Africa (NACOSA) is a network of over 1 500 civil society organisations working together to turn the tide on HIV, AIDS and TB in Southern Africa. Its mission is to "reduce the impact of HIV, AIDS, TB and other socio-economic conditions through building capacity, networking and strengthening the multi-sectoral response to these conditions in Southern Africa."

The ReACH project has been implemented by a number of sub-recipients in the district municipalities of Harry Gwala, King Cetshwayo (formerly uThungulu) and Ugu.

"Condom usage discussion is very difficult to be initiated by a woman than a man. When I'm with my boyfriend, and he is planning not to use a condom, I will keep quiet because if I start, he will judge me or break up with me because he will think that I have been sleeping around." Adolescent girl

ACTIVITIES

After an initial slow start in the first quarter, recruitment into the project has steadily increased. A total of 37 009 beneficiaries were reached, well in excess of the target of 35 002. Of these beneficiaries, 27 424 were OVC aged between 0 and 17 years, while 9 585 were caregivers. In line with one of the objectives of the ReACH project to particularly increase the number of adolescent girls in the project, female beneficiaries form the vast majority (84%) of the total number of beneficiaries served.

The project also initially struggled to recruit HIV positive beneficiaries – in the early stages, only 1% of all beneficiaries were known to be HIV positive. This picture had changed by the end of the fourth quarter. Of the 27 424 beneficiaries under the age of 18 who were screened, 21 478 (78%) tested for HIV and now know their HIV status, 2 070 (8%) were HIV positive. This increase was due to a number of different strategies that were used to recruit HIV positive beneficiaries into the project:

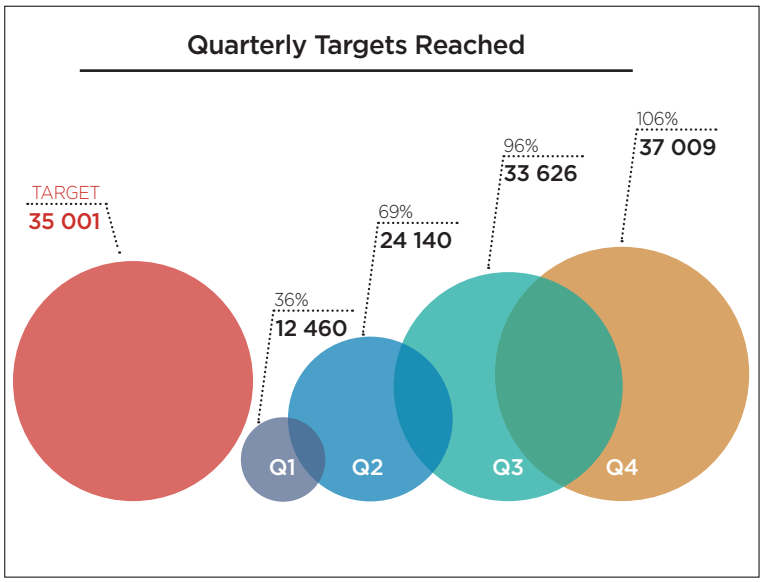
» Functional partnerships were established with organisations that were running adolescent adherence clubs and youth clubs in the targeted communities.

» Assistance was sought from clinics to identify children living with HIV and this was further enhanced by twinning the care workers with the Department of Health's community care workers.

» Linkages were established with other organisations working in the communities.

» Where appropriate, education campaigns and recruitment drives were held at which the sub-recipients undertook their own testing.

The project also worked hard to improve the linkage from testing to treatment of HIV positive beneficiaries. For those aged less than 18, the proportion of HIV positive beneficiaries on treatment had significantly increased to 99.5% by the end of the year.



Successes

» The Vhutshilo intervention has led to the increased access of HIV testing and sexual reproductive health services by adolescent girls through active referrals.

» Gender-based violence has been profiled through the ReACH project, with key community leaders, traditional chiefs, political leaders and various government departments coming together to make certain commitments in fighting this issue.

» Primary caregivers are more open to disclosing the HIV status of their children which has had a positive impact on adherence to treatment.

Lessons learned

» Good household assessment, done properly with enough time, leads to recruiting and enrolling appropriate and deserving beneficiaries into the project.

» Collaboration and partnerships produce positive results for both finding HIV positive children and tracking their progress.

HIV Risk Assessment

These were conducted for the majority of the adolescent girls (10 to 17 years) that were on the project as it helped to determine specific services to be offered to the beneficiaries. All of the beneficiaries found to be at high risk for HIV, were either referred to the clinic or the sub-recipients organized a testing partner to test them during mass testing in their communities.

Vhutshilo participants learn from the trained facilitator

Through the programme, one of the beneficiary said she learned her status and came to be be comfortable disclosing it:

"In a society like ours where many things are still taboo, disclosing status is a big barrier. However, once you do it, you become free!"

IMPACT OF VHUTSHILO

The Vhutshilo Series consist of three curricula that aim to keep young people between the ages of 10 and 18 safe from HIV, STIs and, if they are already HIV positive, safe from reinfection and faithful to their ARV regime. Vutshilo 2 specifically targets adolescents aged 14 to 17.

Vhutshilo 2 groups were only conducted by Isibane Sezwe in the Harry Gwala District Municipality. The groups targeted girls 14 to 17 years old who were engaging in high risk behaviors as determined by the HIV Risk Assessment.

Vhutshilo 2 is an evidence-based approach and its implementation by Isibane Sezwe was supervised by a trained supervisor to ensure that the facilitators were implementing according to the prescribed method. Evaluations at the end of implementation showed that Vhutshilo 2 improved the knowledge and information on a variety of topics such as sexuality, delaying one's sexual debut and HIV prevention. The sessions also provided a safe space where the adolescent girls could participate freely and communicate openly under the supervision of the facilitators.

To complement Vhutshilo, there were also other prevention activities and services that were offered to beneficiaries at household level or in small groups. Most of the adolescents (10 to 17 years) were offered sexual reproductive health services depending on their sexuality. However, the majority were between the ages of 15 and 17 years as they were more sexually active than their younger counterparts. The focus was mainly on general education, STI screening, family planning, condom distribution and integration with HIV services.

ADOLESCENT GIRLS HAVE BEEN ENCOURAGED TO SEEK OUT HIV TESTING AND SEXUAL REPRODUCTIVE HEALTH SERVICES

Risk avoidance and reduction process key themes

9-14 (RISK AVOIDANCE)

- Puberty, including menstruation and personal hygiene
- Benefit of abstinence
- Sex, sexuality and relationships
- Healthy and unhealthy relationships to prevent sexual violence
- Sexual rights and responsibility
- Teenage pregnancy
- Discuss VMMC, especially with boys
- Conception and contraceptives, including condom use
- Discuss about HIV
- Discuss HPV vaccine
- Discuss the importance of HTS
- Discuss STI's and conduct screening for those that are sexually active

15-17 (RISK REDUCTION)

- Sex, sexuality and relationships
- Discuss about HIV
- Promote HTS
- Discuss prevention of teenage pregnancy and future planning
- Discuss conception and contraceptives, including limitations
- Discuss and demonstrate consistent and correct use of male and female condoms
- Distribute condoms
- Discuss STIs and conduct screening
- Discuss social norms that perpetuate SGBV

Recruit and engage beneficiary → **Assess needs of the beneficiary** → **Develop risk reduction plan as part of case management: HIV prevention intervention, e.g. Vhutshilo** → **Provide referrals for needed services** → **Support and monitor implementation of risk avoidance/ reduction plan** → **Monitor and report on risk avoidance/ reduction sessions**

Girls attending sexual reproductive health education by Isibane (Gugwini Clinic)

Care workers and OVCs at clinic for HTC

CHOICE TRUST

Capacity building of home visitors for high quality service delivery

BACKGROUND

CHoiCe Trust was established in 1997 in the rural areas around Tzaneen town, Limpopo Province. Comprising a group of committed nurses and health practitioners, CHoiCe initially provided essential health trainings and interventions to farm workers. CHoiCe soon made the decision to move into the villages and provide education and skills around home-based care amongst the vulnerable community members.

CHoiCe has implemented the ReACH project in the Mopani District Municipality of Limpopo, operating in all five local municipalities: Greater Giyani, Greater Tzaneen, Greater Letaba, Maruleng and BaPhalaborwa.

Our vision for the future is the empowerment of communities to take responsibility for their own well-being, thus enhancing the quality of their lives.

Our mission is to engage and collaborate with vulnerable communities and key stakeholders to identify well-being needs with CHoiCe facilitating health action for change.

ACTIVITIES

Home visitors have always been an integral part of the project. At the outset, they were recruited from ECD centres through a partnership with the Department of Social Development. These home visitors, with their ECD background, focused initially on the enrolment of children aged 0 to 9 years. In addition, their HIV knowledge was limited. The challenge therefore became how to empower the home visitors so that they would understand HIV issues as well as young adolescents and would become more successful in recruiting this older cohort, aged 10 to 17, into the project.

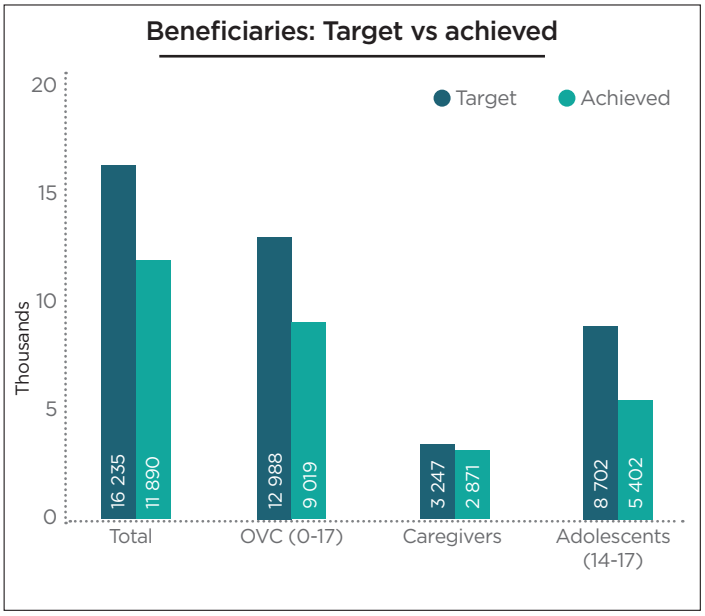
Working in this field is further complicated by the sensitivity of the subject matter involved as well as issues of confidentiality, especially when dealing with children and adolescents. Home visitors needed to be trained to be confident with their knowledge and to be able to convey it to the community and beneficiaries. Empowerment of home visitors had to be systematic and incremental – the introduction of new topics/ areas of knowledge needed to be well managed. This process required training and re-training. A range of

inputs and ongoing support initiatives were put in place to empower the home visitors. These included:

- Building capacity of home visitors through intensive training on Vutshilo and Let's Talk.
- Project officers being assigned to the home visitors as a first layer of support.
- Project officers providing ongoing support during some of the home visits to supervise the home visitors.
- Monthly meetings with home visitors with a focus on bilateral support of home visitors by project officers.
- Data clerks attending the monthly meetings to provide individual feedback for each area and each home visitor so that the home visitors are better supported in data collection.
- The project manager has become an important part of the on-site support and mentorship of home visitors.
- Having quarterly themes assists the home visitors in their visits by guiding them on topics or issues they can focus on during their service provision.

Targeted recruitment of adolescents into the project was further enhanced through employing a number of different strategies. The overall recruitment targets were initially broken down by geographic area and then by home visitor to make them feel more manageable. This was followed by a door-to-door campaign in each of the targeted communities to introduce the ReACH project. Where home visitors had enrolled younger aged children, the focus was broadened to include older siblings in the household where appropriate. The project manager and project officers also sought to strengthen linkages with health facilities so that home visitors were accepted as part of the support structure available at the community level. This has also assisted home visitors in working more closely with community health workers so that they can supplement services and provide additional support where households need it. In addition, churches and community centres were also targeted to see what youth groups and courses they were running and what partnerships or linkages could be established.

The number of home visitors were reduced over the course of the project, which negatively impacted on CHoiCe reaching its targets. 11 890 beneficiaries were reached out of a target of 16 235. These included 804 HIV positive beneficiaries (7% of the total).



Successes

- Capacity building of the home visitors is seen as the biggest success of the project to date. The knowledge and growth shift in home visitors has been significant and, as a result thereof, the number of beneficiaries that have been through training has increased.
- Early childhood stimulation is also a key success, building on the ECD experience of many of the home visitors.

Lessons learned

- Stigma remains an issue that home visitors deal with on a daily basis. However, they have built a reputation of being trustworthy, knowledgeable and having the best interest of the communities they serve at heart.
- Beneficiaries knowing their status through increased testing is key.
- Exiting an area is stressful for all involved – other organisations or partners need to be identified and approached to step in and take over the beneficiaries.

"If the home visitors know why they are doing what they are doing, the beneficiaries will be empowered and supported wholeheartedly."

Busisiwe and her client sit and chat

A home visitor helps with one of the household children

BUSISIWE SHIBURI, HOME VISITOR IN MANDLAKAZI VILLAGE

Busisiwe is a mother of 4 children. With only a matric certificate, she has struggled to find employment. She worked as a volunteer at a creche but had to stop because there was no money for her to get to and from the creche from her home. The creche later alerted her to the opportunity to become a home visitor after they had been contacted by CHoiCe.

She started working in 2017 and has become passionate about her beneficiaries. Working as a home visitor has made her see life in a different way. She now gets to work with, and help, people in the community of which she is a part which is very fulfilling. Sensitive issues such as sexual reproductive health and HIV are still taboo subjects for many in the community but Busisiwe feels this is slowly changing. Caregivers and adolescents now stop her in the street and want to know about all sorts of things.

Working as a home visitor has been a great journey for Busisiwe and building relationships with people is an integral part of this journey.

"We are starting a conversation in communities which is a good foundation. The coming generation can build on this."

"If people know their status and overcome the stigma, they will be able to appreciate the treatment that is available. This will lead to a better Mopani, a better South Africa and a better world."

CAPACITY BUILDING OF HOME VISITORS IS KEY TO THE SUCCESSFUL IMPLEMENTATION OF THE PROJECT

WINNIE RAMOKGANO, HOME VISITOR IN LERETJENI VILLAGE

Winnie is 34 years old, an orphan, and is raising two children of her own and two children of her sister (who passed away from an HIV-related illness) as well as two of her younger siblings. She passed matric with good results but never went further due to financial constraints, although she has subsequently become an auxiliary social worker.

Winnie identifies many challenges in her community and so made a choice to do this work and make a difference – she started working as a home visitor in 2017. She is very hard-working and works well with young adolescents and little children. She was nominated best home visitor in March 2018.

She tells the story of how she recruited a neighbor, Lerato, into the project. She used to hear Lerato shouting for her daughter Maria (aged 14) all the time. Winnie approached her to encourage her to join the project but was chased away twice. According to Lerato, this was because Winnie tried to tell her not to take her problems out on her children. Eventually Lerato agreed to join (and let her child join) the "Let's Talk" sessions that Winnie runs under the shade of the big mango tree outside her house.

Lerato acknowledges that before she joined the project, she thought that respect came from being strict and fearsome as a parent. Nthabiseng's story in "Let's Talk" opened her eyes and helped her change her parenting style. She now has a close relationship with her daughter and they can talk about any issue. She is often on hand to share her story with other parents or caregivers to help them develop healthy relationships with their children. She also says that she "cannot spend a day without seeing Winnie".

Maria explained that both her mom and herself judge each other less now and rely on and support each other. Learning to talk has made such a difference to their relationships.

"My mom used to be scary when she was worried, but now we talk. Even if she's stressed now, she's not angry."

Winnie discusses how her own life experiences help her relate to those she supports

Lerato and her daughter have a stronger relationship because of the project

333 Grosvenor Street • Hatfield Gardens Office Park • Block B • Hatfield • 0083
South Africa

T: 012 762 4000

www.fhi360.org

USAID
FROM THE AMERICAN PEOPLE

PEPFAR

fhi360
THE SCIENCE OF IMPROVING LIVES