



FHI 360
Capacity Development and Support
Orphans, Vulnerable Children and Youth
BUILDING RESILIENT FAMILIES FOR TOMORROW

ACRONYMS

ART Antiretroviral Therapy

AGYW Adolescent Girls and Young Women

CCWs Community care workers

C/ALHIV Children and Adolescents Living with HIV

COP Country Operational Plan

COJ City of Johannesburg

DSD Department of Social Development

DSPs District Support Partners

GBV Gender Based Violence

HIV Human Immunodeficiency Virus

HTC HIV Testing and Counselling

HTS HIV Testing Services

IPs Implementing Partners

LTFU Lost-to-Follow-up

M&E Monitoring and Evaluation

MSP Male Sex Partners

NGO Non-Governmental Organisation

PEPFAR President's Emergency Plan for AIDS Relief

PHC Primary Health Care

PP Priority Populations

PrEP Pre-Exposure Prophylaxis

PVC Post Violence Care

SAPR Semi Annual Performance Report

SRH Sexual Reproductive Health

STI Sexually Transmitted Infections

VMMC Voluntary Medical Male Circumcision

YF Youth Facilitator

Background

The U.S. Agency for International Development's (USAID's) orphans and vulnerable children and youth (OVCY) programmes, through PEPFAR, aim to improve the health and well-being of children living with and affected by HIV. The OVCY programmes 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, OVCY programmes 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.

CDS

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

FHI 360 was awarded with a ten-year Capacity Development and Support (CDS) programme 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)

The CDS programme has the following objectives:

- ◉ Develop **sustainable** institutional capacity
- ◉ **Strengthen** overall health and social system
- ◉ Support the provision of **sustainable high-quality** services in HIV and AIDS
- ◉ **Enhance local sub-partners' capacity** in treatment, care and prevention

FHI 360, through CDS, implements the following projects on behalf of USAID South Africa Mission and PEPFAR:

- ◉ OVCY
- ◉ Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS)

CDS implements the OVCY project through five implementing partners in three provinces.

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PURPOSE OF THE PUBLICATION

The purpose of this publication is to showcase successes of the OVCY programme funded by USAID through the FHI 360 CDS programme. This publication aims to highlight how families are being strengthened through collaboration between stakeholder, provision of needs-based services through case management, referrals and linkages, and continuous support through virtual implementation. In addition, this publication highlights the programmatic successes in ensuring outcomes are met.

OVCY FAMILY STRENGTHENING

The CDS OVCY Family Strengthening programme seeks to contribute to reaching the 95-95-95 goals to achieve epidemic control and an AIDS-free generation by responding to the social, economic, and emotional consequences of HIV/AIDS on children, their families, and the communities that support them. The OVCY Family Strengthening is implemented in three streams. The results are reflective of implementation during October 2022 – September 2023

OVC Comprehensive

52,596 children, adolescents and their caregivers received health, education, and social services based on their individual needs



OVC Preventive

18,537 youth were reached with evidence-based sexual and violence prevention intervention



DREAMS Family Strengthening

23,336 were reached with family strengthening evidence-based intervention



CONTRIBUTING TO 90-90-90

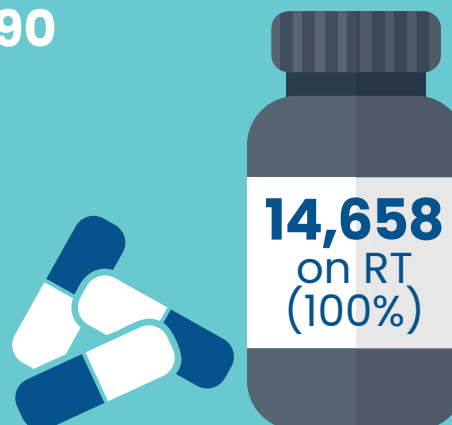
1st 90

OVCY aged <18 years

42,512 (100%)
have a known HIV status

14,658
are HIV positive

2nd 90



14,658
on RT
(100%)

3rd 90

Viral load
coverage:
12,319

86%

Viral load
suppression:
10,721

87%

GOALS & OBJECTIVES

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

To strengthen the capacity of OVC caregivers and families to communicate effectively and address the **key issues facing children affected by HIV and AIDS**, including sexual risk behavior and prevention of neglect, violence, and exploitation.

2

To proactively promote and monitor **HIV status knowledge**; increase access to **HIV services**; and support **retention, adherence, and viral suppression** among enrolled C/ALHIV.

3

To increase the number of OVC under 18 years who receive a **comprehensive package of evidence-based interventions** that mitigate the impact of **HIV and AIDS**.



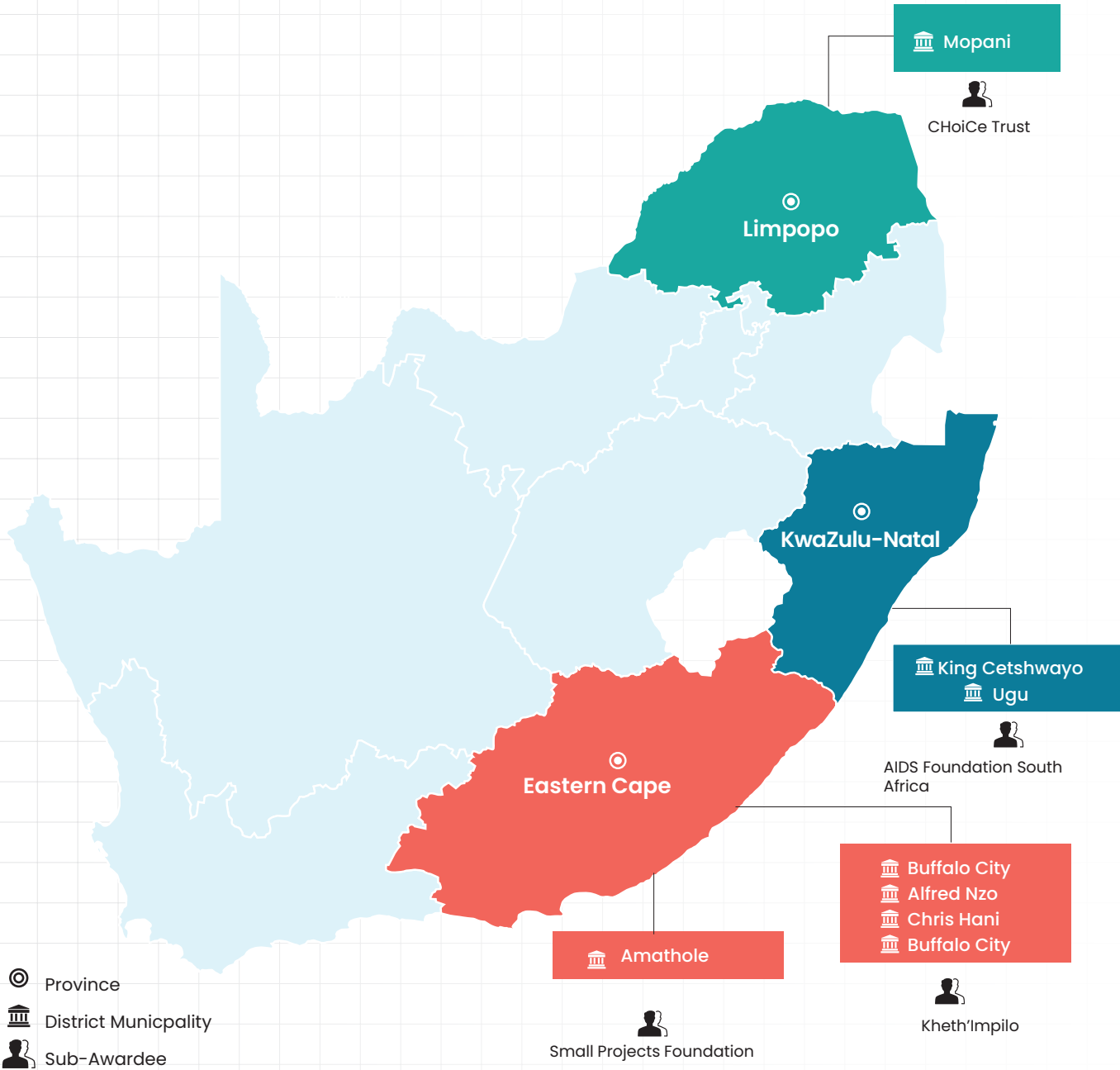


CDS works with eight implementing partners in five provinces.

IMPLEMENTING PARTNERS



WHERE WE WORKED IN COP22





OVC COMPREHENSIVE

The model that CDS uses is based on providing needs-based services to beneficiaries at a household level.

Once beneficiaries are enrolled into the project, they are assessed on a health, social and education level to determine what services they need to receive.

Beneficiaries are also referred to appropriate services and actively followed-up to ensure that they accessed the services.

In the past few years, CDS has focused on linking beneficiaries to HIV prevention and management services that includes knowing your HIV status, HIV treatment, adherence, and support to improve viral suppression.

CDS works closely with stakeholders in the community, e.g., health care facilities and schools to identify the most vulnerable and HIV positive beneficiaries. CDS in turn supports the health care facilities to track HIV positive beneficiaries that have defaulted on treatment and linking them back to HIV treatment.

Through using a household-centered approach, all members of a household receive much needed support and linkage to the appropriate services.



OVC PREVENTIVE

This stream focuses on evidence-based HIV and sexual violence prevention for at-risk girls and boys aged 10 – 14 years. The programme that CDS uses is called Vhutshilo and is implemented in a group setting with ten sessions, each lasting approximately 60 – 75 minutes.

HIV negative girls and boys are enrolled into Vhutshilo, and once they completed the sessions, they are graduated. If the girls and boys are found to be at risk due to vulnerabilities, they are enrolled into the Comprehensive stream to receive case-specific services.

Vhutshilo comes from the Venda word meaning "Life" and consists of three prevention curricula that work to keep young people healthy and free from HIV and STIs. Vhutshilo attempts to teach young people skills that will not only keep them safe, but increase their decision-making abilities, boost self-belief, and give them a positive attitude towards their future.

Topics covered in Vhutshilo 1 includes: finding support, making good decisions, adolescent changes and how to deal with them. The main purpose of Vhutshilo 1 is ensuring that youth are empowered to get tested for HIV, stay HIV negative and make informed, safe choices.

For more information on Vhutshilo, visit their page at <http://www.vhutshilo.org.za/>



DREAMS FAMILY STRENGTHENING

Activities in this stream aim to link Adolescent Girls and Young Women (AGYW) to services offered by the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) programme.

This stream implements a Family Strengthening evidence-based curricula called Let's Talk. The AGYW and their caregivers are enrolled into Let's Talk and aims to strengthen their capacity to effectively communicate and address key issues facing AGYW affected HIV and AIDS, including sexual risk behavior and prevention of neglect, violence, and exploitation. Caregivers' individual challenges are also addressed, and they are supported to build skills necessary for effective emotional coping and parenting. The programme is rolled out over 14 sessions.

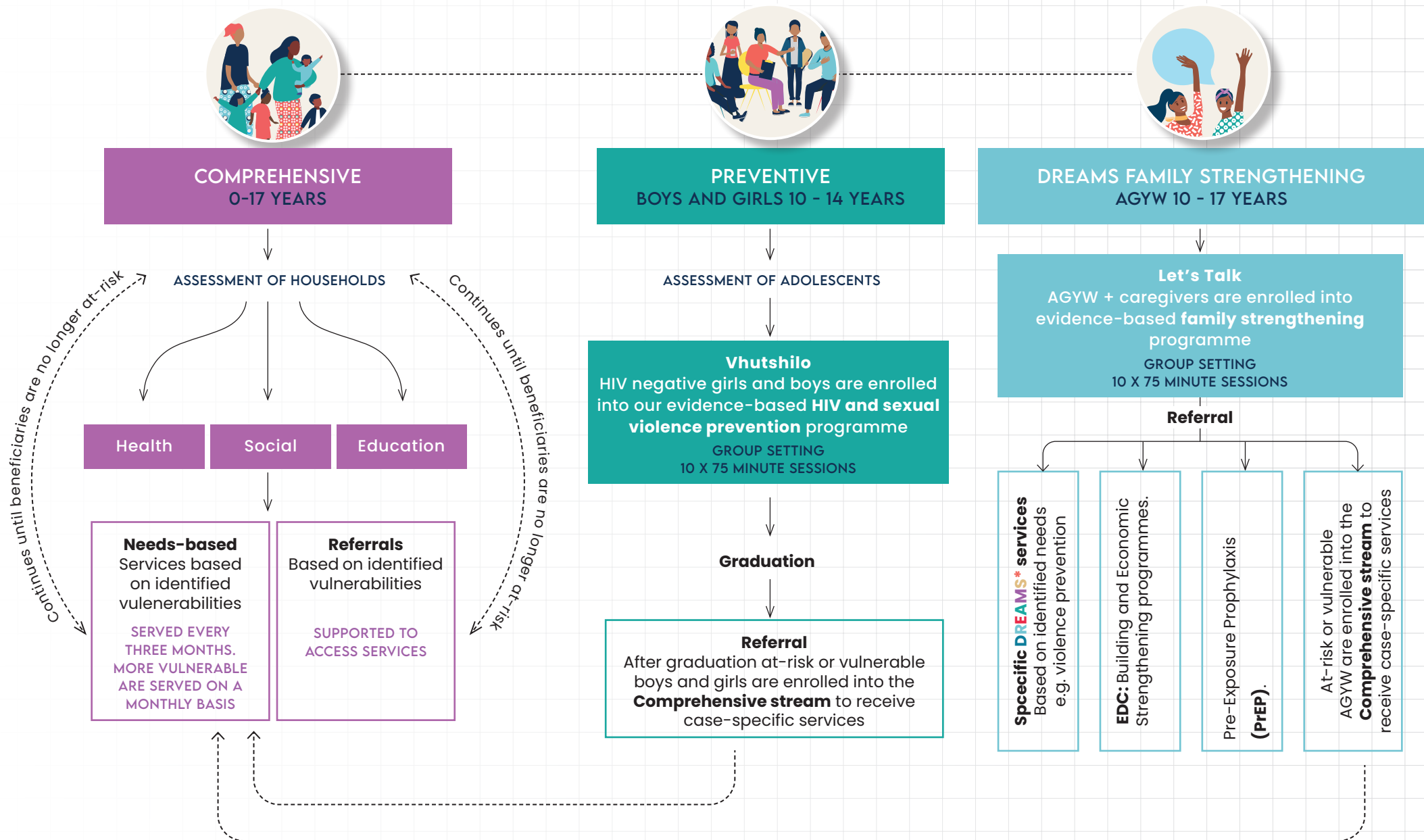
The AGYW's needs are identified and are referred to specific DREAMS services, e.g., violence prevention. Additionally, all AGYW are referred for Pre-Exposure Prophylaxis (PrEP).

AGYW who are identified as being at risk are enrolled into the Comprehensive stream to receive needs-based services.

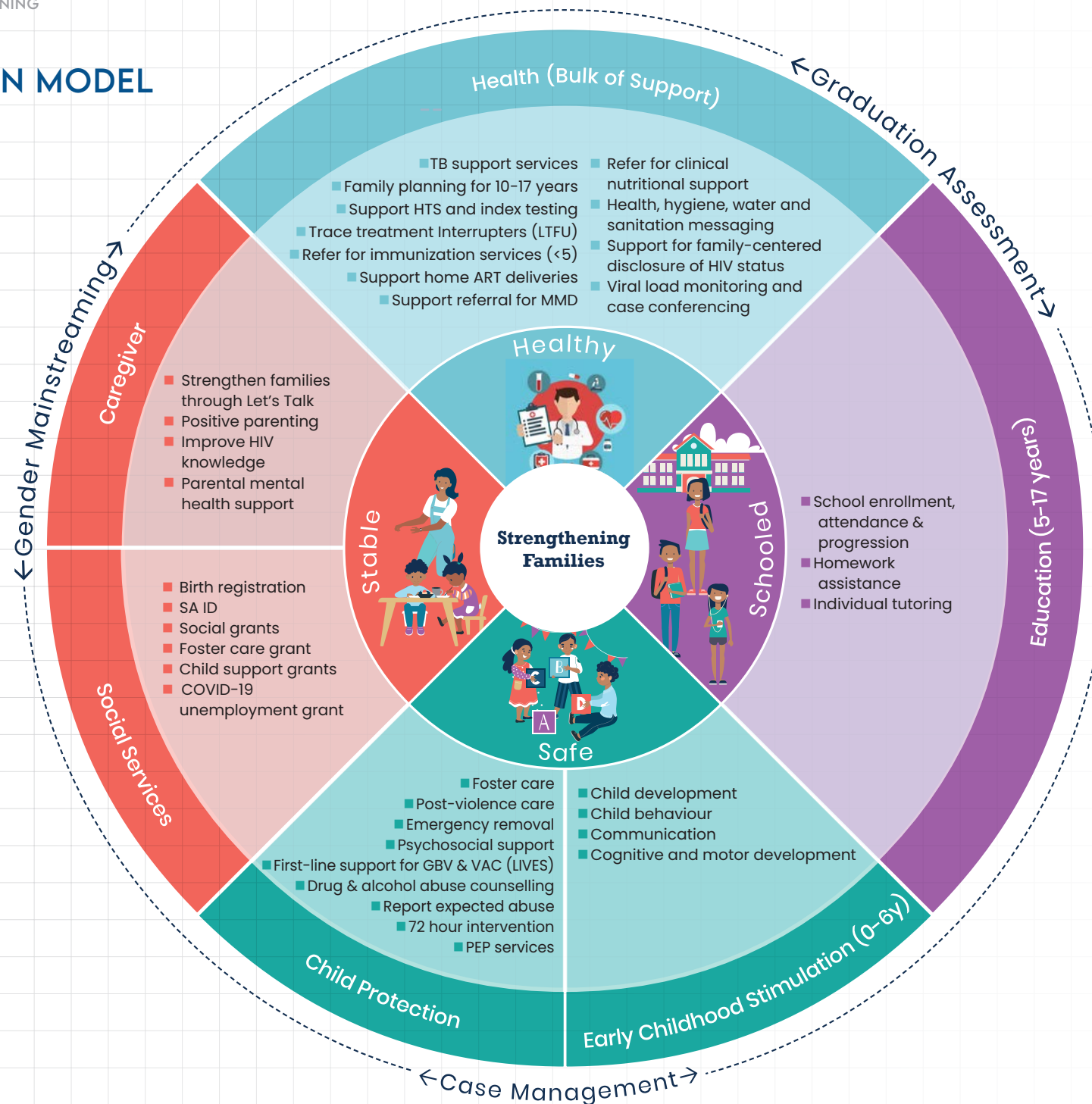
For more information on Let's Talk, visit their page at: www.letstalk.org.za



HOW THE THREE STREAMS ARE LINKED WITH EACH OTHER



IMPLEMENTATION MODEL



OVCY PROJECT

and the 90-90-90 goals

The OVCY Family Strengthening project, as a community partner, contributes to achieving the UNAIDS 90-90-90 targets through facilitating access to HIV testing, ensuring linkage to treatment and supporting adherence and viral suppression among all its beneficiaries.

1

Beneficiaries must know their status

The programme target the following populations for testing:



Teen mothers with unknown status.



HIV negative **adolescents** >15 years/sexually active (annual).



Children & Adolescents who experienced **sexual violence**



Children <2 years with **unknown maternal status**(EID)



All children and adolescents with **unknown status** upon enrollment



Index testing

2

Initiating + remaining on ART

The programme contribute to ART initiation and retention by:



Working with **DSPs** to ensure that all C/ALHIV are on ART.



Tracing treatment interrupters C/ALHIV that fall within our catchment areas to and bringing them back to care.



Enrolling C/ALHIV for **adherence support**, age-appropriate **disclosure support** for care-givers and Vhutshilo 3.



Tele-servicing of C/ALHIV (remote case management) and tracking MMD access at health facilities .

3

Viral load completion + suppression

The programme contributes to viral load completion and suppression by:



Partnering with DSPs on **in-service training of facility staff** on importance of viral load as a monitoring tool.



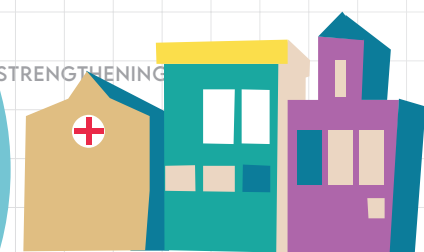
Enrol HIV positive children and adolescents for adherence support, age-appropriate disclosure support for caregivers and **Vhutshilo 3**



CYCW to become **viral load champions**, emphasizing on importance of taking bloods and maintaining suppression.



Continuous case management to ensure HIV positive beneficiaries adhere to treatment



CDS CASE PROFILING STUDY

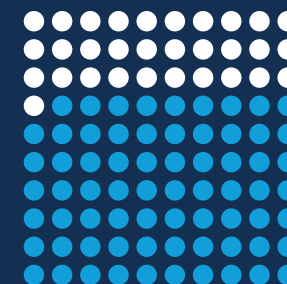
A recent comparison between national viral load data from the NICD and OVC programme data for C/ALHIV enrolled in the CDS project, found that the viral suppression of C/ALHIV was 82% compared to the National rate of 64%. Looking at these results, the value of the family-centred case management approach implemented in the community by CDS cannot be overstated.

To further understand the barriers of viral suppression among OVCY and to ensure that the CDS programme addresses them properly, CDS conducted a case profiling study amongst their eight implementing partners from four provinces (Gauteng, Limpopo, Kwa-Zulu-Natal and Eastern Cape).

Doing the case profiling study is exceptional on its own since no other community partner as ever undertaken such a task. CDS realized that the OVCY enrolled in their programme needs more specialized support than already offered and wanted to make sure that they understand the barriers to viral suppression holistically.

THE IMPACT OF family-centred case management

CDS set out to develop an in-depth assessment tool and randomly sampled 561 children living with HIV, virally suppressed and unsuppressed, from their database.



31% were
not virally suppressed.



69% were
virally suppressed

VARIABLES INCLUDED IN THE CASE PROFILING



DEMOGRAPHIC



Age



Gender



Caregiver income



Caregiver education



Caregiver employment status



TREATMENT FACTORS



Viral suppression status



Duration of C/ALHIV on ART



ART regimen



Side-effects experienced by C/ALHIV



Frequency of VL monitoring (testing)



FINDINGS



RESPONSE



Caregivers administering antiretroviral therapy for **children under 14 years** increases the chances of the CLHIV achieving viral load suppression ($P=.008$).



Findings show that children are more likely to achieve viral load suppression when they and their caregivers and family members receive **psychosocial support** in the programme ($P<.001$).



Longer waiting times in health facilities may result in missed appointments and ultimately nonsuppression ($P=.04$).



Results showed that beneficiaries who spend **more than 3 hours** in queues at health facilities are 3.5 times more likely not to be suppressed.



Consistent case management and frequent home visits by community care workers may promote the likelihood of C/ALHIV achieving viral suppression ($P=.002$).



Psychosocial Support

Social workers to work very closely with community care workers to provide psychosocial support to C/ALHIV and their families



Missed clinic appointments

Clinical staff to track (electronically and diary) appointment reminders for C/ALHIV and reach out to them 2 days prior to the appointment



Availability of transport money

Encourage IP to provide transport for families who cannot access health facilities or ART pick-up points and monitor outcomes



Distance to facility /ART pick-up point

IPs to facilitate home ART deliveries and work with DSPs to establish community external pick-up points



Waiting time at facility

Engage DSPs on decentralizing to set up external ART pick-up points. IPs to track and refer potential clients for MMD



Community care worker support

Intensify frequent case management for C/ALHIV (at least twice a month)



"Taking HIV medicine consistently and as prescribed is the best way to achieve and maintain viral suppression."

“I AM ABLE TO TALK TO MY MOTHER”

Let's Talk helps restore mother-daughter relationship

One very important aspect of the OVCY Strengthening Families project is to, as the project name states, strengthen the families we are working with. The programme that CDS uses to help achieve this is a family-centred curriculum for young people and their caregivers called, Let's Talk. Let's Talk is a 10-week structured support group for adolescents aged 10-14 years and their caregivers. The curriculum was developed through a collaborative effort between researchers at Tulane University's Highly Vulnerable Children Research Center and the University of Pretoria in South Africa, with financial support from USAID Southern Africa and PEPFAR. It is designed to address 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 individual challenges and working to build skills for effective emotional coping and parenting.



I really didn't know that bottling up things in myself is not good. The group helped to heal my sad wounds because they shared with me how they are feeling about themselves and other things.

NICDAM, one of the CDS partners, works in the City of Johannesburg and that is where this story took place. A Let's Talk facilitator was recruiting youth to enrol into the Let's Talk programme. The youth are typically recruited from schools and community centers. The facilitators share information on Let's Talk and how they would benefit from enrolling into the programme. During one of these recruitment sessions, she met a 15-year-old adolescent girl and shared the basic information around Let's Talk. The girl was initially not interested in the Let's Talk programme, but the facilitator persisted. She shared what specifically will be covered in the Let's Talk session and mentioned conflict management, communication styles and how to solve family problems. This seemed to hit a chord with the girl and started to open up about her own family life. The girl shared that she and her mother have a really bad relationship and that it has been escalating since her mother

got a new boyfriend. The facilitator asked the girl if she can come visit them at their home and the girl agreed.

When she arrived at the girl's house, she asked if she could speak with the mother and the girl separately to find out the root of their relationship and provide counselling. From the discussion she had with the girl, the girl felt that her mother's new boyfriend is taking up all her space and he acts as if he is her father. She also said that it feels as though her mother is being taken away from her. When the facilitator spoke with the mother, she shared that the young girl holds grudges and has a very bad attitude towards everyone in the house. She also mentioned that the girl fails to see the effort they are putting in to make the new situation work for everyone.

Using the knowledge and skills, she gained as a Let's Talk facilitator, she counselled the girl and her mother separately and together on the value of mother-daughter relationships. She encouraged the pair again to enrol into Let's Talk to further explore their relationship and build it. A few days later, the mother called and said they would be happy to enrol into the programme.

After attending the first session, the facilitator asked the girl how she found the session. The girl

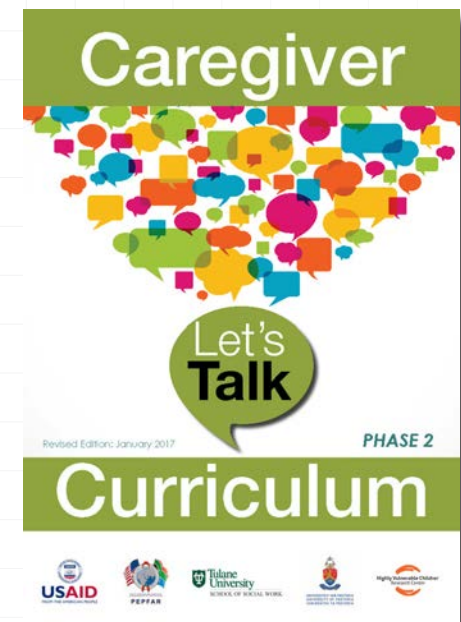
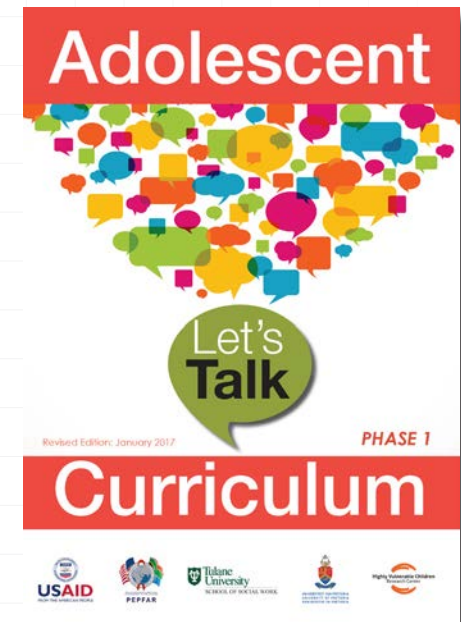
reported that the topics of 'strengths, setting goals and effective communication' got her thinking. She realized that she was an aggressive communicator and that she needs to learn how to be assertive, instead of angry and irritated. After another few sessions, she followed-up with the mother on how she was experiencing it. The mother said that since attending Let's Talk, she rediscovered positive qualities in her daughter. The two of them added that working together on the Let's Talk exercises was fun and informative. It was the first step in helping them to get along better.

This story showcases the value of how attending Let's Talk strengthened the very valuable mother-daughter relationship and helped to improve the overall dynamic at their home.

The 15-year-old talked about her experience of the Let's Talk programme:

I am able to talk to my mother about things I could not at first. She is interested in Let's Talk and what I am learning.

I started to change my behavior around people because I don't want to be the one who is always angry. I am much calmer now and I know the difference between assertive and angry.



“I LOVE MYSELF”

Close collaboration with stakeholders gave a young girl her life back



Generational HIV

A young girl who lost her mom due to HIV/AIDS complications was staying with her older sister

She was born HIV positive and has been taking medication for as long as she remembers

COVID-19 Economics

Her older sister lost her job due to economic challenges brought on by the pandemic

The situation at the household became dire

Adherence

The young girl realized that none of the other children in the household was taking medication

She decided to stop taking her medication



With threatened food security, the young girl started to lose weight. The weight loss, combined with her not adhering to her medication led to her contracting TB. She very quickly became weaker and weaker. Her sister realized that she needed urgent support and contacted their community care worker.

Collaboration

- When the community care worker visited the family, she contacted the social worker and linkage officer
- When they arrived, the young girl was so weak she couldn't walk properly, had a severe skin rash and struggled to talk due to sore in her mouth
- The team provided counselling to the young girl on why it's important to take HIV medication
- The team also provided the family with food parcels
- The linkage officer made an appointment with the clinic for the girl to get reinitiated on treatment and get viral load testing.
- The linkage officer also made an appointment with the dietitian to get clinical nutrition support
- The social worker provided much needed psychosocial and adherence support



Case management

Trust

The young girl and the social worker developed a strong relationship

Confide

The young girl confided in the social worker that she is extremely lonely as she stays indoors most of the time since she feels that people judge her

Growing closer

The young girl wanted to know if the social worker has some novels, she can share to make her feel less lonely

Future Families received books for Africa and the social worker shared these books with the young girl

A visible change in just four months

With each follow-up visit, it was clear that the young girl was getting better and better. She had gained weight and her skin was glowing. She was adhering to her medication and participating actively in home visits.



"I will never do the same mistake again Sister Yvonne of not adhering to my medication and treatment because I love how I look today, actually I love myself."



Since the young girl was ill, she dropped out of school. The team supported her to re-enrol into school. Attending school also greatly improved the girl's outlook on life as she made lots of friends. Since she is no longer so ill, she has the confidence to go outside and spend time with her new friends. The young girl reported that she could clearly see the difference adhering to her medication has made in her life. Since she was feeling a lot better and had more confidence, the team suggested that she enrolls into Vhutshilo 3. She jumped at the opportunity to learn more about living positively and sharing her experience with peers.



Viral load results

PREVIOUS
IMPLEMENTING
PARTNER



"I want to thank you Sister Yvonne from the bottom of my heart because you walked this uneasy journey with me and I was not able to walk it before I got involved with your organization, I actually had given up but when I look at myself now compared to when I joined your organization, I am really happy about all those things that you did for me and my family. I am happy that I am back at school and doing very well. Thank you for food parcels that you shared with my family, for taking me to the clinics where I could not do on my own and mostly for being there when I felt I was going to the graveyard"

