End-of-Project Report on OVC related activities of Save the Children in Côte d'Ivoire

Name of project being evaluated	Care and Support for Orphans and Vulnerable Children in Western and North-western Côte d'Ivoire
Theme and sub themes	Orphans and other Vulnerable Children Health & HIV/AIDS Education Protection Legal support
Location	Côte d'Ivoire
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Name of the Donor	PEPFAR USAID/WA
Type of evaluation	Final external evaluation
Date of the Report	October 2010
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1. GLOSSARY OF ACRONYMS AND KEY TERMS [FRENCH AND ENGLISH]

ARV	Anti-retroviral
BCC	Behavior change communication
CA	Cooperative Agreement
CC	Community Counselors
CI	Côte d'Ivoire
CS	Centre Social / Centres Sociaux
CTAIL	Cellule technique d'appui aux initiatives locales (field office of MLS)
DREN	Direction régionale de l'éducation nationale
DRS	Direction régionale de la santé
FGM	Female Genital Mutilation
IGAs	income generating activities
MLS	Ministère de lutte contre le Sida
MOU	Memorandum of Understanding
MSF	Médecins sans frontières
NGO	Non-Governmental Organization
OEV	Orphelins et enfants vulnérables
OVC	Orphans and Vulnerable Children
P+	Person(s) living with HIV
PEPFAR	Presidents' Emergency Plan for AIDS Relief
PEV	Programme étendu de vaccination
PN-OEV	Programme National – Orphelins et enfants vulnérables
PVVIH	Person living with HIV
SCMS	Supply Chain Management System of PEPFAR
VCT	Voluntary Counseling and Testing
WFP / PAM	World Food Program

Map of Western Cote d'Ivoire Moyen Cavally and 18 Montagnes

Region of Denguélé is not shown as it was not covered by this evaluation.

2. EXECUTIVE SUMMARY

The report is based on a 12-day mission to assess two of Save the Children in Côte d'Ivoire's three PEPFAR-funded sites in Western Côte d'Ivoire. It covers two of the three sites managed by Save the Children in Cote d'Ivoire under a two-year contract. It also covers the recently-added site in Abidjan's Adjamé area.

Methodology

This was a Formative Assessment, with key informant interviews and site visits.

General Conclusion

Save the Children in Côte d'Ivoire's three PEPFAR-funded sites in Western Côte d'Ivoire are functioning at a high level of effectiveness in the two regions that were evaluated and in Adjamé. With short-term funding Save the Children in Côte d'Ivoire was able to ramp up and roll out very quickly. It is serving almost 10,000 children made vulnerable and orphaned by AIDS as well as benefiting many adults around them. In addition it is strengthening the Social, Health and Educational services of Côte d'Ivoire.

Personnel are dedicated, extremely hardworking and respected by all partners. Their facilities and work processes are good, though there are small areas for improvement.

Highlights

This program is operating at the outer edges of society, and is pushing the limits of OVC programming. Excellent innovations are arising and should be documented and disseminated.

Save the Children in Côte d'Ivoire is to be commended for actually involving children in the choice of their Community Counselors: this is a rare and successful model of child participation.

Support is to the whole child and within the household. This holistic approach is ideal, as opposed to silo interventions on one or another area of need or vulnerability. The Community Counselors are the unifying link to the wide array of services that the child needs.

The work is extremely cost-effective, and Save the Children in Côte d'Ivoire have been extremely frugal in their overheads. Sub-partners are doing much with little, and money is always an issue in the impoverished communities of these regions. As one Supervisor in a local NGO said, when there is no money we just need to keep on going. The children rely on us. That spirit motivates all those involved, and should encourage donors and sponsors to sustain this work.

Save the Children in Côte d'Ivoire's programs included a strong component of **capacity building**, both of family members and guardians and of professionals at all levels who deal directly with the children on a close and frequent basis. It is always intended that these people will continue the improved care and support to children once the program has ended. In many cases the awareness and understanding of the specific ways of supporting children affected and orphaned by AIDS will endure – "It has entered into our work habits" – and the learning will be shared with new members of the agencies listed below. Capacity Building of Community Counselors: Overall this Save the Children in Côte d'Ivoire program has trained 185 Community

Counselors. It supports their work with vulnerable children in households affected by HIV with a small monthly stipend. This constitutes the most durable investment that will bear fruit for years to come.

Volunteers shoulder all the frontline work with children. The pros and cons of programs designed this way are debatable. The decision not to professionalize community-based care is intended to ensure sustainability. Unfortunately it also is perceived as demeaning the work of the community counselors. Major expenditures occur in the professional hierarchies while the volunteers are not making ends meet.

It must be noted that the profound poverty, food insecurity, and extremely weak governance leave all those involved in a state of continuing vulnerability. The positive effects of Save the Children in Côte d'Ivoire's excellent programs will not be sustained where their expertise and financial contributions thanks to PEPFAR have been indispensable. Sustaining the major results of the project require ongoing financial inputs.

Recommendations
Improvements of several kinds have been recommended in this report. This should not overshadow the very positive assessment of the work conducted by Save the Children in Côte d'Ivoire's three PEPFAR-funded sites in Western Côte d'Ivoire.

Going forward the trend towards **integration** should be reinforced. Inclusion of capacity building in the specific area of **reproductive health and family planning** into the households will be beneficial in the long term in these extremely impoverished families – as the children supported by Save the Children in Côte d'Ivoire and other programs have improved life expectancy and survive to lead healthy lives, families will be more confident in their survival and will invest more effort and resources in their first two, three or four children.

As sub-partnerships settle into longer-term work, Save the Children in Côte d'Ivoire can add into its programs attention to **scaling up**, **scaling out**, and **improving quality** of programs.

Exit Strategy expertise
How is the sustainability of Save the Children in Côte d'Ivoire in Western Côte d'Ivoire being managed? Explore what Save the Children in Côte d'Ivoire's policy is in this delicate matter. Compare with the exit strategies of other NGOs active in this region that is characterized by slow and steady improvement in stability and peace.

Save the Children in Côte d'Ivoire should engage its donors in a frank discussion of their long-term plans and ask for their guidance regarding properly designed exit strategies. Learn what recommendations the donor can share concerning medium and long-term engagement in work with children affected and orphaned by AIDS.

3. Context and Project Background

This report constitutes an end-of-project evaluation for a two-year USAID/PEPFAR-funded project to provide care and support to 9300 orphans and vulnerable children (OVC) in Denguélé, Moyen Cavally and Montagnes regions of Côte d'Ivoire.

Since September 2008, USAID/West Africa through PEPFAR has funded Save the Children in Côte d'Ivoire to provide care and support to orphans and vulnerable children, and build the capacities of local NGOs and government entities in western Côte d'Ivoire, starting in the Moyen Cavally district and expanding to the Montagnes and Denguélé districts.

Save the Children in Côte d'Ivoire has worked to provide direct care and support to orphans and vulnerable children by ensuring access to education and professional training, health care, protection from discrimination and abuse, legal support for birth certificates, and psychosocial support.

Save the Children in Côte d'Ivoire has also sought to improve the lives of vulnerable children indirectly through support to schools, income generating activities (IGAs), training of caregivers and of staff in the implementing partner agencies, behavior change communication (BCC), community outreach, as well as technical and material support to Save the Children in Côte d'Ivoire and local sub-partner organizations providing direct services to orphans and vulnerable children.

Save the Children in Côte d'Ivoire provides support to children made vulnerable and orphaned by AIDS and other causes through an extensive network of community caregivers/counselors (CCs) selected with the participation of the children. Caregivers perform basic social work tasks (such as regular home visits, basic listening sessions, and referral to services) and are supervised by local NGO partners, who receive capacity-building support from Save the Children in Côte d'Ivoire. Key results include free medical care for OVC through agreements with local health districts, up-to-date vaccinations for 100% of identified OVC, support for schools to ensure attendance by OVC, income generating activities and nutritional training for adult caregivers and family members, child-led HIV prevention activities, and support for obtaining birth certificates.

Health Policy Environment in CI – **Politique sanitaire** in Wikipedia
http://fr.wikipedia.org/wiki/Santé_en_Côte_d%27Ivoire

Le territoire ivoirien avec ses 322 400 km^2 habités par plus de 20 617 068 personnes en 2009 dont 49 % de femmes, présente une densité moyenne relativement faible de 49 habitants par Km^2. Le taux de croissance de la population, estimé en 2008 à 1,96%, comparable à celui des autres pays de l'Afrique sub-saharienne reflète la différence entre un important taux des naissances (34,26 pour 1 000) et un très fort taux de décès (14,65 pour 1 000). L'espérance de vie se situe à 49,18 ans, soit l'un des plus faible taux de la planète. La situation économique difficile du pays explique en partie cet état de fait qui se traduit également par un indice de pauvreté humaine – la proportion de personnes en dessous du seuil de développement humain admis – de 37,4 % en 2009, classant ainsi le pays au 119^e rang sur 135 pays pour lesquels cet indice a été calculé.

La pauvreté des populations reste le déterminant par excellence de santé. Elle s'inscrit, elle-même, dans un contexte de paupérisation générale caractérisé par la détérioration de l'environnement, la mauvaise qualité de l'eau, de sérieux problèmes d'assainissement, une urbanisation trop rapide et mal maîtrisée favorisant la promiscuité et la recrudescence des maladies infectieuses, le faible taux de scolarisation des enfants, l'analphabétisme chez les adultes et en particulier les femmes mais également, au niveau de l'État, par l'insuffisance des budgets consacrés à la santé.

Stages of programming for OVC

It seems important to set a frame of reference for all work with vulnerable children in low and high-HIV prevalence areas. This area of technical focus has gained considerable expertise. There are many publications, tools and training sessions that constitute a growing body of knowledge. This knowledge is not being shared as effectively as one would wish.[1] See Annex 1.

Identify the children who are vulnerable due to HIV/AIDS, conduct Situation Analysis
Train all participant agencies in M&E, PSS, Child Status Index, nutrition, and so on
Scale up [increase number of beneficiaries of each site]
Scale out / replicate [increase number of sites]
Quality Assurance and Quality Improvement
Sustainability
Exit strategy

Stages in the AIDS Epidemic

Anecdotal observations as well as centrally collected data indicate that the epidemic in Côte d'Ivoire is in its early stages. Its high prevalence rate among the countries of West Africa has been known for years, but the worst in impact on children is likely to occur many years in the future.

In the children served by the Save the Children in Côte d'Ivoire project, only a small proportion (<20%) are orphans. Most have parents who are alive and well or receiving treatment.

The Convention on the Rights of the Child

Children around the world have rights, and the Côte d'Ivoire Government is a signatory to the Convention on the Rights of the Child. Thus it is the responsibility of State agencies such as the *Programme National – Orphelins et Enfants Vulnérables* (PN-OEV) with the support of Save the Children in Côte d'Ivoire to ensure that those rights guide programming.
Certain of these rights will be highlighted in the report below. They are listed in Annex 2.

[1] Suggestions have been made in person, and a website such as JLICA is a good entry point www.jlica.org

4. PURPOSE AND SCOPE OF THE EVALUATION

This evaluation was performed at the request of Save the Children in Côte d'Ivoire, and also at the suggestion of PEPFAR. Its purpose was to assess what has been accomplished under the two year Cooperative Agreement, and make recommendations regarding future work in favor of children made vulnerable and orphaned by HIV/AIDS.

Time constraints limited the visits to two of the three regions where Save the Children in Côte d'Ivoire's programs under PEPFAR have been under way.

4.1. Schedule of visits:

October 17 2010	Abidjan: Review of background documentation and reports Program and safety briefing
October 18 2010	Travel to Guiglo:
•	Visit to Côte d'Ivoire Prospérité CIP
•	Visit to the new Préfet of Moyen Cavally
•	Interview Chargé de Programme d'Education in Guiglo
•	Interview Chargé de Programme Protection (OEV).
October 19 2010	Guiglo
•	Visit to Direction Régionale de l'Education Nationale DREN
•	
October 20 2010	Travel to Duekoué:
•	Visit to Prévention Sans Tabou
•	Visit to Centre social Duekoué
	Travel to Man
October 21 2010	Man – Danané – Man
•	Visit to partner NouTous in Danané
•	Visit to Centre social with representative from Mairie
•	
October 22 2010	Man – Bangolo – Man
•	Visit to Afrique Espoir
•	Visit to Centre social
October 23 2010	Man
•	Visit to CTIAL Cellule technique d'appui aux initiatives locales
•	Debriefing session at Man
October 24 2010	Travel to Abidjan
October 25 2010	Abidjan
•	Visit to PN-OEV
•	Visit to Cavoequiva Adjamé
•	Visit to Hôpital M-T Houphouet-Boigny Assistante Sociale
•	Debriefing session in Abidjan with Director and future PEPFAR coordinator of Save the Children in Côte d'Ivoire.

5. Description of the Evaluation Methodology

5.1. Activities and Methods:

The consultancy consisted of the following activities:

- Review of project documents, including donor contracts, donor reports, internal monitoring and evaluation tools and reports, guidelines, protocols, partners' documentation.
- Field work was conducted in 2 of the 3 regions of implementation, Moyen Cavally and 18 Montagnes, as well as the newly added site in Adjamé in Abidjan.
- Key informant interviews, including relevant Save the Children in Côte d'Ivoire staff, implementing partners, vulnerable and orphaned children and their families, groups implementing income-generating activities, social welfare committee members, local authorities, service providers
- Focus group discussions with children served by the programs

This process was a ***Formative Evaluation***, with immediate identification of strengths and weaknesses and exchanges about them with key actors.

5.2. Site visits

5.2.1. Save the Children in Côte d'Ivoire's offices

In Man the Program Officer and Program Assistant work with sub-partners in three towns to reach OVC and their families with care and support. Despite difficulties and insecurity in this resource-rich zone coveted by *Forces Nouvelles* rebels, they implement and monitor wide-reaching programs that truly benefit children made vulnerable by HIV.

The NGO Afrique Espoir in Danane became a sub-partner of Save the Children in Côte d'Ivoire in March 2009 and reaches 900 orphaned and vulnerable children.
NouTous in Bangolo came on board in September 2009 and reaches 2385 orphaned and vulnerable children.
Idée Afrique partnered with Save the Children in Côte d'Ivoire in February 2010 and reaches 206 children.

The communities feel abandoned by governmental services, and the two staff occasionally feel their contribution is a drop in the ocean.

The Guiglo office is the main office for the Western regions, and houses a larger and very highly competent and hard working team. The projects it manages are diverse and allow the staff to learn from one another and integrate some of their community services together, or build on previous work. The best example is the initial work in the region was to reintegrate child soldiers into the social and school systems. Save the Children in Côte d'Ivoire became a known and trusted partner, and started educational projects that can be built on by recent contracts such as the one evaluated here.
Its steady work is often interrupted by power outages. The staff and vehicles are in perpetual motion, coordinated ably and with unfailing attention to security. The staff appears eager to work despite being seriously over-extended, and the atmosphere is cheerful and results-oriented.

5.2.2. NGO sub-partners

This evaluation is based on visits to five of Save the Children's nine sub-partners in this PEPFAR - Cote d'Ivoire project.

Côte d'Ivoire Prospérité CIP

Save the Children's oldest partner and its only partner in Guiglo, CIP is part of a clinical site called CAMES for *Centre médical d'assistance*. CIP, a national NGO founded by a pastor, has sites across Cote d'Ivoire. In Guiglo it provides Voluntary Counseling and Testing (VCT) services, and has added a Peer Support group. Their only medical doctor is over-extended, seeing patients from VCT for HIV related care and support, providing palliative care, malaria care and care to anyone else who needs it (for example an emergency in the community requiring medical care). VCT provides counseling that does include Family Planning. There is one Lab Technician who does much more than his title indicates, with general health status and biological tests.

Thanks to the partnership with Save the Children in Côte d'Ivoire, there is a second cabinet in the pharmacy stocked with essential medicines that can be given free to vulnerable children: about 1000 have been identified. The doctor underlined that the medication is paid for by Save the Children in Côte d'Ivoire, but no one pays him for his services to these OVC.

Save the Children in Côte d'Ivoire's programs have resulted in support to families for access to education; access to free primary medical care for the children who need it; training for staff, community counselors and families in the psychological care and support for children in households with HIV provided by special educators and child psychologists. VCT counselors offer entry into the project for anyone newly diagnosed who has children.
The Community Counselors described their tasks as identifying OVC, following up with them and identifying their needs, visiting them regularly, referring them for medical care as needed, ensuring the children are well treated both at home and in school, referring them for nutritional support from the World Food Program (prior to September 2010), participating in culinary demonstrations to improve child nutrition with locally available inexpensive foods, psychological support to defuse tensions within families (due for example to unemployment following the decline in coffee and cocoa trade, or when a young pregnant girl will not communicate with her parents, claiming her baby has no father). The Community Counselors ensure that each child has their own *Carnet de santé* or health record that accompanies them for life. Often the household is so fragile that the Community Counselor holds on to the Carnet and carries it on vaccination days with the child.
Twenty income-generating activities have been set up to strengthen the economic stability of HIV-affected households with children. One beneficiary described how the funding to buy a few bags of charcoal for resale has allowed her to do a better job of feeding and clothing her three young children and covering the fees and costs at the start of this school year. Another woman described how her husband is HIV+ and out of work, so she is fortunate in that has been able to resell dried fish and support her four school-aged children.

The point was made that clients take support more seriously once beneficiaries are extended from the children to encompass the parents through IGAs.

Save the Children in Côte d'Ivoire increased funding for a second Supervisor to be added for the 30 Community Counselors who altogether serve 130 households. All the households have children, many house three generations of the extended family. A motorbike was also provided to improve access to remote households. The Counselors and the Supervisors receive small financial incentives, distributed when they attend the monthly meetings. These meetings allow for collection of data on services provided and serve as peer support and psychological supervision sessions.

Children are involved and very at ease when they attend the monthly meetings, participating in demonstrations of food preparation and other events. Social and recreational activities are sponsored, World AIDS Day events, Christmas trees, poetry and drawing contests.

Planning by Save the Children in Côte d'Ivoire guides the project but Community Counselors initiate activities that are highly appreciated. In one village area a Community Counselor has worked with a local midwife in awareness raising around HIV for parents and getting them into HIV testing. The low coverage in health care professionals is such that there is never more than one midwife for a sanitary zone or *aire sanitaire*.

Two requests were aired by the NGO: for overall increased assistance, and for simplified reporting requirements that are generally an added burden to all providers of care and support. The Community Counselors indicated that their volunteer load was much greater than was expected by all concerned, and requested increased fees.

The general query was how to identify more children in the community who are vulnerable due to HIV but whose parent does not seek counseling and testing: this will need to be addressed at the outset of the contract extension. The thought is to have community AIDS awareness events and invite people for confidential testing and counseling.

Prévention Sans Tabou PST in Duekoué
Founded in 2004 by the only medical doctor providing care and treatment to people living with HIV in Moyen Cavally who noticed that there was no community support, no prevention activities and no testing. As a cadre of volunteers was being created the crisis erupted and PST targeted its prevention and awareness activities to refugees. Learning that Save the Children in Côte d'Ivoire was working specifically with Children vulnerable due to HIV/AIDS, PST applied to obtain support for the children of People living with AIDS. The help received was for care and support, specifically training the members of the NGO and its volunteers in the special needs of OVC.

NouTous in Danané
The Coordinator and many Community Counselors accompanied 30 children in welcoming visitors. They explained how much support they are receiving and how it is changing their lives for the better: school "kits" with notebooks, pens and pencils, books, birth registration (allowing access to school), encouragement to "work hard to become a great somebody", "money to mama so she could sign me up for school", "a football – I am the captain of the inter-neighborhood team" and "we know we have rights as children".

NouTous received one-off funding from UNFPA to set up some IGAs in households, and Save the Children in Côte d'Ivoire has funded the opening of a small "maquis" or restaurant on the street front outside NouTous.

NouTous Site	Counselors (CC)	# Households (HH) visited	# Children identified as OVC and served	Ratio HH per CC
Houphouet Ville	2	42	206	21
Moribadougou	2	40	181	20
Gningleu	4	78	503	19+
Blessaleu	3	58	209	19+
Commerce	2	41	235	20+
Teapleu	3	61	328	20+
Flampleu	1	10	59	10
Mahapleu	3	58	210	19+
TOTAL	**20**	**388**	**1931**	**19+**

The Community Counselors made the following statements:

Pros	**Cons**
Very positive that as a local NGO thanks to "Save" we could add children to people we support	Access to distant villages is a problem, and roads are often impassable
Thanks to our IGA – a well – everyone can draw water, we are more integrated in the community	Certain child-headed households are extremely poor
We can do referrals of sick children, with cards to record medication and treatment prescribed – we can accompany the children.	Transport for a sick child is sometimes impossible
We have learned a lot from "Save". Destitute parents who couldn't care for their children are now joyful. Psychosocial training was beneficial.	Everyone was an IGA. We have to listen patiently, explain criteria, and all hope that the day will come. AIDS is a scourge.
To be chosen as a CC by the children was a huge boost to my morale. Being with children improves everyone's outlook.	Children get sent away from school without proper school materials.
Support for school materials is allowing many more children to attend.	Problems in the field are that families are worse off than poor – they are destitute. But they are happy to see us.
I am now out of the house, and doing useful things with my friends.	Not enough financial support to go around.
Children know me and run to greet me.	Parents too poor and uneducated to dress their children, we find them digging in garbage and need to teach adults how to take care.
"Save" has made me very happy – awareness and training in HIV and care and support of children; financial support which helps because medication is no longer free since the departure of MSF.	The financial incentive that I receive from "Save" isn't enough. I have to share with the most impoverished. IGAs are only given to certain families when we all need them.
I was able to save an anemic infant, she was transported to Man, and with nutritional counseling I was able to accompany her and her family at home.	The distances to travel to supervise households are long.
During my home visits I can take along a toy	The path is long…

given by "Save" – usually a ball.	
I am always in touch with the children and know their real needs. They are destitute but "*intérieurement très riches"*. They teach me things I cannot do, like turning a sentence into a song.	I have to walk 4 km to visit my households.
I have learned I can talk to my supervisor for a referral to the hospital for malnourished child.	There are too many malnourished children in certain families, food costs too much.
Things have improved for children since "Save" came, Wednesdays there are recreational activities.	Most parents of children who receive medication are illiterate and cannot help.
Thanks to the relationship with "Save" it has been easy to identify OVC. We were overwhelmed and unable to help. All we could do was provide palliative care, and try not to see – "You try to surmount your pain and help them slowly".	We at NouTous have to pay for everything around hospitalization of a child when parents are too poor.
Improvement in protection of children, birth registration, children know one another, counter-referrals from hospital.	Traveling long distances to visit households.
"Save"s actions have been "*salvatrices"*, building our capacity for the children's well-being.	Illiteracy in families, uneducated parents don't understand child's well-being.
Of all the basic needs in Maslow's pyramid, one is definitely being met: be able to realize one's full potential.	We need more supervisors for all our Community Counselors.

It should also be mentioned that many of the Community Counselors are living with AIDS, and some of them may be quite ill. During the two years of this project two of them have died.

The staff of Save the Children in Côte d'Ivoire pointed to an underlying inequity, one that is inherent in the programs for OVC. The Community Counselors and their families have no access to health benefits nor IGAs, whereas the children affected by AIDS in households they visit and support do have access. The issue of positive discrimination in favor of children whose vulnerability is heightened by HIV recurs and poses real dilemmas for those in the field working with whole communities.

<u>Afrique Espoir in Bangolo</u>
Bangolo City of 15,000 has a VCT site at the hospital which receives about 120 clients per month. Indeed this high number is because people come from afar as well nearby to be tested discretely. Aconda manages all the supplies and laboratory work, the local NGO Afrique Espoir (AE) has a full-time counselor onsite for pre- and post- test support, counseling, and enrollment into AE's support group. This support group reaches households in many sites (urban and rural) with 900 vulnerable children who receive services.

This VCT Center and P+ group in Bangolo is the entry point that Save the Children in Côte d'Ivoire identified early in 2009 to reach vulnerable children in HIV+ households rapidly. Their success is such that 900 children are reported as beneficiaries by AE and the CS.

HIV tests for adults are done onsite rapidly and local community counselors reach out to each client. But there is no way to conduct PCR onsite, so most children born to HIV+ mothers are not

tested and are lost to follow-up. The request has been discussed with ACONDA. Thus for the moment data on numbers of HIV+ children in the Bangolo must be viewed prudently.

That being said, the data seem to indicate that Bangolo is in the early phase of the epidemic. Of 900 vulnerable children, only 25 have lost a parent. This tells us that things may get much worse before they get better. Parents will start to become more ill and then their deaths will leave many more children orphaned. It is all to the credit of PEPFAR and Save the Children in Côte d'Ivoire to have started this work early enough. Children will be identified, cared for and integrated before they are at their most vulnerable. The adult peer support networks are being trained to communicate with and listen to children, understanding their challenges and needs for psychological support and social integration.

The VCT site requests HIV-related DVDs to play in the waiting room. This opportunity for prevention education and behavioral change messages should be conveyed with MLS or the appropriate service.

Members of the NGO Afrique Espoir, people living with HIV, were trained as Community Counselors once they were identified and selected by consultation of the children themselves. Initially there were 12 Community Counselors who were payed a small incentive of CFA 20,000 per month, but given the burden of households to visit it went from 12 to 14 CCs. Below are the statements of the Community Counselors:

Pros	**Cons**
Happy to be trained as a CC 'Save"	Late payment of CCs by "Save". [Being addressed]. CCs were told it would not take all their time, but in fact they do visit households every day. Would like full-time pay.
Happy to be able to explain and help people accept their HIV+ status; establish trust; communicate and play with children.	Needs a bicycle to travel to households.
I have learned how to approach, get to know, and counsel a child coping with HIV. Has learned how to counsel the family in child care. Children's behavior has improved.	Would like identification to validate her role as a Community Counselor.
We now understand ourselves and children coping with HIV. We are able to provide counseling and help with medical care through referrals thanks to the stock of essential medicines.	The telephone network is unstable, often our mobiles don't work when we need to make appointments or travel together.
I am able to listen to a child, sometimes give advice, and the child feels better.	The transport provided by "Save" isn't adequate for the 12 km I need to travel.
I am like many of the children around me: I used to hear and fear HIV, now I can do my test.	The cost of living is high.
We can counsel families who are in discord confidentially	Our work doesn't reach into the hearts of these households, it's just a tiny grain of salt.
We can structure our own schedules – BUT the more work we do and the more people we serve the further we have to stretch what we receive as CCs.	Imbalanced partnership – children served first, and only later maybe adults will receive services.

Happy to be with colleagues, happy to have office and meeting space at the Centre Social.	Wants increase in "per diems".
Happy to have visits from Save the Children in Côte d'Ivoire, to be seen and heard.	As sole Supervisor for 900 children and their CCs I am overwhelmed, I have to be everywhere at once.

This group had worked with 25 children who had lost a parent to AIDS, helping them create Memory Boxes. The good quality boxes purchased and provided by Save the Children in Côte d'Ivoire were roughly painted by the child and held very little in the way of mementos, at best one photograph. This should be done in a more structured way, which requires some learning by Save the Children in Côte d'Ivoire in order to train the Community Counselors.

Cavoequiva in Adjamé
Taking on the most difficult of challenges, Cavoequiva finds children who have been trafficked and prostituted and gives them as much counseling and support as it can with the meager means of a local NGO. Save the Children in Cote d'Ivoire only initiated its collaboration with Cavoequiva in the spring of 2010 so there is little to report or evaluate. The ability to identify and care for children of the young HIV+ women is much appreciated and there is a willingness to continue and expand services.

5.2.3. Synergy and collaboration with State agencies

The Centres Sociaux are old structures under the responsibility of the *Ministere de la Femme, de la Famille et des Affaires Sociales* and PN-OEV and are slowly being staffed, equipped and trained to become *Plateformes OEV*, under the PEPFAR-funded vision of reaching orphans and vulnerable children through the existing (albeit depressed) State social service structures.

The role of Save the Children in Côte d'Ivoire is to find ways to ensure progress towards sustained success in the State social service structures as regards vulnerable children and orphans due to HIV/AIDS.

Visits to *Centres Sociaux* and Governmental Services

Several *Centres sociaux* were seen during these visits. It must be noted that none of them had any people seeking for services or assistance. This reflects poorly on the status of the Centres sociaux in the communities they are supposed to serve.

The *Centres sociaux* that have been properly equipped and trained to become *Plateformes OEV* have four social workers, adequate information technology and training. They have no vehicle or ability to fund activities. The other older *Centres sociaux* have only one or maybe two Social Workers and are starkly under-equipped.

The visit to the Centre social at Duekoué was a window into the difficulties in expanding services to OVC through the PN-OEV. Four social workers were well-trained but claimed to be unable to provide services without a vehicle to reach outlying sites. Equipped with a computer, they had no internet connection from the PN-OEV. They held meetings with UNICEF, Save the Children in Côte d'Ivoire and perhaps other donors and seemed to appreciate them but did not have a sense of how to get to work in serving their communities. When pressed, they admitted that there were certain things they could do:

- Refer to a hospital Social Worker
- Refer for malnutrition support
- Mobilize women into income-generating groups

- Mobilize means around an individual in need (the family, neighborhood, *Mairie*, and the person's ethnic group)
- Intervene in cases of abuse and educate families about avoiding violence, with the assistance of partner agencies.

When pressed about what they do with cases of families with children in need, they replied that they contact Save the Children in Côte d'Ivoire.

It was extremely frustrating to hear that the children vulnerable due to HIV who are undernourished are "overwhelming in number". The Social Workers finally admitted that they are reluctant to actively conduct a situation analysis and identify OVC because this will raise expectations but the Social Workers will not be able to meet any of the needs.
Save the Children in Côte d'Ivoire hired a nutritionist to conduct training at Odiénné that these newly fielded Social Workers would have liked to attend, but they felt that their government employee "salaries did not cover the cost of transport there and back."

The conversation about the number of OVC identified and served in the catchment area of the Centre social of Duekoué fluctuated between 1734, 1842 and 1904. They all are receiving services, and they are vulnerable due to HIV specifically.

The Centre social was well informed about the many interventions under Save the Children in Côte d'Ivoire, and was clearly in admiration of the ability to actually improve children's lives. They acknowledged that prior to achieving *Plateforme* status in November 2009, in 2007 they received office materials, information technology, fuel, and training in psychosocial support to OVC. Their motorcycle was donated by USAID, the TV and video were given by UNFPA.

As one of the staff explained afterwards, "Every government employee expects to be paid for every action. They don't know or understand how much help is being received at the Ministry."

Centre Social in Bangolo

This *Centre social* was only opened in August 2008, starting its activities in December 2008. The initial staffer, the chief Social Worker, wrote to Save the Children in Côte d'Ivoire and collaboration was established. The Man office relies on the Social Workers to monitor the children and the activities of the Community Counselors.
The two Social Workers were grateful to Save the Children in Côte d'Ivoire for training in identifying OVC. They have received one-off support from Unicef (computers) and request more assistance.

They collaborate with the PEV and Save the Children in Côte d'Ivoire in vaccination campaigns, ensuring that the 25 children identified as OVC were fully covered. They collaborated in the preparation of over "*jugements suppletifs*" for which Save the Children in Côte d'Ivoire paid the fees but the Tribunal where the documents were filed was ransacked. They are seeking back-up solutions, perhaps with the *Mairie*. One of their mandates is the area of child malnutrition: Save the Children in Côte d'Ivoire sent a nutritionist to teach them how to use locally available foods to improve what children receive.

They make referrals for nutritional rehabilitation (but 2 of 6 died) and for health problems. They encourage children experiencing school problems. Their psychosocial support reflects the understanding that the children have many hidden talents waiting to be drawn out.

They have coordinated activities in 5 sites such as games to foster solidarity, and have watched as children weave a web of new relationships. About 900 children participate, usually more boys than girls.

Thanks to Save the Children in Côte d'Ivoire there is a better safety net for children who are HIV+, there is better community cohesion. As a local saying goes, "For the sake of a child you can reconcile with your enemy."

Centre social in Danané

The Director the Centre social was flanked by one of the Social Workers, the Financial Manager of the local hospital, and the person in charge of the *Etat civil* at the *Mairie*. They described receiving training and continuing education for themselves and their colleagues in how to care and support OVC from Save the Children in Côte d'Ivoire.

This *Centre social* understands and implements its mandates:
1. Maternal-infant protection, including home visits.
2. Prevention Education – NouTous requested Centre social's help in demonstrating replacement feeding to an HIV+ mother with a newborn. The Social Worker was able to do so with materials provided by Save the Children in Côte d'Ivoire and the mother was able to keep the baby bottle and clean pot for boiling water.
3. Social animation – the *jeu-concours inter-écoles* that Save the Children in Côte d'Ivoire facilitated was very popular and is much needed by both the children and the rest of the community.

They are thus in touch with the whole population, including orphaned and vulnerable children. In March 2010 the PN-OEV arrived to establish the *Plateforme OEV*, and start the situation analysis. But major needs remain – bicycles to reach outlying areas, cooking implements to provide nutritional demonstrations. They look forward to becoming a "*Centre social amélioré*" with transport, small medical kit, kitchen equipment for nutritional demonstrations, a freezer for vaccines and perhaps one or two desks.

Direction régionale de l'éducation nationale DREN

The Director of the DREN in Moyen Cavally knows and greets each staff member of Save the Children in Côte d'Ivoire by name. There is clearly a close-knit partnership and exchange.
It started prior to PEPFAR in the program for reintegration of child soldiers when schools opened again after the war.
Now there are Health Clubs in each school, some more active than others. Children lead these clubs and come up with activities related to HIV. But if the school requests funding it goes to the volunteers filling gaps left because there are too few teachers. The *Cellule DEMOS (Direction Mutualité Oeuvres Sociales)*, roughly equivalent to a school committee or parent-teacher association, has taken up the idea of a contest for the best AIDS prevention slogan. There are requests for missing material for this activity.
There is no funding for any psychosocial support in schools, but Save the Children in Côte d'Ivoire has trained a focal person in each establishment who is the point person in case an OVC requires additional assistance.
The summer school project on which the DREN and Save the Children in Côte d'Ivoire collaborated was highlighted as a great contribution. They have visions of continuing and expanding such activities.

Save the Children in Côte d'Ivoire also assists the DREN with fuel, and covers the costs of examinations for older children who are vulnerable and orphaned.
The Director explains how he has come to understand and value the role of the local and international NGOs, and feels they are all together in supporting the children. "*On est ensemble*."

CTAIL *Cellule Technique d'Appui aux Initiatives Régionales*
The *Cellule Technique d'Appui aux Initiatives Régionales* is the regional representation of the *Ministère de lutte contre le sida* or MLS. These local outposts started coming into existence in 2008 and have to manage multiple governmental committees with very restricted means. Their responsibilities are coordination and reporting.
They are in close collaboration with Save the Children in Côte d'Ivoire's regional office in the same city of Man, and express appreciation for steady participation in regular coordination meetings as well as World AIDS Day activities in 2009. On the other hand they voiced a pointed request for quarterly reports. This would require of Save the Children in Côte d'Ivoire at least triple reporting channels for a single activity:

1. Reporting to PEPFAR,
2. Reporting to the PN-OEV (which aggregates its data into MLS)
3. Reporting to the regional CTAIL (which is part of MLS).

It would also give the CTAIL at least triplicate reports: they receive reports directly from the local NGOs; the NGOs input their data into the PN-OEV database at the Centre Social; and Save the Children in Côte d'Ivoire's report would be the third iteration. Nonetheless the Coordinator [Director] stridently demanded these reports *"pour recoupement et validation"* in order to cross-check and ensure the quality of the data.
This will require further discussions until a workable resolution is reached.

Visit to the PN-OEV in Abidjan
The consultant was one of the PEPFAR-funded capacity builders of the PN-OEV at its inception years ago. The courtesy visit actually presented an opportunity to informally introduce the newly arrived OVC coordinator of Save the Children in Côte d'Ivoire, Ms Hannah Newth.

Great progress has been made through direct and indirect support from PEPFAR – indirect in the form of support to child-focused programs such as Save the Children in Côte d'Ivoire's. Regular participation of Save the Children in Côte d'Ivoire's staff in the PN-OEV's meetings has been fruitful.

Save the Children in Côte d'Ivoire successfully tested psychosocial support awareness and skills building; presented the module at a PN-OEV meeting; and have been asked by PN-OEV to document it. PN-OEV will look to publish this as a case study and as guidance for Social Workers and all field NGOs.

The PN-OEV has just changed leadership and is in transition, but has its work planned for the months and years ahead. It is counting on a close collaboration with Save the Children in Côte d'Ivoire.

Social Worker at Hôpital M-T Houphouet-Boigny in Adjamé Abidjan

The *Assistante Sociale* of the hospital was the epitome of a social worker. Graciously responding to the interruptions coming fast and furious, she was the picture of equanimity and kindness. The flow of people seeking her was an excellent indicator of her impact in the hospital's catchment area. She expressed appreciation of the collaboration with Cavoequiva which brings extremely vulnerable young women into the hospital's care. She explained matter-

of-factly how funding is obtained to help new mothers: she personally approaches all the staff to make contributions to the mother and baby as they go back to the streets of Abidjan's Adjamé neighborhood. An evaluation must recognize both the heroic efforts in basic humanity and the major failures of the social safety net.

6. FINDINGS

6.1. Work Processes within Save the Children in Côte d'Ivoire

Confidentiality is well maintained, with each child and family's identity translated into coding. This should be standardized at the national level: firstly across all the Save the Children projects, and more importantly in the MLS/PN-OEV databases.

The regional offices (Guiglo, Man, Odienné) will have a better grasp of their work if they are given access to all files regarding budgets; these can be made available online even if control is maintained centrally. Indeed this is in the current plans as the systems of Save the Children UK and Save the Children Sweden merge into a single Save the Children in Côte d'Ivoire.

Documents and electronic files
It was found that general filing and secure data management in the field offices was ad hoc and unstructured. Back-ups of each person's working files were held on thumb drives. However there was apparently no formal common way of organizing e-files. Electronic documents were filed on desktops as well as folders, in systems left to each member of staff working on the shared computers. It is preferable to have a consistent and transparent filing system shared across the teams. There are few hard files, and these seem to be managed by each individual rather than systematically in each office.

Reporting
Reports are to be carefully prepared, reviewed and corrected, then transmitted in a timely fashion.

6.2. Implementation and Programming for OVC: Identification and start-up, Health, Prevention, Nutrition, Legal protection and rights, Education, Psycho-Social Support

6.2.1. Identification and start-up

Save the Children in Côte d'Ivoire ensured a very rapid start-up of this OVC project by engaging with the few existing places offering VCT. Children of families living with HIV were identified immediately through the testing sites or through the NGO that counseled pre and post-test,.

Sub-partnerships with local "*Partenaires à la Mise en Oeuvre*" or local NGOs always begin with training in Monitoring and Evaluation by Save the Children in Côte d'Ivoire. This ensures proper reporting of progress towards well-understood shared objectives.

Capacity building in identification, care and support of Orphans and other Vulnerable Children has been provided to community and opinion leaders – radio announcers, mayoral staff - and health workers.
After large-scale training, Save the Children in Côte d'Ivoire realized that the messages were not spreading fully to the teams, so a new strategy has been used. One trained focal person is identified and further empowered to be the liaison in cases regarding OVC. This has accelerated the response to requests in health agencies and social services.

6.2.2. Health

Article 24 (Health and health services): Children have the right to good quality health care – the best health care possible – to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy. Rich countries should help poorer countries achieve this.

Health interventions have the most tangible results in a child's life, and this rapidly builds mothers' confidence in the program.

At the start of this program, Save the Children in Côte d'Ivoire identified hospitals and *Centres de santé* within the four zones that were close to the children. They established a MOU with the DRS [*Direction régionale de la santé*] with a referral system under which children in the SC PEPFAR OVC projects would receive free care in exchange for the stocking of a cabinet with essential medicines. Training in the specifics of care and support to children affected by HIV is provided, as is ad hoc support to vaccination campaigns, and even the occasional in kind boost such as rebuilding an *apatam* or meeting bower on the hospital's grounds or tires for the ambulance.

Referrals constitute Save the Children in Côte d'Ivoire's main contribution to the health of the children in its target groups.
A very efficient referral-counter-referral tracking system has been established nationally under the PN-OEV and Save the Children in Côte d'Ivoire is making excellent use of it. Families, caretakers and the Community Volunteers have been trained in identifying children in need of medical care, and in filling out the referral forms.

In general interviewees reported that the Health system is working much better than legal and social services.

Medical emergencies
Thanks to Save the Children in Côte d'Ivoire's access to central funds from its donor headquarters in the UK, the teams in Western Côte d'Ivoire have been able to provide emergency care and hospitalization to 31 children in need of such interventions as appendectomies. These are among the most immediate and appreciated services provided by Save the Children in Côte d'Ivoire, as reported by beneficiaries.

Management of supply chain for basic medicines
Save the Children in Côte d'Ivoire pays for the purchase of medicines and clinical supplies while the Ministry of Health should be autonomously capable of managing the supply chain. Given the Ministry of Health's weaknesses it has been receiving technical support through PEPFAR's Supply Chain Management System, as well as financial inputs and stocks of medicines. Advocates must continue to request and demand proper allocation of resources to ensure healthy childhoods. In the meantime it is all to the benefit of the children served that Save the Children in Côte d'Ivoire is able to temporarily assist on an ad hoc basis.

Access to care for HIV positive children
Save the Children in Côte d'Ivoire's local partners are in a position to refer any HIV+ child to hospitals where the child will access free treatment. At time of writing, the Montagnes Region data show 155 children receiving ARV treatment out of a sample of 912 children made vulnerable by AIDS, or close to 20%.

Water
Unfortunately projects such as this cannot address the major issue of clean water. Water pipes to the homes of these households have no running water. Broken pipes are visible in the eroded mud courtyards. Since “the war” 8 years ago no taxes nor water utility fees have been paid so no rehabilitation or maintenance work has been done. This makes it almost irrelevant to discuss hygiene and sanitation with the local NGOs and Save the Children in Côte d’Ivoire.

6.2.3. Prevention

Prevention activities are conducted by all Save the Children in Côte d’Ivoire programs with their partners. The principal focus is on prevention of HIV transmission. The spectrum of topics includes nutrition, sexuality, and infectious diseases such as AIDS and Malaria – for example Save the Children in Côte d’Ivoire’s teams participate actively in net distribution at their field sites.

Save the Children in Côte d’Ivoire is integrated into the national *Programme Etendu de Vaccination* PEV; for example at the time of this consultancy it was participating with a vehicle and staff members in the polio campaign.

Prevention of abuse and training in life skills for adolescent OVC has very specifically had a strong focus on gender distinctions, empowering girls to understand and better manage their bodies and their sexuality. All the young people in the OVC programs receive HIV prevention education in this context, both girls and boys.

6.2.4. Nutrition

Food security is a regional challenge that cannot be adequately addressed by the programs of one NGO. The World Food Program was present in the areas covered by this report. However even the WFP was unable to fill the major gaps that can be imputed to various causes such as unfavorable climate for recent growing season; disruption in regional distribution; lack of external funding to fill in local and national financial deficits in nutritional matters.

It is noted that the WFP, also supported by USAID, was repeatedly asked to provide a national nutrition protocol for Orphans and other Vulnerable Children, but this has not been forthcoming. Collaboration is only productive when each partner accomplishes its designated tasks – otherwise the interdependencies become drags on the success of individual projects. Regrettably the WFP distribution of meals to schoolchildren ended in September – this was called to the attention of the visitor several times. Children were relying on the one meal per school day. How to design an effective OVC program for hungry children is a daunting task, and will continue to require collaboration among all actors in the region.

6.2.5. Legal services

Article 8 (Preservation of identity): Children have the right to an identity – an official record of who they are. Governments should respect children’s right to a name, a nationality and family ties.

Birth registration
One major benefit to vulnerable children is to have a proper Birth Certificate. Indeed this is a basic Human Right as guaranteed notably by the Convention on the Rights of the Child. Where the local governmental services are not functioning fully, such as in areas in Côte d’Ivoire, this basic right is not fulfilled. It is not to be expected that an NGO can bridge this gap. Agencies such as UNICEF are remiss if they do not bring pressure on the Government to resolve this urgently.

Save the Children in Côte d'Ivoire's staff and Community Counselors coach parents who have not sought Birth registration for their child, giving them information on where the closest Mairie or Tribunal is located. Access from remote villages can cost prohibitive sums, and the many internally displaced families who fled their homes without papers during "*la crise*" forced many families to attempt to re-establish identity papers while lacking basic documentation.

Save the Children in Côte d'Ivoire had funded and assisted with the establishment of "*jugements supplétifs*" for several hundred children. Files and fees were submitted to the authorities at the Court in Man, which was ransacked in early 2010. The lack of successful outcome clearly lies beyond the reach of Save the Children in Côte d'Ivoire.

Inheritance and guardianship

There are few cases where the sub-partners have intervened to assist children at the death of a parent with ensuring their inheritance (such as it is) is not taken by others, and to assist in finding a host family for the child. What the sub-partners do is advise and counsel, and then refer to the Centre social for their management of the case.

Protection

It was interesting to interview the Protection/Gender-based violence officer in Man. They conducted a Training of Community Trainers in Life Skills under PEPFAR. The tools they used were not recent. It would be advisable to find better and more recent materials: they may perhaps be obtained from Peace Corps, and SC UK could be asked for other francophone materials. The website OVCsupport.net (currently being redesigned and updated) will have lists according to topic and language.[2]

PEPFAR paid 5 months to train facilitators similar to the Community Counselors and known as '*relais communautaires'*. These are volunteers who receive small "*primes*" amounting to 25-35% of the Minimum Wage.

Now funded by the British donor Comic Relief, protection activities focus on life-skills training, how to listen to a victim, care and support and referrals to medical, psychological and legal care. Thereafter Save the Children in Côte d'Ivoire receives information and requests, and makes referrals for victims of violence.[3]

It is early to evaluate behavior change due to practices fostering positive impact (Save the Children in Côte d'Ivoire started the Training of Trainers in March 2009, and Life Skills sessions started April). Mass sessions are held in the community where the trainees bear witness to what they have learned. Changes in behavior are self-reported in pre- and post-training questionnaires regarding knowledge and practices.

[2] http://www.ovcsupport.net/s/ is a repository of hundreds of documents and tools:
http://www.ovcsupport.net/s/index.php?p=1&q=&result=1&sort=alphabetical-up
is the search for documents in French which turned up 124 documents.
The technical team leaders will find many recent documents of interest.

[3] Trainers learn to give children aged 12 to 17 Life skills education including self-protection and how to recognize gender-based violence. This serves 40 kids per site: 20 boys and 20 girls.
Then children participate in six months long training provided 2 hours twice a week. Family planning is included in the training for both boys and for girls.

6.2.6. Education

Article 28: (Right to education): All children have the right to a primary education, which should be free.

Save the Children in Côte d'Ivoire's reports have noted that funding has been required so that vulnerable children and orphans can access public schools; there are additional fees for exams in the higher grades, not to mention school kits and study materials. Furthermore the displacement of populations due to the war have left children out of school when they have no way to obtain identity papers, as the law stipulates that a school can only accept a child without a birth certificate for three months. These again are problems whose cause and long-term resolution lie outside the purview of an NGO.

Save the Children in Côte d'Ivoire's Education programs intervened in a number of ways to improve children's schooling.[4]

- Baseline / community identification of school-age children
- Identification of in-school and out-of-school children
- After initially providing financial support to vulnerable families who cannot afford school fees, Save the Children in Côte d'Ivoire designed a strategy to ensure all vulnerable children can access a given school by establishing a school-wide IGA that meets the needs of the School Committee. In one example, the subsidy for 20 vulnerable children was pooled and given to the School Committee who built latrines for all the children. In another a roof and benches were provided.
- Provision of school supplies to families who cannot afford them during the school year (ensuring children are not dismissed from school)
- As for children in secondary schools, Save the Children in Côte d'Ivoire provides financial support to vulnerable families who cannot afford school fees on a case-by-case basis.
- Apprenticeships are a new area for the program. Working with families and with the teenagers Save the Children in Côte d'Ivoire is establishing a pairing of young people with "*maîtres d'apprentissage*" and negotiating the reduction or elimination of fees. The community gathered together chooses the Master Artisans and contacts them to discuss how to reduce or eliminate costs for OVC.

All school activities included HIV prevention through Health Clubs set up with the help of Save the Children in Côte d'Ivoire, and managed by a tutor (usually the *Sciences Vie et Terre* teacher of life and earth sciences).

6.2.7 Psychosocial support

Recreational activities

Community events "*jeux-concours*" are organized regularly so that children can have non-academic opportunities to meet and play across geographic and ethnic divides. Children who may lose a parent or become ill with AIDS will be surrounded by friends and have better outcomes than if they remained socially isolated. These recreational activities are a great draw for children and adults from remote villages to come together: Community Counselors, Social Workers and resource persons (for example for theater productions) come together to support the smooth unfolding of these special days. In the month leading up to December 1st 2009 a huge inter-school competition on the theme of AIDS prevention was organized and reached 16,000 children in towns and villages.

[4] Some of this work builds on projects initiated under non-PEPFAR education funding.

Training for adults

Save the Children in Côte d'Ivoire has trained 185 Community Counselors, and the staff of local implementing NGO partners, in the psychological needs and challenges of children affected by HIV/AIDS. Training has also been provided to healthcare professionals who are in the zones where the projects work; social workers in particular have benefited from such training.

Memory Boxes for children

There are specific and readily feasible methodologies for preparing memory boxes with children who are orphaned; indeed they can be prepared with the child and the dying parent together to form a sort of time capsule with the parent's communication to the child in the future. See documents by other child-focused NGOs such as WorldVision[5] or the work in KwaZuluNatal[6]

Hero Books and photo projects have been prepared with children in other AIDS-affected countries and should be explored. The sense of identity of the child needs to be solidly rooted in a sense of who their parents are/were.

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6. 3. The following **cross-cutting questions** were raised in the scope of this evaluation**:**
Relevance – Effectiveness – Value for money – Impact – Sustainability - Gender

Relevance: How appropriate were the program designs? To what extent did the stated objectives correctly address the problems and real needs of the target groups?

The stated objectives were to a certain extent defined by the donor's criteria which include a focus on children whose difficulties are attributable to HIV/AIDS in the family. Save the Children in Côte d'Ivoire has carefully navigated the pros and cons of this – topics which have been extensively debated at all levels since the start of "OVC" programming – and has served children downstream from HIV/AIDS as well as those who are most vulnerable but have not yet acquired HIV. This has made Save the Children in Côte d'Ivoire's programs doubly relevant in the context of the epidemic.

To the extent that new objectives were identified – for example the need for formal training in psychological support to households with HIV - Save the Children in Côte d'Ivoire found ways to

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[5] Guide to Mobilising and Strengthening Community-Led Care - Orphans **...**
Topic 4: Children's Rights and How They Apply to the Care of **OVC**. - Activity 1: What are Children's Rights? **....**
Activity 5: Memory Books and **Memory Boxes ...**
www.wvi.org/wvi/wviweb.nsf/.../$file/**ovc**_care_guide.pdf

[6] **Sinomlando Research Centre for Oral History and Memory Work in Africa, University of KwaZulu-Natal**
Memory Work in Families Affected by HIV/AIDS
South Africa, KwaZulu-Natal
The purpose of the programme is to enhance resilience in vulnerable children and orphans affected by HIV/AIDS through the methodology of oral history and memory boxes. The programme aims to:
- create, revise and test various manuals outlining the methodology of the memory boxes in English and in Zulu;
- train the staff and volunteers of various community organisations dealing with orphans and vulnerable children affected by HIV/AIDS in the methodology of memory boxes as a way of enhancing resilience in these children;
- assist the staff and volunteers of these organisations in doing memory work during family visits;

assist these organisations in facilitating children's groups during which the children receive emotional support and life skills through the methodology of the memory boxes.

round out its interventions in low-cost ways – in this case engaging the *Centre de guidance infantile* to send two child psychiatrists to the field.

Effectiveness: Has the program achieved its stated objectives as outlined in the proposal? What are the main measurable effects of the intervention on beneficiaries and who has benefited from the intervention?

Many reports have been compiled and filed during the life of project. They have shown the effectiveness of the support to children reached by the PEPFAR-funded Save the Children in Côte d'Ivoire work in the Western part of the country.

As is known, orphaned and vulnerable children have wide-ranging needs as below:

- Family support
- Birth certificate
- Immunization
- Food and water
- IGAs to strengthen family economic status
- Primary health care
- Training of family caretakers
- Education
- Protection
- Life skills: prevention of abuse, management of sexuality, prevention of STIs including HIV
- Apprenticeships

Save the Children in Côte d'Ivoire has understood its role well, as being a facilitator of improved care and support and not a direct provider. This is the effective way to work, and keeps local actors in the forefront of all interventions.

Value for money: Was the program cost-efficient? Did the program use the least costly resources possible in order to achieve the desired results?

The cost per OVC served by the program is a rough and inaccurate measure but does give an overall indication. In this case PEPFAR provided $2,000,000, divided by 9,665 children reached with services this amounts to $207, or $100 per year.

It is clear that the budget does not break down this way in reality, since the children are reached indirectly which is at it should be. But it does provide an interesting data point. To the number of OVC one must add the number of adults who receive training – household members, community volunteers, and professionals across public and private agencies.

Broken down by discreet activity, the budget shows that the program in Moyen Cavally was able to provide remedial classes during summer camp to 1286 children, including 260 vulnerable children already identified in Save the Children in Côte d'Ivoire partners' projects, for a cost per child of $4.

This is extremely efficient use of funding. Indeed it is hard to see how much more cost-effective the project could be.

All the providers of care are members of the community who works as volunteers with small financial incentives.

<u>Impact:</u> What changes – positive/negative, intended/un-intended – has the program produced? How could these be improved?

Impact is extremely difficult to assess in this sort of program for the following reasons:

- The intervention period is generally too short to ensure measurable durable benefits.
- Each child's needs evolve over time and the program may not be set up to address those changing requirements over time.
- It is hard to attribute the changes that are directly due to Save the Children in Côte d'Ivoire's work under PEPFAR.
- The impact of external macro determinants far outweighs the impact of these programs. It must be mentioned that the Côte d'Ivoire has yet to properly integrate immigrants and refugees from neighboring countries. Many of the needs and challenges endured by the children in Save the Children in Côte d'Ivoire's programs devolve from this context. Discrimination related to a family's HIV status is only one form of discrimination – ethnic, religious, political differences are still dominant reasons used to justify inequitable treatment of children.

Regardless of the above provisos and limitations regarding impact, it is clear that the projects were extremely welcome in their respective communities. Individuals and NGOs felt recognized, validated, heard and assisted in dealing with the challenges facing them as parents. This was not a stated objective but is certainly a positive outcome.

The reverse of the coin is that the Community Counselors and local NGOs saw services being channeled to children defined as "OVC" but bypassing them and their own needs: the Community Counselors' expectations have been raised regarding their own care and support. This was not foreseen, and has been understood by Save the Children in Côte d'Ivoire. In future they will have to continue to adapt and correct their projects to refer the Community Counselors to adult care and support programs.

Making the very successful 2009 World AIDS Day "*jeu-concours*" an annual event is being requested by partners and the children. Given the current rollover of contracts and hiatus in funding, Save the Children in Côte d'Ivoire has not been in a position to respond to these expectations, and there will be no assistance to AIDS Day events in 2010.

This short project was able to attain most of the indicators input and process indicators as well as overall outcomes. These have been reported quarterly to the donor and those reports should perhaps be appended to this Evaluation.

The Child Status Index will be finalized, now that the pilot phase is completed, and it will be rolled out across Côte d'Ivoire by all partners under the PN-OEV. This framework and the multi-year project will generate outcome and impact data.

<u>Sustainability</u>: Are the benefits of the program likely to continue after the end of the program period? Why or why not?

Save the Children in Côte d'Ivoire's programs included a strong component of **capacity building**, both of family members and guardians and of professionals at all levels who deal directly with the children on a close and frequent basis. It is always intended that these people

will continue the improved care and support to children once the program has ended. In many cases the awareness and understanding of the specific ways of supporting children affected and orphaned by AIDS will endure – "It has entered into our work habits" – and the learning will be shared with new members of the agencies listed below.

- State entities such as hospitals, CS, PN-OEV, local government officials (mayors, prefects, and their teams), DREN, DRS
- Local NGOs
- Community Counselors
- Household and family members

Capacity Building of Community Counselors: Overall this Save the Children in Côte d'Ivoire program has trained 185 Community Counselors. It supports their work with vulnerable children in households affected by HIV with a monthly stipend of CFA 20,000 (Total outlay per annum is CFA 4,400,000). This constitutes the most durable investment that will bear fruit for years to come.

As in many such programs the frontline work is essentially shouldered by volunteers. The debate continues among implementers and donors about the pros and cons of programs designed this way. Although the decision not to professionalize community-based care is intended to ensure sustainability, it also is perceived as demeaning the work of the community counselors. Major expenditures occur in the professional hierarchies and not for the volunteers. This will not be resolved at the level of Save the Children in Côte d'Ivoire.

However it must be noted that the profound poverty, food insecurity, and extremely weak governance leave all those involved in a state of continuing vulnerability. The benefits of Save the Children in Côte d'Ivoire's excellent programs will not be sustained where their expertise and financial contributions thanks to PEPFAR have been indispensable. The major results of the project require ongoing financial inputs.

Morale in this region, which was hard hit by the war, is generally on a slow rise as people begin to regain confidence after "*la crise*". They need ongoing mentoring and encouragement in addition to the technical capacity building so that they can fully take on their responsibilities.

Finally the focus on sustainability needs to be reframed as follows.

AIDS in the Twenty-First Century
Tony Barnett and Alan Whiteside 2002
p. 325

Sustainability may not be achievable. 'Sustainability', like 'coping', is often another way of asking people to do more with less. A concrete example: a project designed to help orphans may be sustainable in a community where the number of orphans is constant and the community is becoming better off – or at least no worse off. In an AIDS-affected area, numbers of orphans will be rising and the community's resources – human, physical and financial – will be contracting as adults fall ill and die.

Sustainability is not a blanket criterion that can be used to judge the viability of projects in AIDS-affected areas. There are two main reasons for this. The first, alluded to above, is that the epidemic means that resources are being lost in communities and nations at the same time as demand rises. The second is the time-frame for support. The most extreme example is where young children are orphaned. They will need care and support at least until they are 16 years old, and possibly longer. Donors need to look at long-term assistance – something most cannot do because they have neither the time-frame nor the budget to make this sort of commitment.

To confirm the above statement here is the following quote from the Coordinator of the CTAIL in Man: "The overall HIV/AIDS funding in Côte d'Ivoire breaks down into 13% from national sources both public and private, and 87% from international sources."

One of the staff of Save the Children in Côte d'Ivoire explained that the attitude of communities (and some professionals) is a passive waiting stance because of MSF, which provided free emergency services. When MSF left the region, a few individuals posing as NGO representatives took money from families to "register" them for food support but absconded with the money.

Accountability: How accountable is the program to project beneficiaries? To children?

Programs in Côte d'Ivoire have a culture of "*restitution*" or feedback loops to the community. Save the Children in Côte d'Ivoire has respected and actively continued this practice.

As for the accountability to children, where age-appropriate, it seems Save the Children in Côte d'Ivoire and their local implementing partners have done a good job at accounting back to them. This is an area for continued attention, exploration and innovation so that children become ever more aware of and involved in their own successes.

Gender:

Gender is a background issue in the interventions for newborns and infants. Breast-feeding, PMTCT, care and support, immunization, malaria prevention, birth registration are absolute basic requirements for all young children. Gender differences arise later.
Once girls reach puberty their paths take the turn away from education and back to working in the household. In the educational support from Save the Children in Côte d'Ivoire, these cultural norms have reappeared, with on average three boys served for two girls. Save the Children in Côte d'Ivoire has been encouraged to practice affirmative action.

Family Planning

Serious attention must be given to rapidly ramping up reproductive health and family planning. Impoverished families living with HIV continue to have children, some wanted and some not. Family planning is available at the national level, and should be available at local hospitals through State-run AIBF *Assistance Ivoirienne au Bien-être de la Femme*. Much more needs to be done especially among the poorest families. Single women are unprepared to manage their reproductive health. Fathers seem able to escape their responsibilities by refusing to recognize their newborn child and moving on.

Among school-aged children, the younger girls have the highest pregnancy rates. Save the Children in Côte d'Ivoire's programs are aware of the cultural aspects that keep this practice in place and have integrated these topics into girls' life-skills education. However cultural norms will take a long time to evolve.

7. Needs and Gaps

The needs and gaps are wide and deep. Resources are insufficient. It is vital therefore to use PEPFAR funding that is specifically centered on children affected and made vulnerable by AIDS to shine a light on those needs and gaps, and demonstrate good practices for the sub-set of children whose vulnerability is due to HIV in the family. Hopefully these practices will extend to all children in need.

The unmet needs of OVC include but are not limited to

- adequate quantity and improved quality of food
- clean water
- sanitation
- access to education regardless of ability to pay
- ending gender discrimination and practices such as FGM
- ending low social status of children (physical punishment considered normal)
- reducing high infant mortality rates (parents reluctant to fully commit to the child)
- tracking mobile families who are lost to follow-up

Need for better synergies across PEPFAR and international donor "silos"

The children served by Save the Children in Côte d'Ivoire's sub-partners are occasionally referred for other services, for example clinical care. They may find inadequately stocked pharmacies and primitive dispensaries without running water, means of sterilization or trained professionals beyond one doctor or nurse and a number of volunteers.
Hospitals require blood banks and laboratory materials which are funded under the Care and Treatment components of PEPFAR. Feedback and Q&A sessions organized by PEPFAR with all its implementing agencies are excellent ways to share and transfer responsibility and accountability to all the partners, thus ensuring children receive the highest level of care available.

Save the Children Cote d'Ivoire has appreciated the PEPFAR Partners Performance Review sessions in this regard.

Save the Children in Côte d'Ivoire relies primarily on PEPFAR's funding to provide services to children in the West of the country. A cascade of dependencies such as those described here is not sustainable but it is vibrant, successful and vital. This dilemma will not be resolved here.

8. Lessons Learned

Lessons learned: areas where Save the Children Cote d'Ivoire truly is able to meet needs of children and their caretakers are:

- improved psycho-social support to the children and their families
- preventive health measures (HIV prevention; malaria prevention; immunizations)
- referrals and counter-referrals for health care.

Save the Children in Côte d'Ivoire's strategy was to identify groups already working with HIV – at VCT sites, HIV+ adult peer support groups – and transform them into child-focused NGOs through training and support. The rigorous strategy of partner selection and training in Monitoring and Evaluation ensured that the children identified were vulnerable due to HIV, among all the possible causes of vulnerability in the region.

Save the Children in Côte d'Ivoire has played a pedagogical role in regards to State actors. Despite glaring gaps these governmental services will remain once Save the Children's work in Côte d'Ivoire comes to an end. So Save the Children in Côte d'Ivoire is preparing Social Workers and health workers to fully take on responsibility for their children.

As illustrated in the evaluation reports of USAID (see for example Annex 3) the project was very successful. Here are some of the reasons why it works:

- The staff members have a very clear focus on their mission: to save the children in Côte d'Ivoire. Decisions and planning are guided by benefits to children, in this case those made vulnerable by HIV in their family and those most vulnerable to HIV infection.
- Save the Children in Côte d'Ivoire employees are very deeply embedded in the local society and inserted into the communities and NGOs where they work. This includes and is not limited to the official structures and leaders such as mayors, préfets, and Tribunals; social services such as the MLS, CTAIL, CS; health and medical services such as hospitals and centrally managed prevention campaigns of the PEV and distribution of insecticide treated nets; other field agencies and international NGOs.
- Save the Children in Côte d'Ivoire also participates in sectoral and thematic groups and are mindful to let the relevant Governmental agency preside over sessions.
- The Save the Children in Côte d'Ivoire teams spend most of their time in the field, visiting sites and providing training and evaluation. The offices are rarely full; the vehicles are perpetually on the road with multiple concurrent missions under way. Their cell phones never stop buzzing and ringing, and each moment of down time is spent logging onto their laptops to maintain the flow of communication horizontally and vertically.
- Save the Children in Côte d'Ivoire existing and new team members have deep experience in a wide variety of skill sets. Among the colleagues interviewed there were the following professions:
    - psychologist
    - nutritionist
    - sociologist
    - nurse
    - educator
    - criminologist
    - lawyer

  - security.
    Others are also on staff but were not interviewed for this evaluation.
- Save the Children in Côte d'Ivoire Côte d'Ivoire has a culture of innovation and learning. Faced with considerable constraints (huge needs and finite resources, tight time frames and political insecurity) they have responded nimbly and shown creativity.

8. Recommendations

Program quality
Carefully monitor how the Community Counselors are managing given their real commitment and goodwill in the face of steep odds including limited support from PEPFAR through Save the Children in Côte d'Ivoire. Continue to brainstorm with them and the sub-partner NGOs, possibly bringing in representatives of other implementing agencies to widen the perspectives and create workable local solutions. Document the process to share with others within and beyond Côte d'Ivoire.

Learn more about and expand Memory Box and related activities within the psycho-social components of the project. Assist Community Counselors in understanding how to facilitate these conversations with and without parents present.

Remain a learning team by organizing internal exchanges and cross-training. Save the Children in Côte d'Ivoire is composed of highly skilled professionals who are recognized leaders in their own sub-specialties of OVC work, and they form a very well rounded team with complementary abilities. One day per month could be dedicated to a training session of the staff in each skill set. Health, education, legal rights and protection, life skills and HIV prevention, nutrition and income-generation come to mind, but also document classification and filing, monitoring and evaluation, and reporting procedures.
Become more visually literate. The beneficiary household members are people who have not completed schooling and cannot read posters in French. The numerous posters from many external partners contain extremely mixed messages when viewed without the text. Illiteracy is so prevalent that materials must be tested in focus groups with the target audience. Examples were discussed with the Save the Children in Côte d'Ivoire team members during site visits. Behavior Change Communication relies primarily on personal interactions, and on a very few visual tools created in years past by other agencies such as MSF for VCT, and CEDPA for life skills.

Improve Quality of programs: Once Save the Children in Côte d'Ivoire is enabled to continue and expand its work in Western Côte d'Ivoire, quality improvement can be integrated into the work with direct service providers, taking advantage of the initial USAID-funded work of the Health Care Improvement Project of URC (University Research Company). It is noted that certain Save the Children in Côte d'Ivoire professionals were among the focal points for the development of the HCI framework in Côte d'Ivoire. The template is below:

APPLYING THE SCIENCE OF IMPROVEMENT TO OVC PROGRAMS

Science of improvement concept	How applied in programs serving orphans and vulnerable children
Standards	■ Stakeholders define desired outcomes, measurable goals, and essential actions needed to achieve the outcomes
Client Centered	■ Driving question for testing changes: What impact will this change make to improve children's lives? ■ Children and guardians participate on improvement teams and voice their opinions concerning what needs are not being met and how to do things differently
Team Approach	■ Local NGOs, community-based organizations, and volunteers work as a team to reflect on current practices and decide how they can implement essential actions as defined in the standards
Process Oriented	■ Teams analyze how services are organized and find ways to make care processes more centered on children's needs (better referrals and follow up, more coordinated care during home visits, etc.)
Testing Changes	■ Team members meet regularly (every two-four weeks) to plan changes and discuss results ■ Teams and stakeholders come together to share innovations and promising practices and learn from each other
Using Data	■ Use simple checklists to identify gaps ■ Teams gather evidence to show whether the changes they make are improving the quality of care for children and their families ■ The Child Status Index is applied to define baseline levels and measure end results

Become much more aware of Family Planning as part of OVC services, part of HIV prevention services, PMTCT and ARV treatment. At all levels Reproductive Health and Family Planning have been neglected as tools for empowering women, fighting impoverishment, limiting pregnancies in women who are already ill and barely coping with their existing children. Their child caring capacity may improve if they are not overburdened.

Continue the participation of children and find new ways of engaging them in their own well-being. Perhaps gardening activities adapted to their strength and age, and small creative projects, will enable them to improve their lives and build a sense of self-efficacy in the face of multiple challenges. Engaging children in their own success is perhaps the only truly sustainable way to work in the future. This will be delicate in the face of the following factors among others: in a depressed community where adults have experienced major challenges such as conflict and hunger there will be pervasively low expectations; the Community Counselors are themselves often living with HIV and may legitimately feel hopeless on occasion; children's innate strengths and coping skills will nonetheless need reinforcement and solid grounding.

Partnership with state structures

Obtain and disseminate up-to-date materials, Save the Children UK and the PN-OEV must be urged and assisted by Save the Children in Côte d'Ivoire to disseminate recently produced materials for use in the field offices.

Proactively assist the PN-OEV and MLS in their collection and management of confidentiality of child-related data. Catalyze discussions about the coding system and contribute to the debate with the greater goal of consistently tracking services to children who frequently move within the country of Côte d'Ivoire.

Advocate for and ensure acceleration of improvement of the *Centres Sociaux*. Establish regular system of requests to the PN-OEV on behalf of the *Centres Sociaux*, specify needs for staff, equipment, and training in the use of existing OVC-related materials created by many of USAID's Implementing Agencies.

Partnership with donors
Work closely with PEPFAR follow-on funding based on success to date. Remain very tightly aligned with their priorities, while remaining true to Save the Children in Côte d'Ivoire's mandate and core values.

Be aware of the multiple streams of USAID / PEPFAR funding so that monies are used most cost-effectively. Assist PEPFAR in tracking funds given centrally by reporting what progress is seen at the periphery (PN-OEV to Centres Sociaux).

Continue diversification of donors. Work closely with Save the Children UK Resource Development staff by providing one-page stories.

Documenting successes and lessons learned in program improvement
Encourage staff to consider documenting their work as a central component – as another form of M&E. Ask them to provide a single one-page story each month.

If current staff members are too busy to do a write-up once per quarter, perhaps a journalism student from an Ivorian University can be hired as an intern and given opportunities to interview and write-up 10-20 anecdotes and stories of how Save the Children and sub-partner NGOs have improved the lives of children.

Advocacy
Take on a more conscious role as advocates for children – especially those with the extremely complex vulnerabilities. Each interaction with public officials and members of the private sector is an occasion to inform them about poverty, hunger, lack of education, and how HIV/AIDS compounds those vulnerabilities. Ultimately the goal is for Save the Children in Côte d'Ivoire to strengthen the PN-OEV rapidly and completely to carry on this role in the long term.

Continue to spend precious time on networking, courtesy visits and insertion into all levels of community life. The time that is not covered by a specific budget line opens doors, ensures acceptance of Save the Children in Côte d'Ivoire's presence as a peer and partner, and saves time in the long term. It should be seen as a valuable investment.

Use clear language regarding technical activities. Communication outside of technical meetings within the staff offices should avoid all acronyms. We must all remember that IGA – OVC – BCC – PMTCT and the like are absolutely meaningless jargon. External meetings provide an ongoing occasion for advocacy and information sharing about children in the time of AIDS.

Internal management
Adapt and disaggregate reporting of data (internally and externally):
Ensure that financial systems allow reports to be generated for each site, according to number of households reached, number of OVC reached, services provided, and cost per each of these rubrics.

Improve general structure and security of data management in field offices:

A consistent and transparent filing system should be rapidly discussed and implemented across the team especially as the end of project is imminent and will be rolled into a new project.

Suggestions for the Longer Term

Explore the integration of cell phones into community strategies. About three-quarters of the Community Counselors have mobiles. Some of the beneficiaries own them or have access to them. How can they be integrated into Save the Children in Côte d'Ivoire's programs? Possible uses include data collection, adherence reminders, calls to meetings, general info announcements regarding LLITnet distributions and vaccination campaigns. Weekly tips regarding how best to care for a vulnerable child can be sent as reinforcement of training. The area known as "mHealth" is making great progress and prices are dropping rapidly.[7]

Initiate and design collaboration with *Associations des Habitants des Régions* – these exist in all towns and offer an instant social network to new arrivals from different parts of the country. These ethnic group associations share a common language and come from a common geographic area. A modest fee for joining gives access to the local network of inhabitants from the newcomer's home region. They serve as safety nets when a member experiences a sudden event such as a death in the family requiring travel fees, and they will accompany the body of one of their members back to the home for burial. When there are members who are trained VCT Counselors, they informally answer questions, provide guidance and support to a member in need. These Associations could become partners in prevention and in early identification of children who are vulnerable due to HIV, before they are orphaned.

Expand geographic area by collaborating with existing cross-border initiatives, and explore how to better continue contact with mobile families with HIV. Learn about funders supporting similar work on both sides of frontier between Liberia and Côte d'Ivoire.

Transform other NGOs into child-focused NGOs as with the sub-partners in the past two years of work. Indeed this expresses the most successful strategy of this program of Save the Children in Côte d'Ivoire.

Explore, Design and Implement Exit Strategy

The two-year PEPFAR budget ends October 29 2010. Save the Children in Côte d'Ivoire has been invited to submit and revise proposals for continuing the projects with new funding but at COB Friday October 22, 2010 there has been no definitive notification either way. It is of major concern that an international NGO and its local NGO groups are unaware of their short-term perspectives. There are many hundreds of households with vulnerable children due to HIV who are one week away from a possible cut in external support. With the belated notification there can be no proper planning, information and "exit strategy".

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[7] Frontline:SMS EpiSurveyor, et al. comparison - Work-in-progress comparing various mobile-phone-based data collection software, including our own EpiSurveyor.org. Been meaning to do this for a while, as people often ask me, for example, what the differences would be in collectingdata using EpiSurveyor vs something else
https://spreadsheets.google.com/lv?key=0ArG7kkc9mE75dEdNNktocmVwT0hNbHVjTXl2ZU1VMXc&hl=en&authkey=CKiRppwM
Subscribe to mhealth@lists.coregroup.org

The question concerning sustainability posed in the Terms of Reference for this report can well be turned around and asked of the donor: "What is PEPFAR's "exit strategy" and how is the sustainability of Save the Children in Côte d'Ivoire in Western Côte d'Ivoire being managed? What recommendations can the donor share concerning medium and long-term engagement in this country?"

Explore what Save the Children in Côte d'Ivoire's policy is in this delicate matter. Compare with the exit strategies in this region that is characterized by slow and steady improvement in stability and peace. MSF was extremely active at the height of the war and the signs of their presence are still visible (however there seems to have been only the most cursory hand-over to local authorities); the WFP / PAM was one of the pillars of NGO work in this region where food security is a major challenge. Their support to school feeding programs or "*cantines*" is sorely missed. Save the Children in Côte d'Ivoire should engage the donors in a frank discussion of their long-term plans and ask for their guidance regarding properly designed exit strategies.

Quote from the director of the NGO Prevention Sans Taboo:

What will we do after Save the Children's support ends?
We will continue as usual, we cannot really stop!
Save extended its funding to us by two months, but there is no long-term plan.
When you start it becomes your obligation.
These children and their families become the moral responsibility of the Community Counselors, and they are in the charge of PST.

8. Annexes

Annex 1 JLICA Joint Learning Initiative on Children and HIV/AIDS

To share knowledge and facilitate a dialogue on global responses to the needs of children affected by HIV, the Initiative has participated in several conferences and symposia, as well as held its own meetings.

http://www.jlica.org/resources/conference-and-symposium-materials.php

Technical seminar with UNICEF and Partners, June 2, 2009:
Introduction. Peter Bell and Alec Irwin
Family-Centred Care. Linda Richter and Lorraine Sherr
Operationalizing Family-Centred Service Delivery. Lydia Mungherera
Role of Government and Other Actors. Masuma Mamdani
Tehcnical briefing to UNAIDS and Co-Sponsors, April 23, 2009:
Strengthening families to care for children affected by HIV/AIDS through state-supported social protection. Linda Richter, Human Sciences Research Council
The role of "Community" in supporting children affected by HIV and AIDS in Africa. Geoff Foster, Ministry of Health Zimbabwe and FACT Zimbabwe
Assisting Children Rendered Vulnerable by HIV/AIDS: Civil Society Feedback on OVC Guidance and Revision, 26-27 February, 2009:
What is the recent evidence on the value of community action? Madhu Deshmukh, CARE USA
The Interaction between Poverty and HIV and the Effects on Children. Chris Desmond, François-Xavier Bagnoud Center for Health and Human Rights, Harvard University
What constitutes a family-centered response and how does it benefit? Miriam Zoll, independent consultant
What is Social Protection and how does it strengthening children's well-being? Michelle Adato, International Food Policy Research Institute **Global Partners Forum, Dublin, Ireland, Oct. 6-7, 2008:**
Please visit the Irish Aid website where all documents have now been posted, including presentations, speeches, the list of participants and the finalised communique.
Regional Inter-Agency Task Team on HIV and AIDS Children's Conference, Dar es Salaam, Tanzania, Sep. 27-Oct. 2, 2008:
Key note address, Linda Richter, Co-Chair Learning Group 1, Human Sciences Research Council.
Main plenary:
The Role of Government and Other Actors in Designing, Financing and Implementing Social Policy with Regard to Children and HIV/AIDS, Masuma Mamdani, Learning Group 4 Co-Chair.
Enhancing civil society participation in tracking of external resources to support community responses to vulnerable, Nathan Nsakira, Learning Group 2, on behalf of RIATT.
Mini-plenaries:
Social protection, Income Transfers, Linda Richter, Co-Chair Learning Group 1.
An evidence-based argument for the adoption of a family-centered approach to program design and service delivery, Alayne Adams, JLICA Executive Co-Director.
Involving the whole family in prevention, treatment, care and support, Lydia Mungherera, Co-Chair Learning Group 3.
Strengthening faith and community based OVC initiatives in order to reach greater scale, Geoff Foster, Co-Chair Learning Group 2, on behalf of UNICEF ESARO.
Mapping of HIV vulnerability among adolescent girls in Tanzania, Richard Mabala, Learning Group 4, TAMASHA.
International HIV/AIDS Conference, Mexico City, Mexico, Aug. 3-8, 2008:
Plenary presentation, August 6, "No Small Issue: Children and Families," Linda Richter, Co-Chair Learning Group 1, Executive Director Child Youth Family & Social Development (CYFSD),Human Sciences Research Council
Presentations from Beyond the Orphan Crisis: Findings of the Joint Learning Initiative on Children and HIV/AIDS:
Access complete coverage of the event on the Kaiser Family Foundation site.
Focus on the Family: the Key for Ensuring Children's Wellbeing, Agnes Binagwaho, JLICA Global Co-Chair, Executive Secretary, National AIDS Control Commission, Rwanda.
Channeling Resources to Children and Families affected by HIV/AIDS through Community-Based Initiatives, Nathan Nshakira, Learning Group 2, FARST Africa.
To prepare as we care: The need for new approaches to link protection for children with HIV prevention, Jerker Edstrom, Learning Group 4, Institute of Development Studies, UK.
Family-Centered Service Delivery Models for Children Affected by HIV and AIDS, Jim Kim Co-Chair Learning Group 3, François-Xavier Bagnoud Center for Health and Human Rights.
"Through the looking glass" – an analysis of HIV AIDS strategies from a family perspective, Lorraine Sherr, Co-

Chair Learning Group 1, University College London.
Read more about JLICA's participation at the International HIV/AIDS conference.

HIV Implementers' Meeting, Kampala, Uganda, June 3-7, 2008

Plenary presentation, June 4, 2008. The Neglected Part of the Epidemic, Agnes Binagwaho, JLICA Global Co-Chair, Executive Secretary, National AIDS Control Commission, Rwanda

JLICA's "Meeting Children's Needs in a World with HIV/AIDS: An International Symposium," Boston, USA, Sep. 24, 2007

- View additional resources from the symposium and watch video.
- Read papers on the symposium debate "Can a developing country support the welfare needs of children affected by AIDS?"

Inter–Agency Task Team on Children and HIV and AIDS (IATT), Washington D.C., April 23-25 2007

- Learn about JLICA's participation in the IATT.
- Read the meeting's final paper: "Cash Transfers: Real Benefit for Children Affected by HIV and AIDS".

Find additional resources on children affected by HIV/AIDS.

Annex 2 A summary of the Convention on the Rights of the Child

Article 1 (Definition of the child): The Convention defines a 'child' as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger. The Committee on the Rights of the Child, the monitoring body for the Convention, has encouraged States to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18.

Article 2 (Non-discrimination): The Convention applies to all children, whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from. It doesn't matter where children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis.

Article 3 (Best interests of the child): The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget, policy and law makers.

Article 4 (Protection of rights): Governments have a responsibility to take all available measures to make sure children's rights are respected, protected and fulfilled. When countries ratify the Convention, they agree to review their laws relating to children. This involves assessing their social services, legal, health and educational systems, as well as levels of funding for these services. Governments are then obliged to take all necessary steps to ensure that the minimum standards set by the Convention in these areas are being met. They must help families protect children's rights and create an environment where they can grow and reach their potential. In some instances, this may involve changing existing laws or creating new ones. Such legislative changes are not imposed, but come about through the same process by which any law is created or reformed within a country. Article 41 of the Convention points out the when a country already has higher legal standards than those seen in the Convention, the higher standards always prevail.

Article 5 (Parental guidance): Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly. Helping children to understand their rights does not mean pushing them to make choices with consequences that they are too young to handle. Article 5 encourages parents to deal with rights issues "in a manner consistent with the evolving capacities of the child". The Convention does not take responsibility for children away from their parents and give more authority to governments. It does place on governments the responsibility to protect and assist families in fulfilling their essential role as nurturers of children.

Article 6 (Survival and development): Children have the right to live. Governments should ensure that children survive and develop healthily.

Article 7 (Registration, name, nationality, care): All children have the right to a legally registered name, officially recognised by the government. Children have the right to a nationality (to belong to a country). Children also have the right to know and, as far as possible, to be cared for by their parents.

Article 8 (Preservation of identity): Children have the right to an identity – an official record of who they are. Governments should respect children's right to a name, a nationality and family ties.

Article 9 (Separation from parents): Children have the right to live with their parent(s), unless it is bad for them. Children whose parents do not live together have the right to stay in contact with both

parents, unless this might hurt the child.
Article 10 (Family reunification): Families whose members live in different countries should be allowed to move between those countries so that parents and children can stay in contact, or get back together as a family.
Article 11 (Kidnapping): Governments should take steps to stop children being taken out of their own country illegally. This article is particularly concerned with parental abductions. The Convention's Optional Protocol on the sale of children, child prostitution and child pornography has a provision that concerns abduction for financial gain.
Article 12 (Respect for the views of the child): When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account. This does not mean that children can now tell their parents what to do. This Convention encourages adults to listen to the opinions of children and involve them in decision-making -- not give children authority over adults. Article 12 does not interfere with parents' right and responsibility to express their views on matters affecting their children. Moreover, the Convention recognizes that the level of a child's participation in decisions must be appropriate to the child's level of maturity. Children's ability to form and express their opinions develops with age and most adults will naturally give the views of teenagers greater weight than those of a preschooler, whether in family, legal or administrative decisions.
Article 13 (Freedom of expression): Children have the right to get and share information, as long as the information is not damaging to them or others. In exercising the right to freedom of expression, children have the responsibility to also respect the rights, freedoms and reputations of others. The freedom of expression includes the right to share information in any way they choose, including by talking, drawing or writing.
Article 14 (Freedom of thought, conscience and religion): Children have the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should help guide their children in these matters. The Convention respects the rights and duties of parents in providing religious and moral guidance to their children. Religious groups around the world have expressed support for the Convention, which indicates that it in no way prevents parents from bringing their children up within a religious tradition. At the same time, the Convention recognizes that as children mature and are able to form their own views, some may question certain religious practices or cultural traditions. The Convention supports children's right to examine their beliefs, but it also states that their right to express their beliefs implies respect for the rights and freedoms of others.
Article 15 (Freedom of association): Children have the right to meet together and to join groups and organisations, as long as it does not stop other people from enjoying their rights. In exercising their rights, children have the responsibility to respect the rights, freedoms and reputations of others.
Article 16 (Right to privacy): Children have a right to privacy. The law should protect them from attacks against their way of life, their good name, their families and their homes.
Article 17 (Access to information; mass media): Children have the right to get information that is important to their health and well-being. Governments should encourage mass media – radio, television, newspapers and Internet content sources – to provide information that children can understand and to not promote materials that could harm children. Mass media should particularly be encouraged to supply information in languages that minority and indigenous children can understand. Children should also have access to children's books.
Article 18 (Parental responsibilities; state assistance): Both parents share responsibility for bringing up their children, and should always consider what is best for each child. Governments must respect the responsibility of parents for providing appropriate guidance to their children – the Convention does not take responsibility for children away from their parents and give more authority to governments. It places a responsibility on governments to provide support services to parents, especially if both parents work outside the home.
Article 19 (Protection from all forms of violence): Children have the right to be protected from being hurt and mistreated, physically or mentally. Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them. In terms of discipline, the Convention does not specify what forms of punishment parents should use. However any form of discipline involving violence is unacceptable. There are ways to discipline children that are effective in helping children learn about family and social expectations for their behaviour – ones that are non-violent, are appropriate to the child's level of development and take the best interests of the child into consideration. In most countries, laws already define what sorts of punishments are considered excessive or abusive. It is up to each

government to review these laws in light of the Convention.
Article 20 (Children deprived of family environment): Children who cannot be looked after by their own family have a right to special care and must be looked after properly, by people who respect their ethnic group, religion, culture and language.
Article 21 (Adoption): Children have the right to care and protection if they are adopted or in foster care. The first concern must be what is best for them. The same rules should apply whether they are adopted in the country where they were born, or if they are taken to live in another country.
Article 22 (Refugee children): Children have the right to special protection and help if they are refugees (if they have been forced to leave their home and live in another country), as well as all the rights in this Convention.
Article 23 (Children with disabilities): Children who have any kind of disability have the right to special care and support, as well as all the rights in the Convention, so that they can live full and independent lives.
Article 24 (Health and health services): Children have the right to good quality health care – the best health care possible – to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy. Rich countries should help poorer countries achieve this.
Article 25 (Review of treatment in care): Children who are looked after by their local authorities, rather than their parents, have the right to have these living arrangements looked at regularly to see if they are the most appropriate. Their care and treatment should always be based on "the best interests of the child". (see Guiding Principles, Article 3)
Article 26 (Social security): Children – either through their guardians or directly – have the right to help from the government if they are poor or in need.
Article 27 (Adequate standard of living): Children have the right to a standard of living that is good enough to meet their physical and mental needs. Governments should help families and guardians who cannot afford to provide this, particularly with regard to food, clothing and housing.
Article 28: (Right to education): All children have the right to a primary education, which should be free. Wealthy countries should help poorer countries achieve this right. Discipline in schools should respect children's dignity. For children to benefit from education, schools must be run in an orderly way – without the use of violence. Any form of school discipline should take into account the child's human dignity. Therefore, governments must ensure that school administrators review their discipline policies and eliminate any discipline practices involving physical or mental violence, abuse or neglect. The Convention places a high value on education. Young people should be encouraged to reach the highest level of education of which they are capable.
Article 29 (Goals of education): Children's education should develop each child's personality, talents and abilities to the fullest. It should encourage children to respect others, human rights and their own and other cultures. It should also help them learn to live peacefully, protect the environment and respect other people. Children have a particular responsibility to respect the rights their parents, and education should aim to develop respect for the values and culture of their parents. The Convention does not address such issues as school uniforms, dress codes, the singing of the national anthem or prayer in schools. It is up to governments and school officials in each country to determine whether, in the context of their society and existing laws, such matters infringe upon other rights protected by the Convention.
Article 30 (Children of minorities/indigenous groups): Minority or indigenous children have the right to learn about and practice their own culture, language and religion. The right to practice one's own culture, language and religion applies to everyone; the Convention here highlights this right in instances where the practices are not shared by the majority of people in the country.
Article 31 (Leisure, play and culture): Children have the right to relax and play, and to join in a wide range of cultural, artistic and other recreational activities.
Article 32 (Child labour): The government should protect children from work that is dangerous or might harm their health or their education. While the Convention protects children from harmful and exploitative work, there is nothing in it that prohibits parents from expecting their children to help out at home in ways that are safe and appropriate to their age. If children help out in a family farm or business, the tasks they do be safe and suited to their level of development and comply with national labour laws. Children's work should not jeopardize any of their other rights, including the right to education, or the right to relaxation and play.
Article 33 (Drug abuse): Governments should use all means possible to protect children from the use of harmful drugs and from being used in the drug trade.
Article 34 (Sexual exploitation): Governments should protect children from all forms of sexual

exploitation and abuse. This provision in the Convention is augmented by the Optional Protocol on the sale of children, child prostitution and child pornography.
Article 35 (Abduction, sale and trafficking): The government should take all measures possible to make sure that children are not abducted, sold or trafficked. This provision in the Convention is augmented by the Optional Protocol on the sale of children, child prostitution and child pornography.
Article 36 (Other forms of exploitation): Children should be protected from any activity that takes advantage of them or could harm their welfare and development.
Article 37 (Detention and punishment): No one is allowed to punish children in a cruel or harmful way. Children who break the law should not be treated cruelly. They should not be put in prison with adults, should be able to keep in contact with their families, and should not be sentenced to death or life imprisonment without possibility of release.
Article 38 (War and armed conflicts): Governments must do everything they can to protect and care for children affected by war. Children under 15 should not be forced or recruited to take part in a war or join the armed forces. The Convention's Optional Protocol on the involvement of children in armed conflict further develops this right, raising the age for direct participation in armed conflict to 18 and establishing a ban on compulsory recruitment for children under 18.
Article 39 (Rehabilitation of child victims): Children who have been neglected, abused or exploited should receive special help to physically and psychologically recover and reintegrate into society. Particular attention should be paid to restoring the health, self-respect and dignity of the child.
Article 40 (Juvenile justice): Children who are accused of breaking the law have the right to legal help and fair treatment in a justice system that respects their rights. Governments are required to set a minimum age below which children cannot be held criminally responsible and to provide minimum guarantees for the fairness and quick resolution of judicial or alternative proceedings.
Article 41 (Respect for superior national standards): If the laws of a country provide better protection of children's rights than the articles in this Convention, those laws should apply.
Article 42 (Knowledge of rights): Governments should make the Convention known to adults and children. Adults should help children learn about their rights, too. (See also article 4.)
Articles 43-54 (implementation measures): These articles discuss how governments and international organizations like UNICEF should work to ensure children are protected in their rights.

Annex 3 Management and Staffing

During the life of this project, several major changes were made in the governance structure.

Over a period of several months, two Save the Children programs (UK and Sweden) merged into one cohesive presence on the ground in Côte d'Ivoire. Rather than having two separately managed programs they have now become one unified presence. This has proceeded smoothly, with personnel being kept on and circulating across sites to share and update best practices in accounting, program management and implementation.

The local PEPFAR Project Coordinator left Cote d'Ivoire in August 2010, the Save the Children Country Director changed twice over the life of project. The new PEPFAR Project Coordinator is in country awaiting award of follow-on Cooperative Agreement.

This has not affected the work with the vulnerable children in Moyen Cavally and Man because the local Program Managers and assistants were stable, and furthermore the implementation is provided by small local NGOs under SC's umbrella, who in turn work with Community Counselors who are – as their name implies – members of the community where they serve. These volunteer "aunties and uncles" [*tontons et tantines]* are in the neighborhood and are known to all. Indeed what is particular to Save the Children in Côte d'Ivoire is the practice of selecting the Community Counselors once focus groups of local children identify the most trustworthy adults.

A non-governmental organization such as Save the Children in Côte d'Ivoire has the flexibility to optimize the use of an individual's skills. This attracts some of the country's best and brightest enterprising professionals who would otherwise "die a slow death" in the central governmental systems.

Staffers are very experienced mature professionals of health, development and child-focused services. They display the following strengths:

- Commitment
- Faith
- Endurance
- Sense of humor and coping skills
- Resourcefulness
- Creativity
- Cheerfulness
- Resilience
- Willingness to feel the pain
- Kindness to one another
- Willingness to celebrate.

This goes for the Save the Children in Côte d'Ivoire team.
It also extends to local NGO partners, Community Counselors, and to some of the beneficiary households whose lives are shredded by poverty, AIDS, and failed Government services.
They are well armed for the long fight ahead to push back the pandemic and protect the children affected and orphaned by AIDS.

Annex 4 Extract from a PEPFAR report

Strengths:

Sous-partenaire (ONG NouTous) :

- *Sous-partenaire fort, bien organisé et actif dans la PEC communautaire des PVVIH.*
- *Siège de l'ONG comprend restaurant/café (AGR pour soutenir l'ONG)et une salle de formation.*
- *Bonne compréhension technique des soins et soutien des PVVIH par le personnel de NouTous.*
- *Approche intéressante d'employer les PVVIH comme CC.*
- *Forte relation avec le centre social, les autorités de santé et la mairie.*
- *La méthode de choisir les CC (par les enfants eux-mêmes, avec l'implication de la notabilité du village ou quartier) semble d'assurer des CC engagés et motivés.*
- *AGR semblent être bien menées et supervisées.*
- *La stratégie de soutien pour les campagnes de vaccination assure que tous les OEV (et les autres enfants) de <5 ans ont leurs vaccinations.*

Save :

- *Personnel de Save motivé et engagé sur le terrain.*