Capacity Statement

HIV and AIDS Programs[1]

I. Global Overview

The HIV epidemic has become one of the greatest threats to human health and development. At the end of 2007, around 33 million people were living with HIV and each year around 2.7 million more people become infected with HIV and 2 million die of AIDS[2]. The most significant impact has been on women and young people including children, adolescents and youth.

Women account for half of the estimated infected population.[3] However, they are disproportionately affected due to their biology but also due to gender inequality and cultural factors. Biologically women are twice more likely to become infected with HIV through unprotected heterosexual intercourse than men[4]. In many countries women are less likely to be able to negotiate condom use and are more likely to be subjected to non-consensual sex. Women's childbearing role means that they have to contend with issues such as mother-to-child transmission of HIV. The responsibility of caring for AIDS patients and orphans is also an issue that has a greater effect on women.[5] Furthermore, young girls are susceptible to HIV from sexual exploitation due to economically driven sexual relations, cultural practices such as early marriages and being forced to drop out of school to either take care of family or to supplement income.

In 2007, an estimated 370,000 children under the age of 15 became infected with HIV. Globally, the number of children under 15 living with HIV increased from 1.6 million in 2001 to 2 million in 2007[6]. The problem is most severe in sub-Saharan Africa, home of 90% of all children infected with HIV[7]. Over 90% of newly infected children are babies born to women with HIV, and acquire the virus through pregnant mother-to-child transmission (PMTCT) - during pregnancy, the birth process or through breast milk[8]. Children infected with HIV continue to suffer stigmatization, discrimination and abuse. Young people below the age of 25 account for half of all new HIV infections worldwide, and typically die of AIDS-related illnesses before their 35th birthday[9]. The impact of HIV and AIDS is significant for children who lose their parents, caregivers and support and become vulnerable. Approximately 15 million children under the age of 18 have lost one or both parents to AIDS, and this number continues to rise. Plan has a fundamental role to play in addressing these disparities and in fulfilling the rights of children, youth and their affected families.

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1 Prepared by Sabrina Kwauk and Tariq Bhanjee in September, 2009
2 UNAIDS 2008. Report of the Global AIDS Epidemic
3 UNAIDS 2008. Report of the Global AIDS Epidemic
4 National Institute of Allergy and Infectious Diseases (2006, May) 'HIV infection in women'
5 http://www.avert.org/women.htm
6 UNAIDS 2008. Report of the Global AIDS Epidemic
7 UNAIDS 2008. Report of the Global AIDS Epidemic
8 UNAIDS 2008. Report of the Global AIDS Epidemic
9 UNAIDS 2008. Report of the Global AIDS Epidemic

II. Plan's Global Strategy

Plan recognizes the severe impact of HIV on children and their families and works to prevent the further spread of HIV and to reduce the negative personal and social impact of the epidemic. Plan's response to HIV is multi-faceted and supports the continuum of care approach addressing prevention, care, support and treatment. Plan's work in HIV dates back to 1993 when the first policy for children affected by HIV was adopted. In 1996, Plan defined the essential parameters for mainstreaming HIV within its child-centered community development (CCCD) approach which is characterized by a long-term vision of effecting social change in communities based on intimate local knowledge and a close relationship with local institutions. The aim of Plan's response to HIV is to contribute to more effective policies and actions to promote, fulfill and protect the rights of children living in a world with HIV. In contexts of high HIV prevalence, HIV is mainstreamed across many program areas.

As the HIV pandemic evolved, Plan's responses to HIV have grown rapidly both in scale and in scope. In Plan's last fiscal year ending June 2009, Plan spent approximately US$7 million on HIV/AIDS programs in 30 countries in the following areas: behavior change communication; training of health and community workers, peer educators; home-based care for people living with HIV/AIDS; livelihoods support; HIV and other sexually transmitted infection (STI) testing; counseling and supporting treatment[10]. Plan also expended additional resources for Orphan and Vulnerable Children (OVC) support programs which include education, care and support and social protection[11] .

Plan's program response to HIV is conceptualized in the "Circle of Hope", a model initially developed in Uganda in the 1990s that has since been adapted by several of Plan's country offices. The Circle of Hope puts children (rather than the virus or epidemic) at the center of a comprehensive set of interventions designed to better their lives. Surrounding the children are their parents, families and communities that have a responsibility and a direct role to play in addressing issues affecting children. Furthermore, other duty bearers include governments, civil society and other global organizations that provide the frameworks and supportive structures to address the issues affecting children.

Children, families and communities are active participants in their own development rather than passive recipients of assistance. The comprehensive integrated approach has four strategic objectives which orientate Plan's work with children in a world with HIV: (a) reducing the child's vulnerability (b) extending the lives of parent-child relationship (c) living positively and preparing the family for transition (d) ensuring the child's future. This approach aims to build awareness and ensures that children and their families are protected, basic needs such as access to health and education are met, and children continue to receive the care and support needed to realize their full potential.

Following is a series of key capacities that Plan has developed in HIV and AIDS programs under each of the four strategic objectives.

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10 Plan's Program Output Chart by Country 2008

11 Refer to Capacity Statement on Orphans and Vulnerable Children

III. Plan's Global Capacity

A) Strategic Objective 1 - Reducing the Child's Vulnerability

This objective includes HIV prevention programs including but not limited to community sensitization, raising awareness, education, mobilization, testing and ultimately risk reduction. This objective goes beyond prevention and also includes care and support services. The overall objective is to reduce the child's vulnerability to HIV which broadens the scope to address the social and cultural determinants but allows for a flexible and comprehensive approach. Within the realm of reducing child vulnerability, Plan has adapted some specific interventions which are discussed further.

***Children of most-at-risk populations*:** Children in difficult circumstances include children infected and affected by HIV/AIDS, street children, trafficked children, and children of sex workers. Children and youth tend to be ignored in most-at-risk and mobile populations and need targeted interventions to address their specific needs. In Andhra Pradesh, Plan India launched a child trafficking and HIV/AIDS project covering 300 villages in 20 districts, reaching a population of 1,216,142 children aged 0-18 years. Five child care centers for nearly 250 children affected by HIV and other vulnerable children, and 2 transit centers for rescued victims of child trafficking were supported. Home based counseling and vocational training is provided to these rescued girls. In addition, advocacy meetings and forums with civil societies have been formed and strengthened to raise awareness and address issues of child trafficking and

Child and social protection: Plan supports a range of programs in its attempt to reduce social factors that severely limit young people's margins of choice to adopt behaviors that protect them from HIV. These programs include: reducing gender-based violence[12]; abolishing child trafficking and ending child marriages[13].

Behavior Change Communication (BCC) is the strategic use of communication to help individuals and communities select and practice behavior that will positively impact their health. At Plan, several HIV prevention programs incorporate BCC strategies to effectively address issues. BCC strategies are mostly adopted through peer education programs and methodologies such as *Stepping Stones*[14] in the Americas. Age-appropriate and context-specific programs are necessary and need to be tailored to the target groups to ensure effective interventions. In Sisaket Thailand, 80 students were trained on mass media production such as short films, silent drama performance and script writing for radio and printing. The students then utilized this media to raise awareness of HIV and STIs in the community. All productions were shown on World AIDS Day on December 1, 2008 to raise awareness. In El Salvador, Plan works closely with the Ministries of Health and Education, universities, PLHIV associations and local organizations in raising awareness on HIV prevention to address stigma and discrimination in communities and institutions. Emphasis is on promoting responsible decision-making regarding sexual and reproductive rights issues. Adolescents

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[12] Refer to Capacity Statement on Gender-Based Violence.

[13] Refer to Capacity Statement on Prevention of Child Trafficking, Child Labor or Child Violence.

14 Stepping Stones is a training and education process that involves working with people over a period of 12 to 18 weeks during which time they undergo a process of group exploration and develop the ability to look critically at the societal norms and values influencing their own attitudes and Behaviors. http://www.steppingstonesfeedback.org/

and youth are trained on reproductive health, HIV/AIDS and sexually transmitted infections using a rights-based approach that ensures a holistic view of sexuality. These groups of adolescents and youth then become trainers and trusted messengers for their peers in their communities and schools.

Case Study- Stepping Stones methodology in Latin America (2004-Present)

BACKGROUND: Developed in Uganda in 1994, Stepping Stones has been implemented by over 5,000 organizations and practiced around the world. In 2004, Stepping Stones was translated, adapted and validated for use in the Americas with youth aged 14 and over and adults.

APPROACH: Stepping Stones is a training package on HIV, communication and relationship skills, sexual and reproductive rights, gender and inter-generational relations, and community mobilization. The program consists of 18 three-hour-long sessions. Working in peer groups, men, women and youth participate in a series of exercises which aim to promote reflection and analysis around their difficulties in communication and relationships; their perspectives on life including their prejudices; their feelings around and experiences of sexuality; and the personal and external factors that influence their behavior. Concluding sessions focus on thinking about and practicing ways in which participants can change their behavior in a manner which allows them to be more assertive and take more responsibility for their actions.

RESULTS: Individual participants report increased knowledge around HIV and increased condom use. They also report changed knowledge, attitude and practices related to sexuality, HIV positive people and sexual diversity; an enhanced sense of self-efficacy; and of control over their lives and sexuality. The changes at the community level are particularly significant and include: increased equality in gender relations, increased intergenerational communication, reduced violence and alcohol use, and community mobilization around priority themes.

IMPACT: Since 2004, Stepping Stones has been adopted by several organizations and institutions in the region of the Americas. More than 500 potential facilitators from over 200 state institutions and national NGOs of 12 countries have participated in awareness-raising workshops or training workshops using this methodology. The Stepping Stones package has been implemented successfully with diverse groups and communities including indigenous communities in Bolivia, school-based youth groups in Ecuador, and women's groups in peri-urban slum areas in Brazil.

Case Study- Supporting young people in HIV/AIDS and adolescent sexual reproductive health programs in Ethiopia (2004-present)

BACKGROUND: In Ethiopia, young people are the center of the AIDS pandemic in terms of transmission, impact, vulnerability and potential for change. The prevalence of HIV among young women and men aged 15-25 is high (5.6%) compared to adults (2.1%). The young population had limited knowledge on HIV particularly in rural areas.

RESPONSE: Plan supported the capacity building for 85 in-school and out-of-school youth clubs with 3,500 members through trainings on adolescent sexual reproductive health, club management, program planning, monitoring and evaluation. Approximately 900 peer educators working with more than 45,000 youth facilitated sessions on topics ranging from reproductive health, HIV/AIDS/STIs, life skills to gender issues. Strong partnership and referral links were established among the youth clubs and health service delivery points to provide youth friendly voluntary counseling and testing (VCT) and family planning services.

RESULTS: The recent mid-term evaluation studies in 2008 indicated that 98% and 94% of youth can identify at least two modes of HIV transmission and two ways of avoiding HIV infections respectively; and VCT uptake among rural youth increased by 22% since 2004.

B) Strategic Objective 2 - Extending the Lives of Parent-Child Relationship

Plan supports programs and initiatives that provide support, care and treatment to people living with HIV. Parents and caregivers can continue their livelihoods and provide the necessary care and support for children. These programs are usually conducted in partnership with community based organizations for home-based care, associations of people living with HIV (PLHIV) for counseling

and support and institutions that deliver clinical services including treatment, most commonly the Ministry of Health. Plan strongly supports and believes in the roles of national public health systems in health care delivery and supports these where possible. Plan provides institutional support in the form of capacity building and training for staff and refurbishing health facilities including clinics. Plan also focuses on needs of families (e.g. nutrition, livelihood, emotional support) to keep parents living with HIV alive. The following details some of Plan's programming to extend the caregiver-child relationship.

***Caregiver-focused programs*:** Home based care (HBC) is the term used for home care and support delivered to children and families affected by AIDS. Plan assists in the training of social workers, auxiliary nurses, community health workers, community volunteers, PLHIV support groups and family members in HBC. These care-givers are trained in primary care and other home care tasks to effectively carry out home-care visits. Care-givers help with household chores and child care, check on the health status and well-being of the children, and ensure that medication is taken regularly. They also ensure that their clients receive the necessary medical treatment and arrange for medical consultations and services at the hospital. Plan also supplies care-givers and health facilities with the essential material for home care e.g. soap, detergents and protective clothing, and medications for the management of opportunistic infections such as diarrhea, pneumonia and skin ailments.

Case Study- Building local structures for integrated community and home-based care and support services in rural Bugna and Shebedino Districts in Ethiopia (2004-present).

APPROACH: Plan Ethiopia's HBC program reaches in 55 communities, more than 713 PLHIV and 1,250 OVC through networks of civil society organizations, health institutions and participation of 136 trained voluntary providers. A very effective and efficient referral system has been implemented which enables OVC and PLHIV to attain care, support and treatment services, including antiretroviral therapy (ART). Plan and other partners successfully lobbied the government to ensure availability of free ART services in rural districts. Peripheral health workers and the HBC volunteers also provide ART counseling contributing to high levels of adherence among the 142 ART clients.

RESULTS: The recent review of the program in 2008 indicates that the HBC model has achieved significant results in the rural setting: 1) reduction of stigma and discrimination; 2) increased participation by people living with HIV in local prevention programs; 3) increases in VCT uptake by 20% and condom use by 55.2% since 2004.

Case Study- Capacity building for community caregivers to improve the care of children living with HIV in Thailand (2003-2006).

BACKGROUND: In Chiang Rai, Northern Thailand, there are more than 1,000 children infected with or affected by HIV who live with grandparents or other relatives. These caregivers face social and economic challenges that reduce their ability to provide care and support for the affected children and limit their access to treatment.

APPROACH: Plan Thailand, in partnership with four other organizations, started an initiative to support children living with HIV in Chiang Rai. The aim was to enable the community to address the challenges of caring for children living with HIV by improving access to treatment, and to build the capacity of caregivers to provide effective care. Community needs were assessed through a participatory approach involving 30 caregivers, community leaders, district government officers, health care providers and community committee members. This was instrumental in generating awareness and demand for the project. The needs identified included increased ability to earn income, improved food security, support for HBC and improved treatment adherence support.

RESULTS: The project strengthened the capacity of 30 caregivers by introducing holistic healthcare, family rehabilitation and counseling. Caregivers were provided with training and start-up materials for income generation, food security and home-based care. Additionally, 180 elderly caregivers also participated in the capacity building activities.

Testing and Treatment support: Plan encourages individuals to know their status and get tested for HIV as this is the entry point to comprehensive HIV prevention. Those individuals who receive a positive test result are provided with care and support services which could include: psychosocial support, counseling, peer support, nutritional information services, and treatment for opportunistic interventions. While Plan does not directly provide ART, Plan advocates for access and strengthens referrals and linkages to relevant facilities and provides treatment for opportunistic infections. Support mechanisms are set up either through buddy-systems or post-test clubs to provide treatment literacy and maintain adherence. In Guinea Bissau, mobile clinics were established which made it possible to conduct HIV voluntary counseling and testing in 50 communities in the Bafata region. Those with a positive HIV diagnosis were referred to Bafata central hospital where they receive free treatment. People in Bafata now feel more comfortable to talk about HIV and there is a growing knowledge on how to seek treatment and care. In Bondo district in Kenya, Plan established three integrated three VCT sites in collaboration with Ministry of Health who provided rooms and health workers. Plan trained these health workers and refurbished and equipped the facilities. Over 3000 clients were tested in the 3 VCT sites and were linked to patient support centers and PLHIV support groups. Quality counseling is important as it ensures drug adherence, partner testing and treatment and it reduces individual trauma and provides linkages for resources for coping. Counseling and social support programs through Plan ensure that the counselors are well trained and their capacity is upgraded periodically.

Unfortunately, more children and youth are living with HIV and the number continues to increase. This is a specific group that needs targeted interventions and specific approaches to address their needs particularly in the realm of counseling. Teachers and community volunteers are also trained in counseling and psychosocial support and have been instrumental in schools in identifying vulnerable children but also providing the necessary support for children to cope. Plan El Salvador is working with PLHIV in Chalatenango and La Libertad, organizing support groups and psychological care for children affected by HIV/AIDS through art and play. The work with children is carried out with support of the local NGO Huellas Foundation, who promote youth participation in social issues through theatre, music and dance. Plan works with Children living with HIV in India, Uganda and Thailand and has developed context-specific responsive approaches to address the needs of infected children which include health monitoring, ensuring adequate and appropriate nutrition, and integration with other children.

Livelihood support and Food Security: HIV exacerbates the situations in already poor households and can cause a significant strain on resources from reduced income earned to depletion of resources to purchase food. This effect trickles down family and has significant impact on children, many of whom have to seek livelihoods to supplement incomes, resort to eating one or less meal a day, and take care of the sick and other siblings and even drop-out of school. Plan supports affected families through economic empowerment programs by providing skill enhancements, capacity building training, vocational training, income generation programs and microfinance support. In Zimbabwe, 116 groups of PLHIV and OVCs were supported with training in business and management skills, and supplied with materials for income generating projects. Common projects include small livestock pass-on schemes; village savings and loans schemes; bulk buying and selling; and establishing community gardens.

Nutrition is critical to both people on ARV treatment and for children of affected families. Through collaboration with partners and agricultural institutes affected families are provide with technical

training on better agricultural practices and provided with start-up kits to produce their own food. Plan takes an approach of empowering communities and making them self-sufficient in their own food production. The agricultural programs are supplemented with education food preparation to improve nutrition. The animal husbandry schemes have not also raised family and community incomes but also improved family nutrition. For example, in Malawi, 500 HIV/AIDS affected households in three communities were supported with 2,000 mango, citrus and guava fruit tree seedlings. The families also planted 500 Moringa and 500 Neem tree seedlings for nutritional and medicinal purposes. In unique cases, Plan will provide nutritional support particularly to infected children through specific nutritional programs for undernourished and malnourished children. In cases where adults on treatment have insufficient food, Plan will advocate and make the necessary referrals and linkages to ensure that those on treatment receive adequate nutrition.

Prevention of Mother-to-Child Transmission (PMTCT). Plan links ante-natal care with Prevention of Mother-to-Child Transmission (PMTCT) services wherever possible. This includes providing training and education to staff at ANC sites and encouraging pregnant women to get tested but also bring in their partner for testing. The pregnant women with a positive test result are provided with treatment and support according to the national guidelines to ensure the prevention of mother to child transmission.

Case Study- Increasing coverage of PMTCT-Plus and services in a resource-limited setting in Uganda (2004-2009).

BACKGROUND: Antiretroviral treatment (ART) services in Uganda have largely benefited those in urban areas, whereas 80% of Ugandans live in rural areas and 40% live on less than one dollar per day. In 2004, plan Uganda formed partnerships with several agencies including the District health services to initiate a comprehensive program for the prevention of HIV transmission from parents to children. The program is located in the rural program area of Tororo District in Eastern Uganda, where an estimated 10,000 people were living with HIV in 2004; yet only 500 received ART and only 10% had access to PMTCT services. The project is based in Mukuju level IV health center serving a population of 170,000 in six sub-counties in Tororo District.

INNOVATION: Plan Uganda helped improve the capacity of the health center by upgrading facilities for maternity and inpatient care, laboratory diagnosis; improving health information systems; and providing training and staff support for HIV counseling, ARV treatment, community based TB management, HBC, and management of drugs and supplies. The services supported through this project include: HIV counseling and testing, antenatal care, obstetric delivery, prevention of vertical transmission, family planning, ART, and tuberculosis control. Additional community services include: family HIV counseling and testing, regular HBC support and counseling by a mobile team of social workers, legal aid, support to birth registration, community mobilization and sensitization, child care, nutritional support and village savings and loans associations.

RESULTS: As of June 2008, the program has provided more than 2000 clients with treatment for opportunistic infections, and approximately 700 clients are on ARVs with an adherence rate of 95%. The vertical HIV transmission rate from mother to child has dropped from 27.5% to 8%. HIV positive mothers have given birth to over 300 healthy babies (HIV negative). In addition, a study on HIV stigma comparing Tororo district to the neighboring Kamuli district, found that 69% of PLHIV in Tororo disclosed their status compared to 35% in Kamuli.

IMPACT: Plan Uganda intends to scale up the program to three other program areas, covering a total population of 340,000 people. The government has recently taken over the operations of this clinic and will continue to provide these quality services to the community. Through advocacy, the model will inform the Government of Uganda PMTCT policy to rapidly scale up in underserved areas.

***Addressing stigma and discrimination*:** The forms and extent of stigma and discrimination varies within the communities and in different parts of the world due to various social and cultural

practices. Stigma against PLHIV can be attributed to the lack of adequate information and knowledge, the negative connotation of living with HIV and associating the infection to sexual and immoral behavior and projecting HIV as a "killer disease". Addressing stigma and discrimination is key to enhancing HIV prevention but also to instill positive health seeking behaviors among those infected and affected. Furthermore, disclosure to families is necessary to prevent HIV infection among partners but also the cornerstone to succession planning. Combating stigma and discrimination calls for a multitude of strategies, some of which are integrated within the BCC approaches. Plan has been engaging PLHIV to take ownership through supporting PLHIV groups but also through other sensitization efforts including the media campaigns but also involving and engaging the local leadership and extended families.

Case Study- Combating stigma and discrimination: How people living with HIV became critical actors in psycho-social support programs in Burkina Faso (2004-2008).

APPROACH: Plan Burkina Faso strengthened the operational capacity of an existing association of PLHIV and assisted in the creation of four new associations. The associations provided psychosocial support, including discussion groups, community meals, and treatment adherence clubs. Plan assisted the associations to create a network in order to share their experiences and practices in effectively supporting PLHIV. The associations' capacities were strengthened through operational, administrative and technical input in care and support, advocacy, program management, resource mobilization and behavior change communication.

RESULTS: The association's gained recognition as leaders in the fight against stigma and discrimination. Direct communication channels between PLHIV and their communities were established, and psycho-social support for people affected and infected with HIV dramatically improved. Stigma and discrimination decreased and PLHIV became better accepted by their families and communities.

C) Strategic Objective 3 - Living Positively and Preparing the Family for Transition

In communities with high HIV prevalence, many children are being raised by parents who are positive and may be experiencing distress or illness. Living and coping with HIV can be difficult for adults but more importantly most parents are concerned about the future of their families and children. Plan assists families affected by HIV to live positively and also prepares the family for transition and succession to ensure that the rights and needs of the affected children are met. Plan also recognizes that families are the first line of duty-bearers responsible for the entitlements of children. Hence, supporting families is a major component of Plan's response to HIV/AIDS. Ideally children who lose their parents are taken care of by the family and if this is not possible community foster care could be considered. Plan encourages, supports and strengthens these coping mechanisms in families and communities through the following interventions.

***Support positive living*:** Plan's programs promote positive living among those infected or affected by HIV, thereby allowing them to advance in life, provide for their families and live in dignity. For example, Plan India worked with the Academy of Gandhian studies, a coalition of 20 NGOS to facilitate the formation of 75 associations of PLHIV with a total membership of approximately 3,000 throughout the State of Andra Pradesh. Women's groups in each association received support to launch group enterprises which has significantly improved their lives. Through the group enterprises women have enabled to market their products, which was not possible on an individual basis due to stigma and discrimination. Many women have found alternative livelihoods to sex work and their children are able to attend schools. These interventions have also enhanced the self-esteem of the women as they are no longer looked down upon by the community members.

Psychosocial and emotional support mechanisms: An often neglected but a critical component to HIV interventions is psychosocial and emotional support both for the infected and affected. While stigma and discrimination is still pervasive, assisting people through providing such support improves their access to care and services and helps with positive prevention. Peer counseling has been effective in many Plan programs. Plan supports the formation and organization of peer support groups of PLHIV and provides training to counselors and community volunteers to manage these groups. These self-help groups fill an urgent service gap for PLHIV as they provide a platform to share and discuss ideas, provide mutual support, engage in community education and raising awareness, mobilize the community in combating stigma and discrimination and encourage HIV counseling and testing. Importantly PLHIV groups advocate for the rights of children and families infected and affected by HIV and ensure that services are accessible. In many cases, these groups also get engaged in HBC and income-generating activities. In Haiti, through the SHINE project, POZ supports PLWHA and affected families through several programs; reduces stigma and discrimination through training and workplace programs; provides community-based palliative care through PCDS; encourage positive living through support groups, counseling and psychosocial support; and facilitates the link between PLWHA and our micro-finance partner for income-generating activities

Succession planning: Succession planning engages parents living with HIV/AIDS to make meaningful plans for the future of their children. Plan aims to raise awareness among women and children about their rights of inheritance, follow up cases of violation of these rights, and reinforce universal birth registration as an essential first step towards protecting the property rights of orphaned children in the future. Plan partners with paralegals or other institutions to train and assist families in understanding their rights but also in preparing wills and appointing guardians to care for children. Furthermore, plan works with the traditional and local governance structures to ensure that the rights of children are protected and enforced. In Uganda, Plan partnered with the Association of Uganda Women Lawyers (FIDA) to sensitize the community and provide legal assistance.

Plan also supports community partners to deliver family therapy using memory books (sometimes memory boxes). Memory books are written by a parent and are a way to help both children and parents prepare for life after the death of one or both parents. Memory books opens the discussion between parents and children about the health condition of one or both parents, it helps parents and children plan jointly for the children's future; and it establishes a record of the family history and of important childhood memories as an anchor for the child in later life.

In Zimbabwe, Plan trained affected families in writing memory books to preserve family and community memory; and trained and supervised affected families in writing wills in order to ensure that property left by deceased parents pass onto their children. The program also focused on universal birth registration for children to benefit from social safety nets provided by the National AIDS Council and other community based social protection mechanisms. In addition, in partnership with the Ministry of Justice, 200 people on HBC programs were educated about child rights, inheritance laws and will writing. The 200 people received material support in the form of food, soap and essential medicines. They were also educated about memory work and some of them have already produced memory books and memory boxes.

D) Strategic Objective 4 - Ensuring the Child's Future

Ensuring the future of children entails making sure that child's rights to survival and development are respected in every sense. Some Plan programs assist children affected by AIDS by supporting the social safety net for all children. Others focus more directly on children who are at risk of slipping through this net. Sometimes this is directly related to HIV infection, other times the relationship is less obvious. Plan supports the following to ensure the future of children affected by AIDS: social protection programs including community foster care; universal birth registration; access to health and education for children (particularly Orphans and Vulnerable Children); vocational training; economic security/livelihoods. Most of these programs complement each other and act as wrap-around support services to common HIV interventions. However, these programs are essential to address the larger contextual needs and help to reduce the impact of HIV particularly on children. Plan recognizes the key role that functional local organizations play in creating community resilience to HIV infection and to the impact of AIDS. Plan enters into partnerships with local institutions and organizations and assists them in their roles as service providers and as advocates for their communities.

Case Study- Breaking Barriers in Kenya, Uganda and Zambia (2004-2009)

BACKGROUND: Breaking Barriers, supported by USAID through PEPFAR, aims to expand sustainable, effective, quality programs in education, psycho-social support and community-based care for OVC and families affected by HIV/AIDS. Both formal and informal school networks and religious institutions are used as a coordinated platform for rapid scale-up and scale-out.

APPROACHES:
Kenya: The project is implemented in Nairobi and Nyanza province in western Kenya which has the highest HIV prevalence in the country. Key interventions include- education, life skills; HIV prevention and referrals; increased access to quality education and basic health and nutritional services; psychosocial support and counseling; community home-based care and support; stigma reduction and increasing HIV/AIDS awareness; strengthening advocacy for child rights and protection at local and national levels; and economic empowerment.
Uganda: This project is implemented in 7 districts. Key interventions include- equipping schools with scholastic and recreational materials, rehabilitating school environments; training teachers and leaders to give psycho-social support, birth registration campaigns and enhanced livelihood activities for caregivers.
Zambia: The project is implemented in 12 communities in the two districts of Mazabuka and Chibombo Southern and Central provinces of Zambia, which have significant OVC populations of 19% and 17% respectively. Key interventions include- rehabilitation of schools and ECCD centers; construction of ventilated improved pit latrine and installing water tanks in schools; facilitating and training OVC caregivers in HBC and livelihood activities; and training teachers and leaders in how to provide psychosocial support to OVC.

RESULTS:
Kenya: Over 46,000 OVC have been reached and 3,600 caregivers have been trained to support OVC in the community. There has been increased school enrollment and retention of OVC; reduced stigma and discrimination among religious leaders who have in-turn increased awareness in the community; reduction in child disinheritance; and reported reduction in risk taking behavior due to increased HIV awareness.
Uganda: Over 100,000 OVC have been reached and 2,750 caregivers have been trained in HBC. In remote areas, 42 informal schools were set up giving; 1,250 children have re-enrolled in school and teachers have reported a significant increase in attendance and retention; 50 latrines and water tanks were rehabilitated in schools; and the relationship between teachers and OVC improved greatly as teachers feel better equipped to provide guidance and counseling.
Zambia: Over 13,000 OVC have been reached. Livelihood support has increased family incomes; stigma and discrimination against OVC and their households has been reduced; children are receiving counseling and psycho-social support in schools; and 2 schools and 8 ECCD centers have been rehabilitated.