Government Partnerships for Enhanced HIV Control and Sustainability

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Panelists:
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County Ownership and OVC Programming – 
Case of Localization in Bungoma and 
Kakamega Counties, Kenya
Background

- USAID 4TheChild has struggled with uptake of birth certificate among orphans and vulnerable children (OVC), which was at 56% in Bungoma County and 74% in Kakamega County in Q2 FY 2022.

- Equally challenging was access to county social protection database which has data of vulnerable households benefitting from OVC cash transfer (CT).

- With localization and the institution of county-led, county-owned, and county-managed programming, the program made inroads after putting the county departments in the forefront.
Methods

**Co-creation**

USAID 4TheChild ensured the program work plan was co-created with relevant government departments in the counties of operation.

**CPDC Formation**

USAID 4TheChild worked with the County Area Advisory Councils (AACs) to form County Program Delivery Committees (CPDCs) as a sub-committee of the AAC.
The CPDC membership includes county departmental technical representatives, project technical officers in the county, and local implementing partners (LIPs).

The program developed Guidance for CPDCs, orient members on roles, and involved them in co-creation, implementation, and tracking of progress toward meeting county targets.

CPDC is chaired by government officer. Secretariat is Directorate of Children Services in the county.
County Program Delivery Committee (CPDC)

- The CPDCs conduct monthly meetings to review project performance, identify gaps and formulate plans to address them.
- The CPDCs assign relevant departments to coordinate response to address identified implementation gaps.
- Bungoma and Kakamega CPDCs identified legal and social protection as thematic areas of focus.
Results: With the Counties in the Driver’s Seat

**Bungoma County**
Birth certificate uptake among OVC increased from 56% to 62% in two quarters as at Q3 FY 2022.

**Kakamega County**
Birth certificate uptake among OVC increased from 74% to 81% in two quarters as at Q3 FY 2022.

**Kakamega CPDC**
Facilitated access to county database of Cash Transfer beneficiaries that resulted in improved mapping of OVC enrolled from 155 in Q1 to 1,081 in Q3 FY 2022.
Conclusion

Instituting county-led, county-owned, and county-managed structures can make significant contribution towards achieving project results and creating ownership by county and national government departments.
Country Ownership in Action:
Implementing Comprehensive Sexuality Education through Government-to-Government assistance through the Education Sector in South Africa

Ms C. Nogoduka
4th Annual USAID Global Health Local Partner Meeting
SCHOOL POPULATION

SASA Act of 1996
- Compulsory attendance 7-15 yrs / Gr9

± 13-million Learners

± 26 000 Schools

± 400 000 Educators
INTERSECTING VULNERABILITIES IMPACTING ON EDUCATION OUTCOMES

In South Africa, a total of 106,383 registered live births occurred among adolescents 10-19 years in 2019, with rates of Termination of Pregnancy (TOP) increasing.

According to the Thembisa, model, 69,000 people aged 15 to 24 yrs contracted HIV in 2020.

54,000 AGYW
15,000 ABYM

46% OF SEXUAL ABUSE COMPLAINANTS ARE CHILDREN
15.1% OF GIRLS EXPERIENCE RAPE, SEXUAL HARASSMENT, VERBAL ABUSE AND/OR BULLYING IN

Less than 50% of HIV AYP aged 15-24 are virally suppressed, presenting a serious challenge to improving health and wellbeing of adolescents living with HIV.

In 2018 only 65% of the estimated 27,000 children with TB in South Africa were reported to the TB program. Nearly 10,000 children were lost.

Around 200,000 children have not The NIDS-CRAM survey released in May 2021, suggests the real number is at least three times higher.
DBE RESPONSE = CARE AND SUPPORT FOR TEACHING AND LEARNING (CSTL) - CONCEPTUAL FRAMEWORK

A comprehensive, coordinated, multi-sectoral response to addressing barriers to learning and development that prevent children from realising their right to education.

- Strengthening systems
- Partnering
- Integrated package of care and support
DBE APPROACH TO IMPLEMENTING CSTL

- ISHP - SRH
- LIFE ORIENTATION subject - CSE
- SCHOOL SAFETY FRAMEWORK – School-based GBV
- Multimedia Advocacy & Mobilisation Campaign – Breaking the Silence
- LIFE SKILLS – Co-Curricula
- PSYCHO-SOCIAL SUPPORT
CSE IMPLEMENTATION APPROACH

Key Implementors: Care & Support, Curriculum, Teacher Development, Governance & Management, EMIS, ISHP

- Scripted Lesson Plans for grades 4-12 developed and approved by DBE
- Trained School Governing Bodies members in advocacy for Sexuality and HIV Prevention Education
- School Management Teams sensitised to support educators and learners in Sexuality and HIV Prevention Education
- Trained LO Educators in Sexuality and HIV Prevention and the use of Scripted Lesson Plans
- Ambassador program to support leadership and behaviour change
- Linkages to ASRH services and referrals strengthened.

The Learner

- Scripted Lesson Plans (Classroom)
- Parental Support through SGBs (Home)
- Mentorship (Outside Class)
- School Management Support (School)
- Access to ASRH Services (Health Facility)
THE G2G ASSISTANCE

To support local ownership and enhance the sustainability of development results

Use a process of co-creation and co-design, the G2G agreement is utilizing budget allocations to inform the Milestone and Deliverable Schedule.

Transition PEPFAR engagement from traditional donor-recipient roles to an increased emphasis on investing foreign assistance in a manner that recognizes the role of the government.

Financing mechanism, the G2G agreement expenditure incurred is recorded in line with the Fixed Amount Reimbursement Agreement and National
IMPLEMENTATING THE G2G ASSISTANCE

Co-creation & Co-design = Work Plan with Milestones

Fixed Amount Reimbursement

Monitoring, Evaluation and Reporting

To support the implementation of the DBE National Policy on HIV, TB & STIs for learners, educators, school support staff and officials in schools.

Assistance Agreement – 2018-
Strengthened capacity of Provinces and Districts to coordinate, implement and oversee the implementation of the G2G Understanding & Appreciation of Grant Administration & Legal Frameworks

Close Relationship between DBE & USAID appointed Government Agreement Technical Representative (GATR)

Close Working Relationship between DBE & National Treasury: IDC

Alignment of ‘Host Government’ & USAID financial and supply chain management policies

THE G2G ASSISTANCE IMPLEMENTATION SUCCESS FACTORS SUCCESS FACTORS

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Understanding & Appreciation of Grant Administration & Legal Frameworks

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THE G2G ASSISTANCE IMPLEMENTATION
LESSONS LEARNT

Capacity of DBE to take on the management of the G2G assistance continues to improve over a period of time.

G2G resources facilitated strengthening of the program components, e.g., strengthening of the roles and responsibilities of the LSAs through the capacity building.

Provincial & District buy-in is critical to implementation.

Strong relationships with DREAMS implementing partners assisted with active linkages of AGYW.

Delays in the approval of the G2G work-plans interrupts implementation.

DBE internal delays in processing critical G2G documents affects progress in implementation.
CONCLUSION

Inclusive engagement between USAID and DBE has been central and still required, to achieving adequate scale in service delivery, improve the acceptability of interventions, increase domestic investments in CSE, and advance integration of CSE activities into the national education systems.
EDUCATION IS A PROTECTIVE FACTOR!
The Power of Proximity:
“Locating Field Offices at Health Facilities and/or Local Authorities’ Premises for Improved Stakeholders’ Engagement in HIV Prevention Programs”

Presented by FXB-Rwanda

November, 2022
Outline

- FXB-Rwanda’s Core Experience with USAID/PEPFAR in HIV Related interventions
- Current Partnership with USAID “BE RESILIENT - Let Us Protect the Children” Program
- FXB Rwanda’s Power of Proximity
- Stakeholders Testimony
FXB-Rwanda’s Core Experience with USAID/PEPFAR in HIV Related interventions

- FXB Rwanda partnered with USAID/PEPFAR since 2009
- The partnership aims:
  - HIV new infections prevention and
  - Reduction of vulnerability among HIV affected and infected population
- The partnership serves:
  - Orphans and Vulnerable Children (OVC)
  - Their households and
  - Adolescent Girls and Young Women (AGYW)
FXB-Rwanda secured a USAID Five-year Cooperative Agreement to implement the “THRIVE ODA.”

Aim of the Agreement:
- Reducing vulnerability and HIV incidence among Orphans and Vulnerable Children (OVC) and their households and Adolescent Girls and Young Women (AGYW) in high HIV burden districts in Rwanda

Area of implementation: 3 districts (38 sectors)

Target beneficiaries: OVC, their households and AGYW
FXB Rwanda’s Power of Proximity
Rationale of Physical Proximity

- The success of HIV/AIDS preventive and treatment care interventions require program stakeholders to be engaged in the programming process.

- Local government officials and healthcare institutions are crucial stakeholders in HIV prevention interventions.

- FXB Rwanda places its field offices at health facilities and/or local government premises for sound and coordinated effort.
Distribution of Field Offices

- Total Field Offices
- Field Offices at Health Facilities
- Field Offices at Sector and/or Cell Premises
Benefits of Physical Proximity at Health Centers

- Identification of target beneficiaries and their needs
- Improved service delivery to beneficiary PLHIV
- Increased adherence of PLHIV on ART
Benefits of Physical Proximity at Health Centers cont’…

● Referrals made are supported on time
● Information and data sharing between program and health facilities
● Collaboration on continuous program improvements
Benefits of Physical Proximity cont’…

- With proximity to local government premises:
  - Improved program’s understandings and aligning expectations
  - Community outreach
  - Joint planning, monitoring and evaluation.
  - Simplified feedback loops
  - Stewardship and support after activity phase-out
  - Leveraging on existing HIV preventive and care intervention to reach more people
STAKEHOLDERS' TESTIMONY:
The power of proximity
STAKEHOLDERS' TESTIMONY: The power of proximity
Thank you!

Q&A