

The 2nd Regional Learning and Linking Forum for
Accelerating Delivery of Comprehensive Services for
Orphans, other Vulnerable Children & Youth in
Eastern and Southern Africa (14th – 15th November 2018
Johannesburg, South Africa)

FORUM REPORT

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ACKNOWLEDGEMENTS

The Regional Psychosocial Support Initiative (REPSSI) and the Regional Inter Agency Task Team on Children and AIDS – Eastern & Southern Africa (RIATT-ESA) wish to acknowledge the contributions of:

- ≈ the Swedish Government in funding the 2ND REGIONAL LEARNING AND LINKING FORUM FOR ACCELERATING DELIVERY OF COMPREHENSIVE SERVICES FOR ORPHANS AND VULNERABLE CHILDREN & YOUTH IN EASTERN AND SOUTHERN AFRICA held in Johannesburg, South Africa;
- ≈ the Southern African Development Community (SADC) and the East African Community (EAC) secretariats;
- ≈ the RIATT-ESA and REPSSI implementing partners;
- ≈ member states (Angola, Eswatini, Tanzania, Lesotho, Malawi, Mozambique, Namibia, South Africa and Zimbabwe) including the NGO sector, Civic Society and representatives of international cooperating partners; and
- ≈ partners and consultants that presented in the forum: HEARD, African Young Positives Network, WITS RHI, Save the Children, Paediatric and Adolescent Treatment Approaches(PATA), UNESCO, MIET Africa, World Vision, HelpAge International, Elizabeth Glaser Paediatric AIDS Foundation and Child Rights Network for Southern Africa(CRNSA).

EXECUTIVE SUMMARY

BACKGROUND TO THE 2ND REGIONAL LINKING & LEARNING FORUM

In February 2017, RIATT-ESA and SADC co-convened the first Regional Learning and Linking Forum for Accelerating Implementation of the SADC Minimum Package of Services for Orphans and other Vulnerable Children and Youth (MPS). The **PURPOSE** was to bring together partners and stakeholders, with influence that operate in Eastern and Southern Africa to:

- I. Share experiences, working models and emerging practices in delivering comprehensive services for orphans, vulnerable children and youth
- II. Deliberate and agree on results and time-based partnership, collaboration and joint implementation arrangements in support of national implementation of Minimum Package of Service (MPS)

The forum successfully helped to build strategic partnerships for accelerating the implementations and delivery of comprehensive services for orphans and vulnerable children, and youth. The key **RECOMMENDATIONS** were:

- I. Ensure youth participation in practice
- II. Support greater coordination to prevent both duplication and competition
- III. Develop a booklet of partners' promising practices
- IV. Strengthen research in key emerging issues
- V. Host a sequel Learning & Linking event

The following are the stated achievements of the first forum

- Good/promising practices, work models and lessons in delivering comprehensive services for vulnerable children and youth shared
- Country and regional partnership teams and partnership and collaboration arrangements in support of national implementation of the MPS developed and agreed upon by delegates
- Implementation, monitoring and commitment plans for each Member State represented were developed and agreed upon by all delegates

IN BRIEF

The purpose of the 2ND REGIONAL LEARNING AND LINKING FORUM FOR ACCELERATING DELIVERY OF COMPREHENSIVE SERVICES FOR ORPHANS AND VULNERABLE CHILDREN & YOUTH IN EASTERN AND SOUTHERN AFRICA brought together partners and stakeholders, with influence or operations in East and Southern Africa, to:

- I. Share **EXPERIENCES, WORKING MODELS AND EMERGING PRACTICES** in delivering comprehensive services for orphans, vulnerable children and youth
- II. Deliberate on the proposed **SADC CHILD RIGHTS PROTOCOL**
- III. Develop **ACTION PLANS FOR GOVERNMENT AND CIVIL SOCIETY PARTNERSHIPS IN SUPPORT OF NATIONAL IMPLEMENTATION** of the Minimum Package of Service for Orphans, Vulnerable Children Youth (MPS)

It was held on the 14th and 15th November 2018, in Johannesburg, South Africa. The key achievements of the forum may be summarized as follows:

1. RIATT-ESA shared the **RIATT-ESA STRATEGIC PLAN FOR 2019-2022**
2. **MEMBER STATES REPORTED:**
 - 2.1 Progress on the dissemination and implementation of:
 - ≈ the SADC Minimum Package of Services for Orphans and Vulnerable Children and
 - ≈ the EAC Minimum Standards on Comprehensive Services for Children and Young People in the East African Community
 - 2.2 **COMMITMENTS AND PARTNERSHIPS** developed in 2017 to support the implementation of the MPS. This was however hampered by the fact that most of the delegates at the second forum did not attend the first forum.
3. **EXPERIENCES, WORKING MODELS AND EMERGING PRACTICES** in delivering comprehensive services for orphans, vulnerable children and youth were shared.
4. **ACTION PLANS FOR GOVERNMENT AND CIVIL SOCIETY PARTNERSHIPS IN SUPPORT OF NATIONAL IMPLEMENTATION** of Comprehensive Services for children and youth were developed. The action plans included potential partners' budget implications. (The validity of these plans depends on the authority of the participant present at the forum.)

The forum was attended by nine SADC and ESA member states¹, represented by senior members from ministries, civic society, NGOs, development partners, academics and consultants involved in OVC&Y, education, skills development and health.

¹ Angola, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Zimbabwe

THEMES

This executive summary presents the key themes emerging from the forum.

- I. The centrality of **monitoring and evaluation** was highlighted throughout the forum, with a need for accurate data, and mechanisms for accountability. Research and intervention partners emphasised the need for data for accurate analyses of contexts and to evaluate the effectiveness of interventions. Member states highlighted the need for capacity building in this regard. In the main they noted gaps in human and technical resources to perform these functions. (It should be noted that WITS RHI offered support in this area, as did the MIET Africa).
- II. From a **research** perspective, the presenters highlighted the ethical challenges they experience in undertaking research and/or collecting data. They recommended that legislations and policies relating to age of accessing sexual and reproductive health services be reviewed by Member States. Dr Govender urged participants to move beyond simplistic chronological approaches to child development; to embrace perspectives that reflect multi-level approaches to HIV interventions, and especially consider the importance of social context. He also highlighted the need for targeted interventions for young girls and women, and the need to expand efforts to engage men. SADC and RIATT ESA can work together with MS to review their policies regarding access to young people and at risk groups, to ensure that they are able to consent to sexual and reproductive health services, and research participation.
- III. A further theme emphasised in the forum was member states' **accountability for budget allocations to Psychosocial Support (PSS)**. Ms Kanyangu reported that there is a need to develop and implement comprehensive monitoring mechanisms for PSS initiatives at national and local levels. She also stated that is essential to actively monitor the costed PSS activities through government tracking of expenditure on them. Further, it is important to identify sustainable means of resourcing PSS programmes and allocations should prioritise community based approaches. Human resource capacity development is vital in this regard.

Other key themes that emerged during the 2nd Learning and Linking Forum are organised around the developmental process:

- IV. **Early infant diagnosis, treatment, care and support** - The Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) shared innovations regarding early infant testing and diagnosis and conveyed how they had managed to reduce the waiting time for test results, and therefore

commencement of treatment. EGPAF achieved this through collaborations with ministries of health. Analyses of the costs of this rapid testing demonstrated that the total cost of point of care (POC) is comparable to lab-based testing; and that POC improves survival and is cost-effective. Regional Economic Communities and member states can assist with promoting the adoption of this approach by caregivers, and by lobbying ministries of health and donors. EGPAF also shared the outcomes of a study to reach and diagnose HIV-positive children and young adolescents (5-14 years) before they are very sick, by tracing the relatives of index clients and approaching these families to test young children in their households.

- V. Over the course of the forum participants questioned the **lack of focus on Early Childhood Development** in the research and partner organisations presentations. This is an area that warrants further investigation and investment, particularly as the first 1000 days are so important in child development, especially and including psychosocial development.
- VI. Within the adolescent sphere, the presentations focused on **service delivery to AYPLHIV (adolescents and young people living with HIV)** and on **models for implementing sexual and reproductive health and rights services**. PATA provided feedback on differentiated service delivery, emphasising that services need to be responsive to the diversity of AYPLHIV, and consider key populations. Health providers need to be sensitized to create an enabling environment for this segment of the population. In addition clinic should strive to reduce waiting times and/or clinic days to accommodate adolescents at school. Once again, success and sustainability hinge on buy-in from all relevant stakeholders.
- VII. The Forum also focused on **children's rights** policies. Mr Tayebwa noted that collaboration and partnerships are vital to drive action, and that although governments are interested they may lack capacity to deliver sustainable policies or implementation plans. It was also emphasised that there is a need to gather evidence and research data in this regard. SADC can assist with developing mechanisms to ensure work in this area is documented, and that MS are accountable for developments with regards to children's rights. The SADC protocol on children and young people was also conveyed to the participants. The next steps are to: promote ownership and buy-in of SADC; mobilize Member States interest and support for the protocol; and follow up the protocol development with ratification, domestication, popularization and reporting. Although one of the goals of the forum was to deliberate on the protocol, there was insufficient time to achieve this.
- VIII. With regards to **adolescent girls and young women (AGYW)** Dr Saiqa Mullick from WITS emphasized the lack of disaggregated data on AGYW, and that as a result of this gap in the data very young adolescents, aged 10 – 14, have been neglected in both research and

interventions. She emphasised that there is a lack of adolescent friendly services. She highlighted the importance of ecological and participatory approaches, and the opportunities that technology provides in communicating with this segment of the population.

In respect of SRHR, Save the Children Sweden has had success with a Process Oriented Approach (POA) for SRHR. The POA promotes a positive view of sexuality; is non-judgmental, non-normative; affirmative and realistic. It is recommended that more MS consider this approach, and adapt it to their particular religious and cultural contexts. The results of a study of Early and Unintended Pregnancy by UNESCO revealed that adolescent girls from poor, rural communities, with low levels of education are most affected. In addition poverty is a driver of child marriage and transactional/intergenerational sex which leads to unprotected sex/no contraception use. There is also widespread stigma and lack of support for the girl who is pregnant. Member states were encouraged to investigate the return to school policies for these young women. In this educational sphere, Media in Education Trust reported on their Care and Support for Learning and Teaching (CSTL) programme, that is a response that is comprehensive, coordinated, and multi-sectoral, in order to address barriers to learning and development that prevent children from realising their right to education. MIET indicated that they were interested in collaborating further with MS.

- IX. HelpAge International presented on the importance of **intergenerational programming**, and in investing in older women's health. It was argued that as older people are often the main caregivers of children there would be a cascade effect on young people. Only two member states included this aspect in their plans of action.

RECOMMENDATIONS

The 2nd Learning and Linking Forum was also convened to engage MS in feedback on their progress regarding the plans developed at the 2017 Forum. However, many of the participants felt inadequate and ill prepared to report back on commitments from the 2017 Learning and Linking Forum for various reasons. The most common ones were: most attendees of the 2nd Forum had not attended the first and were unaware of the commitments made at the first forum; they had not been provided adequate information to prepare for reporting; several member states who participated in the 2017 Learning and Linking Forum were not represented in the 2018 forum; poor coordination and cooperation at country level. Given these limitations, the member state representatives were handed the plans developed by the 2017 Learning and Linking Forum participants, and were asked to evaluate these in relation to what was happening in their countries. This was a difficult exercise but the participants applied themselves to the task. In addition, many participants had not received and/or read the report

from the previous forum. This effected representatives' ability to propose country roadmaps for the future. Many felt they did not have the authority or mandate to develop and commit to proposed plans.

For future forums, the following recommendations are proposed by the forum facilitators:

- Many participants were under-prepared for the forum. Either they had not been briefed appropriately, or they had not received or not read the documentation prior to attending the workshop. In addition, many of the participants had been asked to attend but did not have the authority to commit their country plans and strategies. Many were reluctant to voice their opinions for fear of insubordination. It is thus recommended that more time and effort are devoted to ensuring that member states understand the purpose of the forum, mandate suitable representatives and assist them prepare adequately.
- The presentations from the partners and projects were very interesting, but the programme was overfull. There was not enough time for presenters to do justice to their initiatives. In future, we believe it would be wise to have fewer power point presentations. Other methods of offering partners the opportunity to connect should be considered. Those who do present should be advised to prepare slides that have bullet points and diagrams or figures, as the text heavy presentations caused participants to lose focus, and become bored and fatigued.
- Finally, it was wonderful to witness the scope of work being done in this field. It is a pity there is not an opportunity for more people to be made aware of the advances. So often we work in silos and are not cognisant of our 'neighbours' and the chances to share best practices that would benefit us all. The facilitators recommend greater inclusivity and marketing of the RIATT-ESA and regional economic communities' collaborative platforms and opportunities.

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ABBREVIATIONS AND ACRONYMS

ADEA	Association for the Development of Education in Africa
AFHS	Adolescent Friendly Health Services
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Treatment
AY+N	African Young Positives Network
C4D	Communication for Development
CBO	Community Based Organisation
CBR	Community-based Rehabilitation
CRC	Convention on the Rights of Children
CRNSA	Child Rights Network for Southern Africa
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
CVA	Citizen Voice and Action
DRC	Democratic Republic of Congo
DREAMS	Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe
EAC	East African Community
ECD	Early Childhood Development
ECDE	Early Childhood Development and Education
EGPAF	Elizabeth Glaser Paediatric AIDS Foundation
EID	Early Infant Diagnosis
ESA	Eastern and Southern Africa
GIZ	Internationale Zusammenarbeit
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
ICPCN	International Children's Palliative Care Network
KZN	KwaZulu Natal
LGBTI	Lesbian, Gay, Bisexual, Transgender/Transsexual and Intersex
MPS	Minimum Package of Services
MSM	Men having sex with Men
NPA	National Plan of Action
OVC	Orphans and Vulnerable Children
OVC&Y	Orphans, Vulnerable Children and Youth
PATA	Paediatric and Adolescent Treatment Approaches
PEP	Post Exposure Prophylaxis
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief

PMTCT	Prevention of Mother to Child Transmission of HIV
PSS	Psychosocial Support
REPSSI	Regional Psychosocial Support Initiative
RIATT-ESA	Regional Inter Agency Task Team on Children and AIDS – Eastern & Southern Africa
SADC	Southern African Development Community
SAFOD	Southern Africa Federation of the Disabled
SDC	Swiss Agency for Development and Co-operation
SDGs	Sustainable Development Goals
SGBV	Sexual Gender Based Violence
SRH	Sexual Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually transmitted Infections
SYP	Safeguard Young People
TB	Tuberculosis
TWGs	Technical Working Groups
UNAIDS	United Nations Joint Programme on AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF-ESARO	United Nations Children’s Fund -Eastern and Southern Africa Regional Office
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VAC	Violence Against Children
VMMC	Voluntary Medical Male Circumcision
VSO	Voluntary Services Overseas
VSO-RHAISA	Voluntary Services Overseas-Regional HIV and AIDS Initiative for Southern Africa
WASH	Water, Sanitation and Hygiene
WVI	World Vision International
YP	Young People
Y4R	Young for Real
YLO	Youth Led Organisation
YSO	Youth Serving Organisation

INTRODUCTION

The purpose of the 2nd Regional Learning and Link Forum for Accelerating Delivery of Comprehensive Services for Orphans and Vulnerable Children & Youth in Eastern and Southern Africa brought together partners and stakeholders, with influence or operations in East and Southern Africa, to:

- Share **EXPERIENCES, WORKING MODELS AND EMERGING PRACTICES** in delivering comprehensive services for orphans, vulnerable children and youth
- Deliberate on the proposed **SADC CHILD RIGHTS PROTOCOL**
- Develop **ACTION PLANS FOR GOVERNMENT AND CIVIL SOCIETY PARTNERSHIPS IN SUPPORT OF NATIONAL IMPLEMENTATION** of the Minimum Package of Service for Orphans, Vulnerable Children Youth (MPS)

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The forum was attended by nine SADC and ESA member states¹, represented by senior members from ministries, civic society, NGOs, development partners, academics and consultants involved in OVC&Y, education, skills development and health.

This report will follow the structure of the forum programme (ANNEX 3: Programme - 2nd Regional Learning and Linking Forum for Accelerating Delivery of Comprehensive Services for Orphans and Vulnerable Children & Youth in Eastern and Southern Africa).

For each programme session, the report will highlight key discussion points, decisions and recommendations. The report will also conclude with recommendations from the forum facilitators: Dr. Zamo Hlela and Dr Carol Mitchell. The list of forum delegates and nine country plans are annexed to this report.

DAY 1: SUPPORTING THE UNAIDS 90-90-90 ENDING AIDS AGENDA THROUGH ACCELERATING THE IMPLEMENTATION OF THE MPS AND THE REGIONAL PSS FRAMEWORK

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The theme of day one of the 2nd Linking and Learning Forum was Supporting the UNAIDS 90-90-90 Ending AIDS Agenda

OVERVIEW

OPENING REMARKS

The opening remarks were presented by Willys Simfukwe (SADC) and Lynette Mudekunya (REPSSI).

After welcoming everyone, Willys Simfukwe (SADC) emphasized the aim of the learning and linking forum to **PROMOTE ACCELERATED DELIVERY OF SERVICES** to OVC&Y. He noted the importance of reflecting on what has been achieved in the last year, consolidating successes and identifying improvement strategies.

Lynette Mudekunya (REPSSI) also welcomed the participants and asked people to consider the long journey they have already walked together She called on member states to recommit to the journey to realise the implementation of policies and programmes including through the allocation of funds.

She challenged delegates to expand the scope of their focus to ensuring adequate services for all children and youth.

RIATT-ESA STRATEGIC PLAN FOR 2019-2022 (MORRIS TAYEBWA)

Mr Tayebwa provided an overview of the RIATT-ESA strategic plan for 2019-2022. The Regional Interagency Task Team on Children and AIDS in Eastern and Southern Africa (RIATT-ESA) is a regional partnership that brings together 42 civil society organisations, academia, regional economic bodies, UN entities, and bilateral donors in a shared commitment to promote and prioritise the children’s HIV and AIDS response.

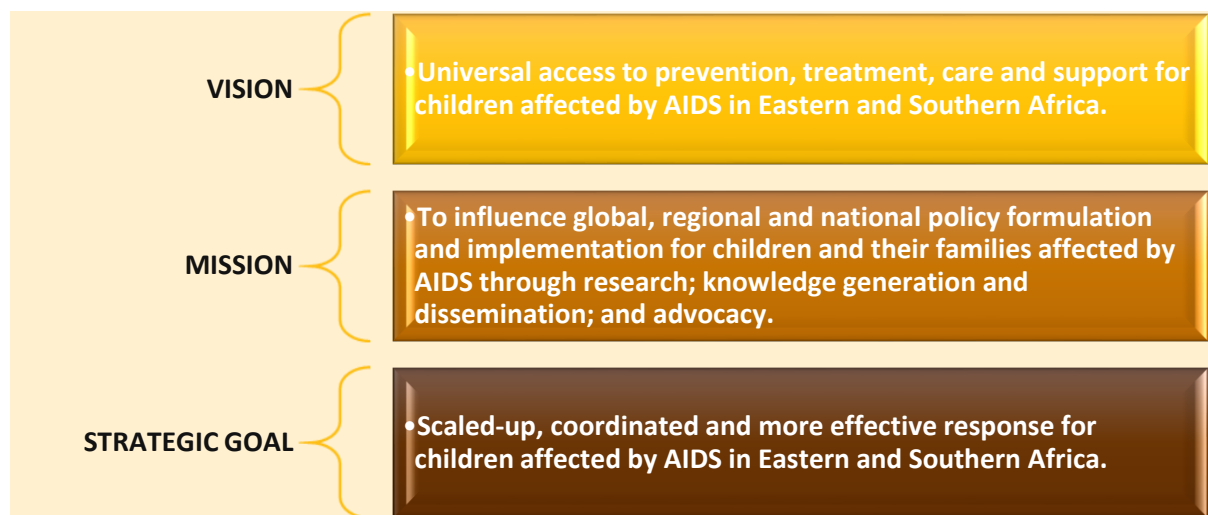
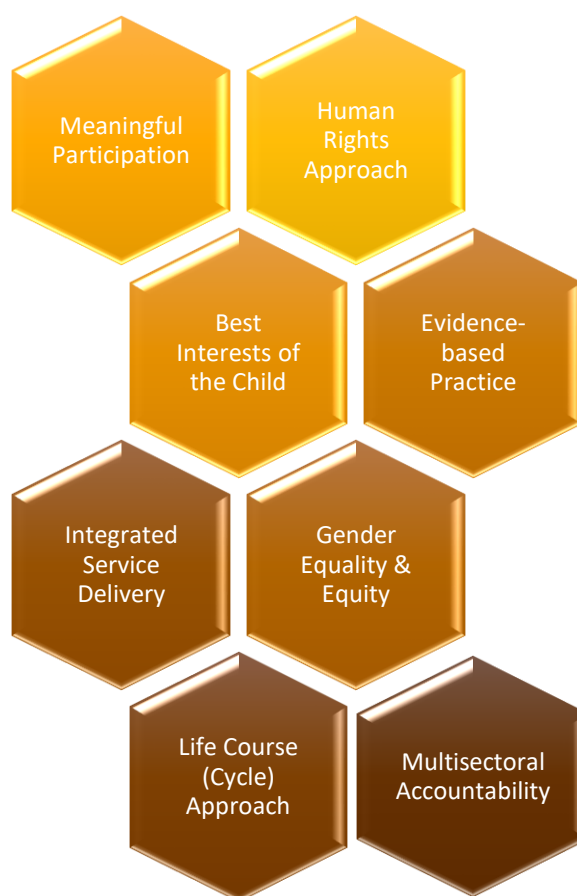


Figure 1: RIATT-ESA Guiding Principles



Key Roles: (1) **Advocacy** and (2) **Coordination**, through:

- Policy development, alignment, harmonisation & implementation
- Research, information & knowledge management
- Adolescent champions

Key Strategic Themes and Focus areas of Strategy 2019-2022:

1. Paediatric early infant diagnosis, treatment, care and support
2. Childhood TB and HIV prevention, treatment and care
3. Reducing adolescent stigma & discrimination
4. Access to SRHR
5. Ending child marriages
6. HIV-Sensitive Child Protection
7. HIV-Sensitive Social Protection

Envisaged Strategic Partnerships and Networks include:

- **Regional Bodies (AU, SADC and EAC):** to influence policy within the region, ensure buy-in from Member States (MS) and provide technical support to MS in planning, policy, programming and advocacy.

- **Member States:** for policy and programming; especially with Ministries of Health and National AIDS Coordinating Units.
- **Beneficiaries:** Children, adolescents and young people as rights holders and agents in their own rights.
- **UN Agencies:** to access technical support, leverage convening power, and link to donors.
- **Donor Community**
- **Regional or International NGOs:** for optimum coordination and preventing potential duplication of regional work.

FORUM PROGRAMME AND OBJECTIVES (BUSI NKOSI, ICPCN)

Ms Nkosi highlighted the objectives of the forum as follows. To:

- Provide a platform for member states to report on progress concerning the dissemination and implementation of the SADC Minimum Package of Services for Orphans and Vulnerable Children and the EAC Minimum Standards on Comprehensive Services for Children and Young People in the East African Community.
- Share the results of regional research that had analysed national budget allocation for psychosocial support in seven SADC countries, for delegate awareness and reaction.
- Share member states' experiences, working models and emerging practices in delivering comprehensive services for orphans, vulnerable children and youth.
- Present the SADC Child Rights Protocol and invite comment
- Develop action plans for government and civil society partnerships, in support of national implementation of Comprehensive Services for children and youth.
- Share the RIATT-ESA strategic plan for 2019-2022

SESSION 1: SADC AND EAC PROGRESS REPORT

SADC MER FRAMEWORK FOR MONITORING, EVALUATION AND REPORTING ON OVC AND YOUTH PROGRAMMING– LESSONS AND RECOMMENDATIONS (GOITSEMODIMO RAKARU, SADC SECRETARIAT)

Mr Rakuru presented the SADC OVCY MER OVC&Y Framework. He emphasized the importance of an OVC&Y monitoring, evaluation and reporting framework for ensuring the availability of standardised, comparable, reliable data and information on orphans, vulnerable children and youth.

Key Recommendations:

- ≈ For optimum effectiveness, develop and actively mobilise financial support for the implementation of the entire MER Framework, and avoid focusing exclusively on one pillar of the framework.
- ≈ Design, fund and implement a sustainable, capacity strengthening strategy for MS to implement the MER Framework.
- ≈ Systematically scale out the implementation of the MER Framework across member states.
- ≈ Advocate for and monitor MS budget allocations for the implementation of the MER Framework.

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REPORT ON THE DEVELOPMENT OF THE EAC CHILD RIGHTS POLICY AND MINIMUM STANDARDS - LESSONS AND RECOMMENDATIONS (MORRIS TAYEBWA)

The child rights policy was developed in response to Priority Area 6 of the EAC Child Policy: ***Providing quality education, health and social protection to children***

The other priority areas are:

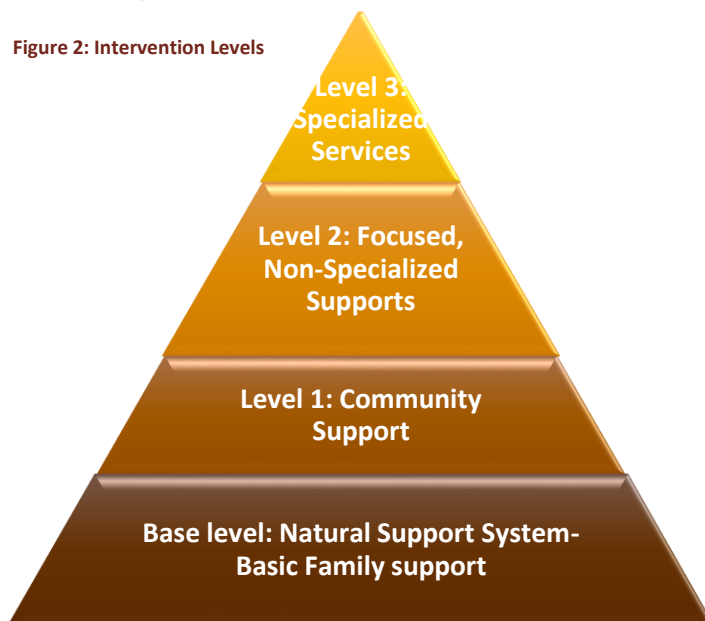
- Priority Area 1:** A regional approach to ratification, domestication and implementation of international instruments
- Priority Area 2:** Harmonisation of national laws and policies to the African Charter and the UNCRC and other key international Child Rights instruments
- Priority Area 3:** The right to citizenship and identity
- Priority Area 4:** Addressing cross border Child Rights violations

- Priority Area 5:** Strengthening of national child protection systems and community mechanisms within the EAC region
- Priority Area 6:** An integrated approach to providing quality education, health and social protection to children
- Priority Area 7:** Child protection in conflict and emergency situations
- Priority Area 8:** Resourcing of child welfare services and institutions
- Priority Area 9:** Regional mechanism for monitoring, evaluation and reporting of child rights
- Priority Area 10:** Child Participation

Mr Tayebwa explained the rationale behind the ‘Minimum Standards’:

- To support Partner States strengthen design, implementation and review of national level standards or packages of services for children and young people
- To develop contextually appropriate, evidence-informed, strengths-based, and feasible strategies for EAC and its Partner States
- To inform the operationalization of the EAC Child and Youth Policies at regional and national levels
- To raise awareness and understanding of psychosocial wellbeing and how it strengthens understanding of the type of services that are needed for children, young people and their families, at different intervention levels

Figure 2: Intervention Levels



- To facilitate progress towards meeting global, Africa-wide, and regional goals on human and social development.

He also explained that the conceptual framework behind the minimum standards centred on a psychosocial approach to wellbeing.

Mr Tayebwa emphasised that services targeting children should be integrated into wider systems and linked to other relevant services, to address the comprehensive needs of children at various development stages.

According to the EAC Child Policy, the Minimum Package of Services should include

- Health
 - ≈ Base Level: Health clinics
 - ≈ Community Support: Integration of health into community structures
 - ≈ Focused, Non-specialized Support: Community support groups
 - ≈ Specialized Services: Clinical care and management of survivors of sexual violence, mental health services

- Education
 - ≈ Base Level: Create awareness of school and related health and protection outcomes
 - ≈ Community Support: Strengthen access to early learning opportunities
- Social protection
 - ≈ Community Support: Community-based savings and loans groups
 - ≈ Focused, Non-specialized Support: Linking eligible families to government social protection schemes

Key Recommendations:

- ≈ Expand the social service workforce in terms of reach and impact:
 - Use coordinated tools and procedures
 - Plan for, resource and deliver targeted and appropriate training
 - Enhance linkages with community-based mechanisms
- ≈ Invest in research, evidence gathering, documentation and knowledge management.
- ≈ Include, and partner with, the private sector

Mr Tayebwa concluded the session by highlighting key lessons learned to date:

- Regional policies matter
- Collaboration and partnerships move things
- Governments are interested but face many capacity and sustainability challenges
- Accountability drives implementation

VALIDATION: ANALYSIS OF BUDGET ALLOCATION FOR PSYCHOSOCIAL SUPPORT (PSS) IN SEVEN² SADC COUNTRIES (CHENGETAI KANYANGU – RESEARCH CONSULTANT)

The second session of the first day focused on the presentation of the results of a study that had investigated the budget allocation for PSS in seven SADC countries. It should be noted that although the presentation was comprehensive, there was not enough time to go into all of the details of the study. The research report may be accessed via the RIATT-ESA Secretariat.

Ms Kanyangu explained that National Budgets reveal government priorities through how resources are allocated. She also explained that evidence of budget analysis of **mainstream expenditures**, such as health and education, exists in the region (especially through child friendly budget analysis), but that there is a gap in budget analysis on psychosocial support interventions in the SADC region. It is for this reason that the study was commissioned to analyse budget allocations for psychosocial support for three years (2015, 2016 & 2017) in seven SADC countries: Angola, Botswana, Eswatini, Lesotho, Malawi, South Africa, and Tanzania.

Study observations

- PSS is subsumed in broad budget allocations in most national budgets
- Some countries have introduced a few direct PSS budget lines in the national budget
- Some PSS budget lines have only appeared in the budget for one or two fiscal years
- Most countries are incorporating PSS in their national policies (the most recent policies reflect PSS as a priority)
- Time (as a resource) spent on PSS by non-mainstream sectors is not costed

Key Recommendations:

- ≈ Develop and implement a comprehensive budget-monitoring mechanisms for PSS initiatives (national and local level).
- ≈ Actively monitor the costed PSS activities through tracking expenditure on them by Ministries and Departments.
- ≈ Identify sustainable means of resourcing PSS programmes. Prioritise community based approaches.
- ≈ Allocate resources to strengthen the social services workforce.

² Angola, Botswana, Eswatini, Lesotho, Malawi, South Africa, and Tanzania

PLENARY DISCUSSION

There were a number of comments and questions in response to the presentation of the study.

a) Participant Queries:

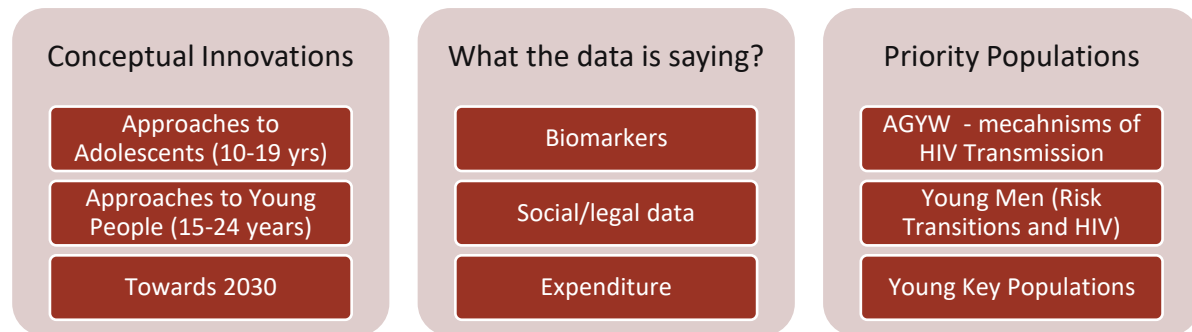
- There were some queries regarding definitions, e.g. PSS and MPS. Ms Kanyangu explained that all definitions are included in the study report.
- There was a query regarding the sources of information for the report as the presentation appeared to contain obsolete data. MS to forward more current data to the researcher to update the report.
- Participants queried the role of SADC in influencing countries' allocations to PSS.
- Participants enquired about available budgets for capacitating caregivers, ECD and out-of-school children and youth.
- One participant queried if the report managed to account for the cost of corruption.

b) Participant Comments:

- The report should make concrete recommendations that can be actioned e.g. government should be spending 15% of budget on PSS. A caution in this regard was issued, in that so much of what actually happens is contextual.
- A participant recommended that the report reflect budgets in dollars in order to enable comparisons across countries.
- There is a need for longitudinal research in the SADC region to get a more complete picture of what is happening in the region.
- Participants agreed with the importance of a community based approach, and that as we observe the shift in funding from donor to domestic, we need to take into account community resources.
- It is important to understanding the budgeting approach in country – weather is it top down or bottom up.
- There appears to be political will in member states.
- The report highlights the need for capacity building, and for a developmental approach.

HIV PREVENTION IN ADOLESCENTS AND YOUNG PEOPLE IN ESA - CHALLENGES AND IMPENDING ACTION FOR EFFECTIVE RESPONSE (DR KAYMARLIN GOVENDER, HEARD)

Dr Govender's presentation focused on:



He commented on how the AIDS response had evolved over the years, from a focus on assessing the epidemic (pre 2000) and focusing on prevention and treatment; to the millennium development goals (2000) to “Halt and reverse the epidemic by 2015”; to the Sustainable Development Goals (2015) of “Ending the AIDS epidemic as a public health threat by 2030”.

He also reported on how new HIV infections among young people (15-24) place young women at greater risk of infection, and AIDS-related death. He explored factors contributing to this vulnerability by investigating a number of variables, including:

- Do young people (15-19) know where to get an HIV test?
- Has the young person ever tested for HIV and received the results?
- Has the young person tested for HIV and received the results, in the last 12 months?

He emphasised current data challenges:

1. A lack of disaggregated data on age and sex by HIV at subnational levels
2. Patchy data on HIV risk, access to treatment –across Prevention and Treatment cascade
3. Scarce data on young key populations
4. Ethical and legal barriers:
 - a. It is particularly difficult to gain consent for conducting research with young people.
 - b. Legal ages of consent vary across different countries and with regards to different services, for example children are able to consent to sexual activity, but not HIV testing and vice versa.

All of these factors make it difficult for young people to access services, and for accurate data to be collected to assist with planning and programming.

Dr Govender concluded by observing the lack of synergy between key players:

- HIV prevention efforts are impeded by ambiguity on 'what constitutes effective HIV programming' and strategic misalignment issues between donors, government ministries, and civil society on the nature and form of program implementation (Hushie et al., 2016).
- Efforts to scale up HIV prevention require a combined effort from different stakeholders.
- Civil society organisations are key players and have been critical in shaping the HIV response through: i) cost-effective provision of services, ii) providing education in areas inaccessible to government, iii) advocating for rights of key populations and iv) lobbying donors to fund the AIDS response. In the absence of effective civil society responses to HIV, improvements appear unlikely.

He directed participants to a recent publication:

HIV Prevention in Adolescents and Young People in the Eastern and Southern African Region: A Review of Key Challenges Impeding Actions for an Effective Response (Kaymarlin Govender, Wilfred G.B. Masebo, Patrick Nyamaruze, Richard G. Cowden, Bettina T. Schunter, Anurita Bains)
<https://benthamopen.com/ABSTRACT/TOAIDJ-12-53>

Key Recommendations:

- ≈ Address ethical challenges in undertaking research/collecting data.
- ≈ Review legislations and policies relating to age of accessing SRHS.
- ≈ Reach Young Key Populations with comprehensive HIV prevention services.
- ≈ Move beyond simplistic chronological approaches to child development and embrace perspectives that reflect multi-level approaches to HIV interventions, especially the importance of social context.
- ≈ Develop targeted interventions for young girls and women (eg. DREAMS?) HIV Combination prevention/ Cascading approaches to prevention and treatment.
- ≈ Do more to engage men – 'the missing half'.
- ≈ Engage Civil Society in programme delivery.

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IMPROVE ACCESS TO SERVICE THROUGH PEER SERVICE PROVIDERS IN 7 COUNTRIES IN ESA (NADEGE MUNYABURANGA)

AY+N (African Young Positives Network) works in Kenya, Tanzania, Swaziland, Malawi, Zambia, Zimbabwe and Uganda under the Peers2Zero (P2Z) project; a consortium between PATA and AY+N. AY+N mobilize A&YPLHIV and partners across the region and beyond to support sustainable community development interventions for and by YPLHIV. They equip relevant young people with appropriate knowledge, tools and support to drive their own agendas and actively contribute to the SDGs.

Ms Munyaburanga presented the challenges to their work as follows:

- Limited funding available to support all country networks
- Non-supportive country policies that make the work of national networks difficult
- Understaffed country networks
- High dependency on volunteers
- Volunteer network coordinators with competing commitments and limited available time
- Limited access to non-discriminatory, youth-friendly services
- Non-recognition of national networks by some government entities

Key Recommendations:

- ≈ Partner with adolescents and youth living with HIV to achieve the 90-90-90 Ending AIDS Agenda
- ≈ Lobby governments to develop and implement supportive policies and allocate adequate budgets
- ≈ Commit funds to staffing and coordination of national networks.

SESSION 4: STRENGTHENING PARTNERSHIPS FOR THE IMPLEMENTATION OF THE MPS

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REPORT BACK BY MEMBER STATES AND PARTNERS ON COMMITMENTS FROM THE 2017 LEARNING AND LINKING FORUM

Participants were required to provide feedback on the progress made since 2017, and the plans developed at the 1st Linking and Learning Forum. Many participants felt inadequately prepared to report back on commitments from the 2017 Learning and Linking Forum for various reasons. The reasons provided included:

- Many participants had not attended the 1st Learning and Linking Forum and had little or no knowledge of the commitments made therein, or of national implementation thereof
- Participants had not been informed that they were expected to make presentations
- Some member states who had participated in the 1st Learning and Linking Forum were not represented at the 2nd Learning and Linking Forum
- Poor coordination and cooperation at country level

Given the expressed limitations, member state representatives were handed the plans developed by the 2017 Learning and Linking Forum participants, and were asked to evaluate these in relation to what was happening in their countries. Annex 1: Proposed Country Road Maps reflects the work

carried out in relation to this task. Note that these are presented in the language and format submitted to the forum facilitators.

SUMMARY OF DAY ONE

- RIATT-ESA shared the newly developed RIATT-ESA strategic plan for 2019-2022
- Reports presented on SADC and EAC progress on the dissemination and implementation of the
 - SADC Minimum Package of Services for Orphans and Vulnerable Children
 - EAC Minimum Standards on Comprehensive Services for Children and Young People in the East African Community
- Regional research presentations:
 - Analysis of budget allocation for psychosocial support in 7 SADC countries
 - HIV prevention in Adolescents and young people in ESA Challenges and impending action for an effective response
 - Improved access to services through peer service providers in 7 countries in ESA
- Member states that could reported back on the commitments and partnerships developed in 2017 to support the implementation of the MPS

DAY TWO: SUPPORTING GREATER COORDINATION, LINKING AND LEARNING

The African Young Positives Network (AY+N) opened the second day of the forum by presenting their take-away insights from Day 1. These included:

- Including youth is vital to achieving the 90-90-90 Ending AIDS Agenda
- Social protection is a key factor for development and success
- PSS should be mainstreamed in all programmes; and funding for PSS programmes should be sourced in-country

Their key recommendations were:

Proactively engage young people in advocacy

Implement mechanisms for mentoring and enhancing the capacity of young people

Include young people's activities in national budgets

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SESSION 1: SHARING EXPERIENCES WORKING MODELS AND PROMISING PRACTICES

WITS RHI WORK WITH YOUTH ADOLESCENT GIRLS AND YOUNG WOMEN (DR SAIQA MULLICK, WITS)

Dr Mullick reported that the Research Institute of Wits University's vision is to tackle Africa's health challenges through science and innovation. It addresses some of the greatest public health concerns affecting our region, focusing on HIV, sexual and reproductive health, and vaccinology through:

- Pioneering, multi-disciplinary research
- Responsive technical support and innovation in health services
- Good participatory practice
- Teaching and capacity building
- Developing African researchers
- Evidence-based policy development and advocacy with national, regional and global stakeholders

WITS RHI focuses on adolescents because adolescents are the fastest growing population today. The adolescent burden of disease reaches further than just HIV infection and SRH related illness and adolescents face a multitude of health and social drivers of disease. More adolescents die every year from AIDS-related illnesses than from any other cause except road accidents. In 2013 alone, 120 000 adolescents died from AIDS-related causes: more than 300 every day.

Dr Mullick highlighted the following gaps or challenges, several of which mirrored those identified on day 1 of the forum:

- **Lack of disaggregated data on AGYW**
 - More data required on SRHR, violence, young key populations
 - Very young adolescents (VYAs), aged 10 – 14, have been neglected in both research and interventions
- **Lack of adolescent friendly services** in schools, health care system, and community
- **Not keeping up with technological advances** – Social media and online adolescent behaviour is an online resource that could inform future research
- **Insufficient ecological and participatory approaches** - Reinforced messaging through ecological interventions e.g. Parenting, teacher and community interventions

Key Recommendations:

- ≈ Address behavioural, environmental and metabolic programming gaps
- ≈ Acknowledge and address emerging related gaps/priorities in areas such as obesity, non-sexual violence, alcohol and drug abuse, health inequalities, social inequalities, and adolescents with special needs

WORK ON SRHR OR RECENT STUDIES DONE ON IMPACT OF IMPLEMENTATION OF MPS (TAFADZWA MADONDO, SAVE THE CHILDREN SWEDEN)

Ms Madondo provided an overview of the thematic areas that Save the Children works on: Health and Nutrition (ASRHR), Humanitarian response, Child protection, Child rights governance, Education

Their primary target audience is children (5 – 18years), and adolescent youth and young people (19 – 24years). Their secondary target audience includes parents and guardians; community gate keepers (including religious leaders); and teachers and educators. Zimbabwe). Their work on SRHR for children and youth aims to engage adults, parents, guardians, teachers, health providers, religious leaders and traditional leaders. They also work to promote the SADC Minimum Standards for integration of SRH and HIV services.

Save the Children Sweden shared the following lessons from their programming:

- **A process oriented approach**, involving introspection and personal reflections promotes non-judgemental, non-normative perspective and affirming perspectives of sexuality.
- **Child participation** is required from project design, throughout implementation and monitoring, all the way until the end of a project

DIFFERENTIATED SERVICE DELIVERY MODELS OF CARE (AGNES RONAN: PEDIATRIC ADOLESCENT TREATMENT AFRICA)

Ms Ronan from PATA explained the model of differentiated care as a client-centered approach that simplifies and adapts HIV services across the cascade to reflect the preferences and expectations of various groups of people living with HIV (PLHIV) while reducing unnecessary burdens on the health system.

In practice this means that options are available for clients regarding

- **When** medication is collected or delivered
- **Where** care and treatment are obtained
- **Who** delivers services
- **Which** services are needed

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Ms Ronan explained how Differentiated Service Delivery (DSD) is being implemented in sub-Saharan Africa

- The World Health Organization's recommendation of "Treat All" has accelerated the call for differentiated antiretroviral therapy (ART) delivery, recommending that stable patients on ART receive refills every 3 to 6 months and attend clinical visits every 3 to 6 months
- The DSD initiative works with several s-SA countries to incorporate enabling policies for DSD into their national guidance
- Results presented at AIDS 2018 show that less frequent appointments and easy drug collection are improving clinical outcomes
- DSD initiative continues to encourage researchers to build the evidence of promising service delivery models and to facilitate increased uptake of services
- Various countries have developed their own guidelines and standard operating procedures

Evidence from the region reports increasing coverage, improvements in retention and adherence, increased patient accessibility, decreased costs per patient, and enhanced health systems efficiencies. (See: *The cost of differentiated service delivery: A systematic review* http://cquin.icap.columbia.edu/wp-content/uploads/2018/08/ICAP_CQUIN-satellite_Costs_Barnabas_FINAL.pdf and *The Case For Family-Centered Differentiated Service Delivery for HIV* <https://www.ncbi.nlm.nih.gov/pubmed/29994834>)

The following challenges were reported:

- Countries are scaling up DSD for stable patients. Models are showing promising results, but there is still **room to improve in terms of coverage**.
- **Measurement of DSD coverage and quality** remains challenging.
- A **gap in knowledge about DSD** - Communities and recipients of care need access to treatment education and information about DSD.
- **Health care providers are reluctant to reduce visit frequency** for children and adolescents.
- **Poor routine viral load monitoring**

ESA COMMITMENT TO YOUNG PEOPLE

A young African; a global citizen who is empowered, educated, healthy, resilient and socially responsible; an autonomous decision-maker who has the capacity to reach their full potential and contribute to the development of their community, country and the region.

Key Recommendations:

A. For AYPLHIV

- ≈ Meaningfully engage AYPLHIV as patients, as peer supporter and as advocates
- ≈ Ensure services respond to the diversity of AYPLHIV, especially key populations such as young men who have sex with men, teenage mothers and adolescents and youth living with disabilities
- ≈ Integrate quality psychosocial support as an essential part of any DSD model

B. For Practice:

- ≈ Strengthen AYFS to ensure DSD exists in a broader person-centred service delivery model and care approach
- ≈ Assess and adapt or build on existing interventions
- ≈ Improve the capacity of health service providers to create enabling environments
- ≈ Reduce clinic waiting times and/or clinic days to accommodate adolescents at school
- ≈ Employ adolescent friendly methodologies such as sport and social media technology
- ≈ Strengthen the health system with dedicated staff and effective systems for linkage and referral between the facility and communities
- ≈ Capitalize on opportunities for task-shifting and engagement of lay cadre
- ≈ Strengthen promising multi-sector and cross-cutting collaborations e.g. partnerships with education sector and youth engaging CBOs
- ≈ Strengthen promising multi-sector and cross-cutting collaborations e.g. partnerships with education sector and youth engaging CBOs

PREVENTING EARLY AND UNINTENDED PREGNANCY (EUP) TO ENSURE GIRLS EQUAL ACCESS TO EDUCATION (BUYISWA MPINI: UNESCO)

Ms Mpini described the results of a study that had been conducted to establish the latest data on the magnitude of Early and Unintended Pregnancy (EUP) and the impact on girl's education in ESA region. In addition, the study aimed to provide an analysis of policy and programme responses to EUP in 10 ESA countries. It also aimed to review relevant legislation in the selected countries, based on the recent UNFPA study. Finally, it aimed also to develop specific recommendations for improving country responses.

The study was conducted in 10 ESA countries, namely: South Africa, Lesotho, Swaziland, Zambia, Malawi, Namibia, Tanzania, Uganda, Kenya and Zimbabwe. It consisted of a desk review, qualitative field work in four countries and national dialogues in the remaining six countries.

Ms Mpini presented the key findings of the study. The detailed report can be accessed at <http://unesdoc.unesco.org/images/0025/002515/251509E.pdf>.

Some key study findings were:

- Adolescent girls from poor, rural communities, with low levels of education are most affected
- Poverty is a driver of child marriage and transactional/intergenerational sex which leads to unprotected sex/no contraception use
- High levels of sexual activity for adolescent girls, yet very low levels of modern contraception use and strong abstinence messaging
- Widespread stigma and lack of support for pregnant girls

EDUCATION SECTOR RESPONSE TO MINIMUM PACKAGE OF SERVICES FOR OVCY - CARE AND SUPPORT FOR TEACHING AND LEARNING (CSTL) (JENNIFER NORINS, MIET AFRICA)

MIET is a regional NGO that promotes the education, socioeconomic and health rights of children and youth through innovative interventions that address barriers to learning and development. Ms Norins explained the many and intersecting barriers that impede children from accessing or fully engaging in education and thriving.

- Intrinsic barriers:** located within individual child - physical, psychosocial and health-related problems,
- Societal barriers:** e.g. severe poverty, late enrolment, communication difficulties, child-headed households, children living on the streets, affected by HIV&AIDS
- Pedagogical barriers:** e.g. inappropriate teaching methods and/or learning & teaching materials, inappropriate assessment procedures, educators
- Systemic barriers:** e.g. inadequate facilities at schools, overcrowded classrooms, lack of basic & appropriate learning materials, lack of assistive devices, policy & curriculum, educators

Care and Support for Learning and Teaching (CSTL) is a comprehensive, coordinated, and multi-sectoral response, to address barriers to learning and development that prevent children from realising their right to education.

CSTL is a response to the SADC initiative to motivate and capacitate Member States to better address barriers to learning. It intends to guide education systems to mainstream care and support so that all children and youth in the SADC region can realise their right to education. Furthermore, it supports SADC Member States achieve international commitments.

Ms Norins explained that CSTL started as Schools as Centres of Care and Support (SCCS), in 2003 where the model was tested in schools in three provinces in SA. In 2006 it was piloted in three member states. In 2008 it was adopted by all SADC Ministries of Education and it was renamed CSTL³. In 2016 that SADC Policy Framework on CSTL was approved by SADC Education Ministers. Currently all SADC member states participate, seven of whom receive technical assistance. The project's reach in 2017 was estimated at 26 million children and youth supported by MoE.

³ Visit <https://www.youtube.com/watch?v=R0CL3VcQjgQ&feature=youtu.be> for a video about the CSTL project.

The SADC Policy Framework on CSTL (June 2016) is a guiding document:

- To support Member States to strengthen and harmonise their education policies and programmes to promote, protect and facilitate the right of all children to education,
- Which identifies the core and complementary services that are essential for realisation of education outcomes.
- Which presents 18 policy directives to guide implementation of CSTL,
- And details mechanisms and structures to promote effective implementation.

It presents a mandate for Member States to fully adopt CSTL as national strategic framework

CSTL: Education Sector response to SADC Minimum Package of Services (MPS):

MPS	CSTL
<p>Guides provision of services:</p> <ul style="list-style-type: none"> ▪ Comprehensively, in a holistic manner ▪ Through collaboration and coordination ▪ Using referral systems ▪ By empowering families and communities ▪ Through provision of adequate resources to strengthen service delivery for children. 	<p>Strengthens education systems for:</p> <ul style="list-style-type: none"> ▪ Comprehensive package of services ▪ Multi-sectoral collaboration ▪ Referral systems and networks of support ▪ Broader school community ▪ Member State investment and mobilization of resources

Ms Norins explained that if MPS is **what** has to be delivered, CSTL is the **how** to go about delivery. CSTL is the vehicle. She then went onto provide examples from member states of how CSTL had affected change in those countries.

SESSION 2: SHARING EXPERIENCES, WORKING MODELS AND PROMISING PRACTICES

REPORT ON THE “IT TAKE THE WORLD TO END VIOLENCE CAMPAIGN” (VIANNEY DONG: WORLD VISION)

Ms Dong reported on World Vision’s new five year global campaign to end violence against children. She quoted their CEO Kevin Jenkins stating that the campaign is a bold expression of their intent to **“PROMOTE HUMAN TRANSFORMATION, SEEK JUSTICE, UPHOLD THE RIGHTS OF CHILDREN TO BE PROTECTED AND BEAR WITNESS TO THE KINGDOM OF GOD”**. The campaign is in response to an issue that affects more than one billion children every year. The campaign involve teams at all levels of the organization in every context and country in which they operate.

Ms Dong presented the SAR FY2019 diary and areas of possible collaboration and cooperation as showing what is possible, Co-Design and Execute, Implement Solutions and Stand Together around the key momentums.

She emphasized that it important to show what is possible through:

- Capturing and sharing stories, experiences and actions being taken, including impact stories
- Evidence through research, pooling our intelligence/resources & sharing best practices

INTERGENERATIONAL PROGRAMMING - INVESTING IN OLDER WOMEN HEALTH AND CASCADING EFFECTS ON CHILDREN AND WOMEN: EXAMPLES FROM EAST AND SOUTHERN AFRICA (DR LUCO SARACENO: HELPAGE INTENATIONAL)

Dr Saraceno argued for intergenerational programming and programmes that focus on and include older women. He argued that the world is ageing and that Africa is ageing even faster. The total number of older women and men (above 60 years) in 2015 was 901 million. This population is projected to grow by 56%, to 1.4 billion by the year 2030, and by 2050, the global population of older persons is projected to more than double its size in 2015, reaching nearly 2.1 billion. In 2015, there were over 18 million older women and men over the age of 60 in East Africa, and that number is projected to increase to 18.7 million by 2050.

Older people's health is complex and, in Africa, is concomitant with non-communicable diseases, HIV and disability.

Dr Saraceno also argued that on average, globally, women live longer than men. For example, between the years 2010-2015, women outlived men by an average of 4.5 years. There is however little evidence to suggest increase in life expectancy means older women enjoy a better quality of life. Gender, age and disability based discrimination intersect and result in acute forms of marginalization, subjecting older women to new and distinct forms of discrimination that amplifies a lifetime of gender inequality. Some examples of older women greater vulnerabilities are:

- Lower access to inclusive assistance (in Ethiopia Over 75% of the older persons interviewed were found to be living in chronic poverty, the majority being women) and social pensions (19% of older persons in Ethiopia, the minority older women), or land (20% of women only in Tanzania)
- More at risk of being victims of ageism, survivors of SGBV and in some cases even killed for example through accusation of witchcraft
- More often widows (living longer, less likely to remarry), in Tanzania, 56.6% of older women are widows as compared to 19.3% of older males. They often carry the burden of caring for children alone (60% of the most vulnerable children are cared for by older women headed households).

Key Recommendations:

- ≈ Implement intergenerational models that strengthen communication and understanding between generations and enhance solidarity in families and communities
- ≈ Explore multigenerational interventions with positive cascade effects for children
- ≈ Evaluate impact and cost effectiveness of intergenerational and multigenerational interventions

EARLY TESTING AND DIAGNOSIS PROGRAMME AND GAPS (RHODA IGWETA MURANGIRI: ELIZABETH PEDIATRIC AIDS FOUNDATION, EGPAF)

Ms. Murangiri referred the forum to the Global consensus on the 90:90:90 target. She presented on the START FREE: STAY FREE: AIDS FREE global initiative to encourage action and reach every population. The initiative has not been embraced by as many countries as it should.

Ms Murangiri presented the goal of EGPAF as the eradication of pediatric AIDS worldwide. In Africa, EGPAF has a footprint in 17 countries. They strategically collaborate with ministries of health primarily

providing technical support. EGPAF has made huge contribution to reducing child infections through point of care (POC) early infant diagnosis. They have also piloted targeted approaches to reach children between the ages of 5 and 14, for testing and treatment.

Key Recommendations:

A. For Early Infant Diagnosis

- ≈ Save infants' lives with POC EID, linking infants to treatment on the same day that they are tested.
- ≈ Inform mothers and caregivers of greatly reduced waiting times for test results and the urgency, and benefits, of testing HIV-exposed infants early.
- ≈ National ministries of health, donors and other implementers should consider introducing or expanding the use of POC EID as a key tool in their efforts to end paediatric AIDS. POC EID is comparable to lab-based testing and is cost-effective.
- ≈ Advocate for national ministries of health and donors to budget for procurement and operations costs that will enable access to life-saving POC EID services to continue post pilot projects.

B. For Reaching Children between the ages of 5 and 14 years

- ≈ Reach and diagnose HIV positive children and young adolescents (5-14 years) before they are very sick by employing a range of locally contextualized and targeted approaches.
- ≈ Use deceased clients with known HIV infection, and adolescent siblings on ART as the index clients, to reach and diagnose children 5-14 years old.

DEVELOPING THE SADC PROTOCOL ON CHILDREN AND YOUNG PEOPLE (FELISTUS MOTIMEDI: CHILD RIGHTS NETWORK FOR SOUTHERN AFRICA (CRNSA))

CRNSA is a child rights network that promotes practices and policies that fulfil children's rights and welfare through national networks. It engages with regional and international institutions for improved quality of life for children. Their goal is to improve child rights governance in Southern Africa through strengthened country child rights networks that effectively protect, promote the rights of children to ensure appropriate child development and child participation in decisions that affect them.

Ms Motimedi provided an updated of country networks' activities, and explained the context for the development of the SADC protocol on Children and Young people:

- SADC member states share Protocols, Charters and Declarations and, at operational level, standards, guidelines, strategies, programs of action, and accountability systems and plans.
- Article 21 of the Treaty of SADC provides for areas of co-operation between Member States and Article 22 provides for conclusion of Protocols which may be necessary in agreed areas of mutual co-operation.
- All SADC member states have ratified various international treaties including the UN Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) and put in place laws, policies and other measures for the implementation of the rights of children at the national level.
- The aforementioned instruments are generic and do not have measurable standards which countries must observe hence causing some gaps in protection of child rights in SADC member states.

The Protocol, therefore, will:

- Provide a functional, regional, legislative and institutional framework to facilitate the development, co-ordination, harmonisation and strengthening of national efforts geared towards the promotion of children’s rights and child wellbeing
- Guide SADC member states in prioritisation and integration of children and young people’s rights in their planning, budgeting and resource mobilisation processes.
- Establish and strengthen existing inter-country partnerships on the promotion of the rights, protection and wellbeing of children and young people
- Guide SADC member states in the monitoring and evaluation of the implementation of the UNCRC, ACRWC and national commitments to children and young people’s rights
- Strengthen capacity in research, advocacy, knowledge management and innovation on rights and wellbeing of children and young people

Ms Motimedi explained that the next steps are to:

- I. Promote ownership and buy-in of SADC
- II. Mobilize Member States’ interest and support for the Protocol
- III. Facilitate processes for Member States to ratify, domesticate, popularize and report on the Protocol

SESSION 3: SUPPORTING COUNTRY AND PARTNER COLLABORATIONS FOR THE IMPLEMENTATION OF THE MPS

According to the programme, the afternoon session of day 2 of the forum was meant to cover three areas separately:

- Group work- Lessons, issue and recommendations for improving comprehensive care and support for OVCY
- Group work: Table/country level discussion on implementation of SADC MPS and EAC minimum standards
- Plenary- Report back from countries

Due to time limitations all three areas were collapsed were addressed in one session activity. Participants were asked to work as countries (member states). They were asked to:

- I. Reflect on the two days of the forum
- II. Discuss the questions: What was learnt? So what? And Now what?
- III. Develop detailed proposed action plans
- IV. Identify possible sources of resources and funding

The proposed action plans are annexed to this report.

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FACILITATOR REFLECTIONS ON THE PRESENTATIONS BY EACH COUNTRY

This section of the report presents broad reflections on the country presentations. Due to time limitation participants were asked to only present highlights and challenges that emerged during country discussions.

- Most presentations focused on country action plans
- Planning or inability to plan was informed by issues of accountability
- Action plans were action and sub activities focused but thin on processes and modalities
- Resourcing and funding issues were often overlooked
- The focus of most plans was on PSS and HIV, as these relate to youth and vulnerable children.
- Only Tanzania and Mozambique incorporated older women, as proposed by Help Age, into action plans

After country presentations a question was posed to the participants: “How can we ensure accountability in the facilitation of the plans?” The following were the responses.

- In each country there must be a central person whose role shall be to ensure that all partners play their part in the facilitation of the action plans. Each country must ensure communication systems are in place. The different activities in relation to the action plans in each country must culminate in national meetings before the 3rd Learning and Linking forum, to reflect on successes, failures and preparation of the reports to be presented.
- A record of all country participants must be kept. Communication amongst attendees within each country must be maintained and recorded. Some sort of a secretariat must be initiated.
- SADC as a secretariat must send communication to all relevant partners and government departments, alerting them of this forum and plans for each country, so that action plans are legitimized.
- A top-down and bottom-up approach will help facilitate accountability.

SUMMARY OF DAY TWO

- Shared experiences, working models and emerging practices in delivering comprehensive services for orphans, vulnerable children and youth
- WITS Research Health Institute presented its work with youth, adolescent girls and young women
- Recent studies done on impact of implementation of MPS Differentiated Service Delivery Models of Care presented
- Presentation on preventing EUP to ensuring girls equal access to education.
- Deliberated the proposed SADC Child Rights Protocol
- Member states reflected on what was important and relevant for them in the last two days. Action plans for government and civil society partnerships in support of national implementation of Comprehensive Services for children and youth developed. The action plans included potential partners' budget implications.

CLOSING REMARKS BY RIATT-ESA CHAIRPERSON

Ms Daphne Mpofo presented the closing remarks. She thanked SADC and REPSSI as key partners. She noted the tireless efforts of the RIATT—ESA coordinating team, with appreciation. She thanked all the participants, the facilitators, and the technical team for the role they played in making the forum successful. In her remarks she reiterated the coordinating, cooperating and networking role of RIATT-ESA.

ANNEX 1: REPORT BACK BY MEMBER STATES AND PARTNERS ON COMMITMENTS FROM THE 2017 LEARNING AND LINKING FORUM

(Highlights, in order of presentation)

ESWATHINI

- I. Coordination mechanisms in country need to be strengthened
 - a. Ensure ministry buy-in and ownership
- II. Commitment from partners
 - a. If work plans are not aligned to the funding cycles of partners or countries, they will lack resource allocation
 - b. Lifecycle of the resource basket
 - c. Uncertain of the stage of planning that we are currently at (e.g. where in a five year plan?)
- III. PMTCT – may be a desired focus area, but the forum participants felt that they may lack influence in this area (This is an example of the dilemma participants found themselves in, wanting to commit to a desired outcome versus having sufficient authority to do so.)

MOZAMBIQUE

- I. Progress in some of activities planned
- II. Challenges – harmonisation of annual plan, difference between government planning cycle and partner cycle. Need mechanism to coordinate timing.
- III. Data management – government system does not include civil society activities. Need a mechanism to include these

ZIMBABWE

- I. Several partners worked in Zimbabwe
- II. REPSSI was a major partner in implementing MPS plans and indicators. Not complete due to funding. Covered 50% of targeted area.
- III. Disseminated MPS to ministry centre staff, and partners in OVCY. Development of guidelines is still in progress, but going well.
- IV. Database – not much progress. (SADC? Still wrangling with logistics with stakeholders)
- V. Elizabeth Glaser – 2017 & 2018 – survey on HIV/AIDS reported on in second quarter of 2018
- VI. ZNCWC – supported dissemination of MPS
- VII. Association for development of education in Africa – support through ministry of education

- VIII. Challenges:
 - a. Lack of resources, increasing demand
 - b. Unsustainability of programmes due to donor funds ending due to lack of confidence in activities
 - c. Lack of adequate evidence children and youth, little impact on meeting of needs
 - d. Donor sponsored programmes to be funded by government going forward
- IX. New data collection systems are in place. Will need to engage partners for technical and financial support.

NAMIBIA

- I. Intended partners were ICDPN, REPSSI, CRN, UNAIDS, EDEI. [No progress with EDEI].Some success with other partners.
- II. Palliative care to be included in national agenda
 - a. Included in more general health of children
 - b. Incorporated in MPS
- III. Training on HIV and disclosure for social workers
- IV. USAID – progress, technical working group set up. Case management system has been developed and piloted in two regions. Implementation of system is happening in 11 regions.
- X. Next steps:
 - a. Enablers needed...
 - b. Obtained support from UNICEF and Technical Support ...
 - c. Building capacity for social workers, including supportive supervision.
 - d. Partnered with ministries – e.g. police, strengthening their capacity to use this approach with cases
 - e. Need to implement M & E system
 - f. M & E coordination
 - Technical working groups institutionalised in the ministry
 - Submitted report on OVCY
- XI. DREAMS:
 - a. Implementing DREAMS in 3 out of 14 regions.
 - b. Next steps – expand to other regions. Concern re sustainability of initiatives due to budget constraints?
- XII. REPSSI – adopted programme with NAMCOL, well established:
 - a. Training of teachers (PSS programme) with ministry of education
- XIII. Child Rights Network – close working relationship
 - a. Advocating for children’s rights legislation.
 - b. MPS institutionalised in the Ministry for Children
- XIV. Challenges:
 - a. Coordination with ministry of youth
 - b. Improve M & E in child protection sector
 - c. Human resources needed in social service workforce
 - d. Funding to sustain new initiatives in the country

BOTSWANA

- I. Advocacy – REPSSI – signed MOU, periodic reviews to tie in with government planning.
- II. Capacity building – for social workers, and remote area hostel dwellers.
- III. Local authorities rolling out M & E
- IV. Open University offering capacity building
- V. Workshops on Children’s Rights have taken place
 - a. Botswana Network The on Ethics, Law and HIV/AIDS (BONELA) – training on child rights
- VI. Capacity building and child consultative forum, supported by UNICEF
- VII. Capacity building for Child Protection Committees (community based):
 - a. Capacity building on children’s rights and cross border issues
- VIII. Provided capacity building for youth

SOUTH AFRICA

Significant progress due to integration:

- I. Health:
 - a. Palliative care – policy and framework developed
- II. Department of Social Development – developed PSS guidelines and training for social service professionals
- III. Department of Basic Education – developed guidelines for learners + trauma support
- IV. Department of Basic Education – grants for disabled children:
 - a. Screening and support for learners with barriers to learning.
 - b. Integrated school health programme
- V. Social mobilisation and advocacy:
 - a. Development of SADC children’s protocol – network strengthened CRNSA
 - b. National department of health – She Conquers campaign, and standards adopted.
 - c. Access to comprehensive package for SRHR
 - d. Training in ECD
- VI. Youth Development – YOLO programme:
 - a. DREAMS included in national plan to sustain this

ANGOLA

- I. Promotion of children’s rights – national workshop for MPS, provincial reps and ministries present. Priority actions highlighted.
- II. Harmonisation of policies for children with albinism
- III. Advocacy on access to MPS - legislation approved which includes the child.

- IV. Advocacy for vulnerable children. Working on an integrated data system, collecting data on vulnerable people and funds transfer.
- V. Accelerated learning programmes for children at risk
- VI. Technical capacity building on human trafficking
- VII. Child marriage workshops have taken place in provinces (with REPSSI), creating community awareness
- VIII. Sexual abuse awareness in communities, via campaigns, brochures.
- IX. Labour and social security – workshops to minimise child labour, protocol to enforce further investigations into child labour.
- X. Children and HIV - national workshop to increase access to integrated health services, for vulnerable children, including pre-natal clinics
- XI. Education and training:
 - a. Schools – classrooms opened for creating a public space for teachers.
- XII. Poverty reduction – at municipal level, to bring social welfare closer to the people
 - a. Funds given to families with children under five. First transfers will happen in Dec 2018
- XIII. Registration of families with children who are vulnerable.
- XIV. Recommendations for SADC:
 - a. Strengthen coordination structure through new focal points on key sectors; ministries of education, health, sports, agriculture and justice. Should have representatives from these ministries present.
 - b. Provide capacity building for M & E for implementation of MPS. Assist ministries with reporting
 - c. Assist with advocacy and dissemination of policies
 - d. Facilitate greater cooperation with partners

TANZANIA

- I. Six priority areas:
 - a. Psychosocial care and support.
 - b. Education and vocational skills.
 - c. Health targeting adolescents
 - d. Integrated palliative care in health in order to provide comprehensive care for OVC&Y
 - e. Scaling up CVA model (Child protection, health, education and economic empowerment)
 - f. Advocacy and capacity building on public investment on MPS

Implementation of the priority areas was done in collaboration with partners including REPSSI, Association for the Development of Education in Africa, Graca Machel Foundation, EGPAT, ICPCN, World vision, Child Rights Network for Southern Africa (CRNSA).
- II. In collaboration with REPSSI capacity building to Social Welfare officers, teachers, police officers and other service providers including CSO's, FBO's on PSS mainstreaming and provision.

- III. In collaboration with EGPAF, continued to implement adolescent program including strengthen clubs to empower youth to speak out and share experiences.
- IV. In collaboration with World Vision, established programme for child protection in the districts, capacity building to child protection committees at districts, life skills training to youth groups at schools and capacity building to youth officers on establishment of youth groups.
- V. Challenges:
 - a. Poor coordination
 - b. Poor reporting mechanisms
 - c. Harmonization of the plans to be in line with government planning period
 - d. Programmes and activities should be in line with government priorities
 - e. Donor dependency
- VI. Way forward:
 - a. Host a forum with stakeholders to share best practices and challenges
 - b. Strengthen coordination and reporting mechanisms

ANNEX 2: PROPOSED COUNTRY ROADMAPS (in the state of completion and format that they were submitted)

REPÚBLICA DE ANGOLA

Área Prioritária	Actividades Prioritarias por Estrategia	Responsável & Parceiros	Prazo de Execução	Metodologia de Colaboração
1. Proteção e Promoção dos Direitos da criança	<p>a. Advocacia para implementação e adequação de políticas internacional, continental e regional na protecção dos direitos da criança e jovens em situação de vulnerabilidade (Convenção dos Direitos da Cr., Carta Africana, Convenção de Harare sobre Adopção, etc)</p> <p>b. Disseminação do Pacote Mínimo da SADC</p> <p>c. Funcionamento do SOS Criança com denúncias telefónicas</p> <p>d. Advocacia para redução dos casos de fuga a paternidade, casamento infantil e abuso sexual</p> <p>e. Massificação do registo de nascimento e partilha de boas práticas</p> <p>f. Advocacia para implementação acelerada de iniciativas regionais para a proteção de crianças em risco e em movimento dentro e além das fronteiras nacionais, incluindo refugiados e requerentes de asilo</p> <p>g. Criação de uma base de dados sobre de órfãos e outras crianças e jovens vulneráveis que permita a documentação de dados e partilha de informação entre os intervenientes</p> <p>h. Advocacia para implementação acelerada de iniciativas internacionais e regionais para responder ao trabalho infantil</p>	<p>INAC</p> <p>MASFAMU</p> <p>MINJUDH</p> <p>MED</p> <p>MININT</p> <p>MINSA</p> <p>PARCEIROS</p>	2019 a 2020	<p>Realização de Workshops</p> <p>Palestras</p> <p>Visitas</p>

	<ul style="list-style-type: none"> i. Melhorar a prestação dos relatórios desagregando os dados de beneficiários por gênero j. Expansão da informação e sensibilização sobre os direitos da criança 			
<p>2.</p> <p>Criança, adolescente e saúde [incluindo HIV e SIDA/DST]</p>	<ul style="list-style-type: none"> a. Adequação e implementação da política, normas e diretrizes da SADC que promovam tratamento e apoio a saúde da criança e jovens b. Capacitação para a intensificação da integração e oferta de serviços integrais de saúde para prevenção [HIV/SRH/TB/malária], tratamento e cuidados para crianças vulneráveis / necessidades sanitárias para meninas adolescentes e mulheres jovens, incluindo adolescentes e jovens c. Documentação e partilha das lições aprendidas, experiências e boas práticas sobre serviços atraentes, integrais e abrangentes de saúde reprodutiva/VIH, equipamentos e instalações para criança /adolescente e jovens 	<p>MINSA MASFAMU MINJUDH JUVENTUDE MED AGRICULTURA INAC Parceiros</p>	<p>2019 a 2020</p>	<p>Realização de Workshops Palestras Visitas</p>
<p>3.</p> <p>Educação e formação de competências</p>	<ul style="list-style-type: none"> a. Advocacia para implementação acelerada dos compromissos internacionais e regionais sobre educação inclusiva e obrigatória b. Advocacia para implementação acelerada e a implementação de compromissos internacionais e regionais sobre educação inclusiva e obrigatória c. Documentação e partilha das lições aprendidas, experiências e boas práticas na educação, habilidades e competências que preparam crianças em situação de vulnerabilidade e jovens para a produtividade econômica/ auto-suficiência 	<p>MED MINSA MASFAMU MINJUDH JUVENTUDE AGRICULTURA INAC Parceiros</p>	<p>2019 a 2020</p>	<p>Realização de Workshops Palestras Visitas</p>

	d. Mobilização de recursos para expansão da educação e as competências de desenvolvimento para jovens e crianças em situação de vulnerabilidade.			
4. Criança, juventude e redução da pobreza	<p>a. Advocacia para implementação acelerada das estratégias regionais multi-setorial que integram e promovem a empregabilidade, empreendedorismo e capacitação económica de jovens</p> <p>b. Advocacia para desaceleração da gravidez e casamento precoce</p> <p>c. Reforço de capacidade para edificação e expansão de iniciativas de redução da pobreza/ de proteção social, tais como programas de transferência monetárias para jovens vulneráveis</p> <p>d. Documentar e compartilhar lições aprendidas, experiências e boas práticas sobre iniciativas que promovam a participação económica, produtividade, empregabilidade e empreendedorismo para a juventude</p> <p>e. Ligações multi-setoriais, parcerias, colaboração e coordenação de prestação de serviços para capacitar jovens e responder a vulnerabilidade associada a transição da infância à idade adulta</p> <p>f. Capacitação para integração /incorporação do apoio psicossocial (PSS) em diferentes sectores/programas/serviços para crianças e jovens vulneráveis.</p>		2019 a 2020	<p>Realização de Workshops</p> <p>Palestras</p> <p>Visitas</p>

<p>5. Monitoriamento, avaliação e emissão de relatórios.</p>	<ul style="list-style-type: none"> a. Advocacia para o estabelecimento de prioridades, recursos e institucionalização da gestão do conhecimento e MER b. Harmonização dos relatórios de monitoria e avaliação dos indicadores continentais e internacionais sobre crianças vulneráveis e juventude na SADC c. Reforçar a capacidade de Monitoria & Avaliação do INAC e demais intervenientes d. Realização de encontros com outros departamentos ministeriais 		<p>2019 a 2020</p>	<p>Realização de Workshops Palestras Visitas</p>
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Key Priority Area	Main Actions	Activities	Partners	Timeframe	Modalities of Working
1. Social Mobilization and Advocacy	Strengthen the Inqaba concept (schools as centers of care and support)	<ul style="list-style-type: none"> Provide technical support to trained School Head for the implementation of the Inqaba 	MiET Africa	Q1	Technical team from MiET visit to Eswatini
		<ul style="list-style-type: none"> Conduct rapid assessment on inqaba to identify challenges, and lessons 	MiET Africa	Q2	Internal assignment to in-house technical team.
2. Psychosocial Support	Establish data base for all PSS implementers	<ul style="list-style-type: none"> Development of database for institution providing PSS for children and Youth 	RIATT-ESA	Q3	Consultant procured by RIATT-ESA
	Capacity building for all actors	<ul style="list-style-type: none"> Standardize implementation guidelines of the PSS framework in order to enable monitoring its implementation 	RIATT-ESA	Q3	TWG on PSS, supported by RIATT-ESA
		<ul style="list-style-type: none"> Sensitize stakeholders on the mainstreaming of PSS in programmes for children 	RIATT-ESA	Q1	Workshop for the stakeholders

3. Minimum Package of Services	Strengthen coordination mechanism for all children and youth services	<ul style="list-style-type: none"> Establish a multi-sectoral TWGs responsible for providing oversight on children and youth 	RIATT-ESA	Q3	Leadership to be provided by the departmental Director
		<ul style="list-style-type: none"> Development of national M&E Framework for the MPS and PSS 	RIATT-ESA	Q4	Individual consultant procured by RIATT-ESA

TANZANIA

S/N	Key priority/Main activity	Action/Sub Action	Who/Partners/Stakeholders involved	Timeline	Modalities of working together/Operationalisation
	Psychosocial care and Support	<ol style="list-style-type: none"> 1. Develop a plan to engage older persons who are taking care of OVC and youth on Sexual reproductive health 2. Facilitate and capacitate the Ministry of Health and President's Office, regional administration and local administration office to integrate issues of Psychosocial Support for OVC & Y in their institutional plans and frameworks 3. Capacitate the women and children protection committees at regional and district levels on PSS to mainstream in their plans 4. Develop comprehensive national guidelines on provision of psychosocial support and care 5. Develop Standard Operating Procedures for implementation of PSS by service providers 	<p>World Vision</p> <p>REPSSI</p> <p>HelpAge Tanzania</p>	December 2019	REPSSI Sign MoU between the Ministry of Youth and REPSSI The respective Ministries to Write down a proposal and send a request

	Education and Vocational Skills	1. Facilitate the Ministry of Youth, Health, Education to conduct a baseline survey/mapping to identify a number of the marginalized young girls and women who are deprived of their rights to education	Association for the Development of Education in Africa Graca Machel Foundation		The respective Ministries to write down a proposal and send a request
	Health (Targeting Adolescents)	1. Working with the Ministry of Health to strengthen existing Ariel Clubs in line with the guidelines on adolescent health	EGPAF		
	Integrating Palliative Care in the Health component in order to provide comprehensive care for OVC and Youth in Tanzania	1. Develop a plan to address long term health in regards to the ageing of the HIV epidemic including aspects of NCDs and disabilities 2. Liaise with the Ministry of Health in Tanzania to accelerate issues of Palliative care in the Public Health Facilities	ICPCN HelpAge Tanzania		
	Scaling up CVA model (child protection, health, education and economic empowerment)	1. Capacitate Regional and District Youth Officers to sensitize and mobilize youth to access National Youth Development Fund as their startup capital 2. Strengthen capacity of local government authorities on child protection case management	World Vision		

<p>Advocacy and capacity building on public investment on MPS with TCRF</p>		<p>CRNSA-The child Rights Network for Southern Africa</p>		
<p>Maternal and Neonatal Health</p> <p>Youth Economic Empowerment</p> <p>End child marriage campaign</p> <p>Adolescent & Youth Sexual and Reproductive Health</p>		<p>VSO Tanzania</p>		

LESOTHO

Key priority areas	Actions? Sub activities	Who (support from)	Time from	Modalities of working together
Health	Palliative care training	ICPCN	2017	Cost sharing
	Strengthen CSO in adolescents PMTCT	EGPAF	2017	
	Adolescents and youth SRHR	VSO	continuous	
		DREAMS	continuous	
PSS	Capacity building	REPSSI	continuous	
	PSS capacity strengthening for children, youth living with HIV and their caregivers	Sentebale	continuous	
Education	Desk research	Association for the development of education in Africa	2017	
Advocacy	Scaling up CVA model	World vision		
	Advocacy for investment for OVC&Y	CRNSA	2017	
	Child marriage	VSO	continuous	

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Additional Activities from 2018

priority areas	Issues	Actions? Sub activities	Who (support from)	Time from
Strengthening Coordination	We have a network, but activities still don't seem to be well coordinated	Convene a meeting with Gvt and CSOs	Letsema Child Rights Network	2018
Mainstreaming PSS in cash transfers	Much as cash transfers have been important in reaching out to so many households , they have been addressing only the physical needs of children	and therefor there is a need to build the capacity of community members to also addressed the emotional aspects	REPSSI and Government	2019

PSS in the communities	We seem to be concentrating more on those who are in school	We need to develop plans for reaching out-of school children to ensure that they also benefit	REPSSI and Government	2019
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MALAWI

WHAT HAVE WE LEARNT?

- Availability of data on HIV and AIDS which is very good evidence for expanding programmes
- There are many opportunities which we are not harnessing. How do we translate these opportunities to influence national planning and implementation?
- There is need for using multi-sectoral approach in implementation of interventions including Psycho-social Support

KEY ISSUES:

- Linking what we have learnt to existing National Frameworks and National Plan of Action for the OVCs
- Challenges regarding key implementation partners
- Identifying sources of funding for the PSS programmes

ACTION PLAN:

	KEY PRIORITY AREA/MAIN ACTIVITIES	ACTION/SUB ACTIVITIES	WHO/PARTNER/STAKEHOLDERS INVOLVED	TIME-FRAME	MODALITIES OF WORKING TOGETHER/ OPERATIONALISATION
1	Desk research on PSS	<ul style="list-style-type: none"> ▪ Update the research data ▪ Validate the PSS research findings ▪ Submission of the validated Country report to SAPST 	<ul style="list-style-type: none"> ▪ Ministry of Gender, Children, Disability and Social Welfare ▪ Sector Working Group 		
2	Coordination	<ul style="list-style-type: none"> ▪ Strengthen Gender Children, Youth and Sports Sector Working Group 	<ul style="list-style-type: none"> ▪ Sector Working Group 		
3	Capacity building	<ul style="list-style-type: none"> ▪ Train CBCC Care Givers ▪ Train One Stop Centre officers ▪ Train Primary School teachers 	<ul style="list-style-type: none"> ▪ REPSSI ▪ Ministry of Gender, Children, Disability and Social Welfare 		

		<ul style="list-style-type: none"> Train community Child Protection Workers Train Children Corner Facilitators 	<ul style="list-style-type: none"> UNICEF Save the Children World Vision 		
4	Advocacy	<ul style="list-style-type: none"> Accelerate implementation of National Plan of Action OVC Participate in international children events Lobby for increased budgetary allocation for PSS 	<ul style="list-style-type: none"> Ministry of Gender, Children, Disability and Social Welfare 	On going	

MOCAMBIQUE

Plano de Trabalho e Parcerias

Áreas Prioritárias	Ação/Actividade	Responsabilidade	Prazo	Modalidade de Trabalho	Ponto de Situação e Perspectivas
Coordenação	Reforçar acções do Grupo Técnico de Crianças Órfão e Vulneráveis para melhorar a coordenação de actividades.	<p>Instituições do Governo (Saúde, Educação, Justiça, Juventude e Desporto, Interior e Instituto Nacional de Estatística, CNCS) e Parceiros (Unicef, FDC, FHI 360, SAVE THE CHILDREN e Rede da Criança)</p>	2019-2020	Realização de reuniões periódicas de planificação e balaço de dois em dois meses.	<p>- Incrementados o número de reuniões anuais do Grupo técnico para as crianças órfãs e vulneráveis que envolve sectores de estado responsáveis por assuntos da criança, Sociedade Civil e doadores de 4 para 6 encontros anuais. Foram admitidos 2 membros no grupo PATH e Plan Internacional.</p>
Protecção	Divulgar e implementar o Pacote mínimo de Serviço e os Padrões mínimos de atendimento a criança.	<p>-Visão Mundial, FHI 360, FDC e Unicef -Rede para criança na Africa Austral REPSSI</p>	2019-2020	Formar formadores sobre os padrões mínimos de atendimento a criança e realizar workshop com os principais intervenientes	<p>- De 2017 a 2018 foram formados 150 actores sociais que tinham como responsabilidade fazer réplica de formação nas suas zonas de origem.</p>

		ICDP World Education		na implementação dos PMACs	
	Acelerar as intervenções nas áreas de Saúde, Educação com destaque para as questões de violência e casamentos prematuros	MISAU, MINEDH, CNCS e parceiros MGCAS, MISAU, MINED, MINT, UNICEF, Visão Mundial, CECAP	2019 - 2020	Mobilizar mais recursos para a educação com prioridade para o acesso ao ensino de qualidade e retenção das crianças na escola com destaque para as raparigas	<ul style="list-style-type: none"> - Em implementação da estratégia Nacional de prevenção e Combate dos Casamentos Prematuros que elegera na área de educação a melhoria das condições de acesso e ensino de qualidade, - Na área de saúde: Destacou-se a massificação da disponibilização dos serviços de saúde sexual e reprodutiva para prevenção das gravidezes precoces e disponibilização dos serviços materno infantil para os casos de gravidezes de menores que não conseguimos controlar. - Protecção contra violência está em curso a consulta pública a lei sobre os casamentos prematuros para questões de protecção legal de meninas violentadas e penalização dos envolvidos.
Apoio Psicossocial	- Realizar acções de formação Psicossocial e Mentoria	REPSSI e ICDP			<ul style="list-style-type: none"> - Em parceria com a REPSSI foram formados técnicos de Acção Social dos níveis Distritais, Provincial e Central incluindo os Directores Provinciais e membros do conselho consultivo que é um órgão de consulta do Ministério.

ECD	<p>-Reforçar as acções do desenvolvimento da primeira infância.</p> <p>- Educação Parental</p>	<p>Ministério do Género criança e Acção Social, Educação e Desenvolvimento Humano e Parceiros (Inicef, Paht</p> <p>- Associação para Desenvolvimento da Educação em Africa.</p>	2019	Divulgar instrumentos orientadores sobre educação pre-escolar e educação parental sensível ao Apoio psicossocial	- Desenvolvido o Manual de Apoio as Escolinhas Comunitária, realizada a testagem de um programa comunitário sobre educação parental que vai ser avaliado ainda este mês.
Saúde	Incluir cuidados paliativos a crianças e seus cuidadores com HIV SIDA	Rede Internacional de Cuidados Paliativos e Elisabet Gleiser	2019-2020	Identificar novas parcerias para financiamento de capacitações e programas piloto	Ainda não iniciado
Monitoria e Avaliação	<p>Identificar parcerias para capacitações sobre recolha e gestão de dados sobre APS</p> <p>Melhorar o sistema de recolha de informação e dados estatísticos sobre o apoio psicossocial e serviços relacionados</p>	RIATT-ESA CSTL	2019-2020	Identificação de fontes de financiamento de sistemas e capacitação	Não iniciado

Key Priority Area/Main Activities	Actions/sub Activities	Who (CSO,GVT,ICP)	Time-frame	Modalities of working together	Progress	Next steps
Health (Palliative care)	Include Palliative care into the National Agenda for Children (MPS)	International Children’s Palliative Care Network (ICPN)		Consultative meetings	<ol style="list-style-type: none"> 1. Consultative meetings were done – Health is reflected as Child and adolescent Health – Nutrition, HIV/STI, children and adolescent living with HIV 2. Training of social workers on HIV Disclosure and Adherence 	
Social protection	Development of Case management system	USAID	Sept. 2017	TWG meetings ToT Launch and roll-out of system	<ol style="list-style-type: none"> 1. TWG was set up 2. CMOM was developed 3. ToT on CMOM was conducted 4. CM piloted in 2 regions 5. CM training for Social Service Workforce rolled out in 11 out of 14 regions 6. Implementation started in 11 regions 	<ol style="list-style-type: none"> 1. Enablers for CM 2. Printing of CMOM and accompanying tools 3. Support obtained for training and roll-out in 3 remaining regions 4. Electronic CM system in progress 5. Continued capacity building in areas of supportive supervision 6. Capacity strengthening of other social service workforce involve in CM 7. M&E of CM implementation

	M&E and Coordination			TWG meetings	<ol style="list-style-type: none"> 1. TWG meetings done 2. Namibia pilot country for SADC M&E Framework 3. Report on SADC –OV CY on M&E submitted 	<ol style="list-style-type: none"> 1. Meetings are convened as needs arise, eg. CRC reporting process
	DREAMS activities		To be negotiated	Consultative meeting with USAID country office	<ol style="list-style-type: none"> 1. Consultations were done 2. Oversee the implementation of Dreams are implemented in 3 out of 14 regions 3. Implementing partners such as Lifeline Childline, Project Hope and ITEC on behalf of MGECW 4. MGECW social workers are referral point 	<ol style="list-style-type: none"> 1. Expansion of Dreams to more regions 2. Strategies to be adopted by GRN for sustainability 3.
Psycho-Social Support – Capacity building	Training of Community Workers	REPSSI		Continuation of collaboration with Namcol for training of Certificate programme	Well integrated and institutionalized in NAMCOL and MGECW entry level CCCW are enrolled	
	Training of Community Volunteers			Training of community Volunteers	Funding was diverted to train Child Care Officers on PSS	
	Training of Teachers			Consultative meeting with MoE on roll-out of Training Teachers on PSS	<ol style="list-style-type: none"> 1. Consultation was done 2. Training of Teachers on PSS was done 	
Education	Desk research	Association for the		Identify an area for policy	Not done	

		Development of Education in Africa (ADEA)		briefing on education matters;		
				Develop MoU between ADEA and MoE/MGECW	Not done	
Social mobilization and Advocacy	Strengthen CRN and MGECW in public investment in children Networking and coordination	Child Rights Network Southern Africa (CRNSA)		Attending coordination meetings	1. CRN reporting quarterly to National PTF on Children 2. Involve in preparation of the UNCRC periodic report 3. Advocating for the finalization of the Regulations on CCPA and the CJ Bil	
	Advocate for resource allocation on MPS implementation				MPS is institutionalize in the NAC and the Ministerial Strategic Plan – budgetary provision is provided	
Youth Development	Youth Exchange programme	National Youth Development Agency (NYDA)		Identification of vulnerable youth as defined in MPS and targeting	Not done	

General challenges

1. Coordination with particularly the Ministry of Youth
2. Improve M&E in child protection sector
3. Human resources in the social service workforce – considering the implementation of CM and the CCPA
4. Funding to sustain new initiatives

SOUTH AFRICA

Lesson Learnt

1. PSS Budget Allocation-discrepancies in resource allocation
2. Relevant participation in the Forum to allow consistency
3. Gap between the cascade from exposure to HIV and access to treatment for children
4. Guidelines for HIV Testing
5. PSS Indicators – MER Framework and application MPS-OVCY Programming

Actions for SA

1. DSD to explore resources and partners for an In-depth Study for the Budget Allocation in the country
2. RIATT-ESA to Identify Relevant Representation for the Forum to ensure Consistent-Linkages to other SADC Forum for South Africa
3. DSD to develop guidelines for Social Service Professions to support access to HIV Testing and post testing services
4. Cascade for Children access to Rx- Rop in Health- ISHP Task Team
5. WrHI- Identify already existing structures in the Country to integrate report and lessons from this Forum

ZIMBABWE

KEY PRIORITY AREA/MAIN ACTIVITIES	ACTION/SUB ACTIVITIES	WHO (CSO,GVT,ICP) TO SUPPORT	TIMEFRAME	MODALITIES OF WORKING TOGETHER/OPERATIONALISATION
Minimum Package of Services for OVC&Y dissemination	<ul style="list-style-type: none"> Continue with dissemination and implementation of the Minimum Package of Services in the outstanding 6 Provinces (3 clusters) 	Government of Zimbabwe and Regional Psychosocial Support Initiative (REPSSI)	2019	
Psychosocial mainstreaming in key Ministry in activities	<ul style="list-style-type: none"> Psychosocial support training and mainstreaming in sector Ministries and stakeholder activities Development of psychosocial support guidelines for the country Rollout of the Community-based Work with Children and Youth Certificate Programme 	Regional Psychosocial Support Initiative (REPSSI)	2019-2020	
Monitoring, Evaluation and Reporting for OVC&Y	<ul style="list-style-type: none"> Rollout of training from the national office to the sub-national structures for key Ministries and stakeholders 	SADC and the Government of Zimbabwe	2019-2020	
Positive parenting	<ul style="list-style-type: none"> Training of Social Welfare Officers and Community Childcare Workers on positive parenting Conducting community dialogue in the supported areas (Mutare, Mutasa, Makoni, Bindura, Mazowe and Shamva Districts) 	Farm Orphan and Support Trust and the Government of Zimbabwe	2019-2020	

Research and technical support	<ul style="list-style-type: none"> ▪ Support research on child protection issues 	Association for the Development of Education in Africa (ADEA), Ministry of Higher and Tertiary Education	2017-2018	
Advocacy on MPS implementation and public investment	<ul style="list-style-type: none"> ▪ Civil Society Organizations capacity building on child rights issues and the implementation of the SADC MPS for OVC&Y 	Zimbabwe National Council for the Welfare of Children and CRNSA	On-going	
Palliative care for orphans and vulnerable children	<ul style="list-style-type: none"> ▪ Promote networking and information sharing as well as advocating for children's rights to receive the palliative care they require ▪ Support the government of Zimbabwe for the provision of care and support services to children living with HIV through funding the implementation of HIV-sensitive case management 	International Children's Palliative Care Network (ICPCN), HOSPICE	2019-2020	

ANNEX 3: PROGRAMME - 2ND REGIONAL LEARNING AND LINKING FORUM FOR ACCELERATING DELIVERY OF COMPREHENSIVE SERVICES FOR ORPHANS AND VULNERABLE CHILDREN & YOUTH IN EASTERN AND SOUTHERN AFRICA

14th -15th November 2018, Johannesburg, South Africa

Day 1: Wednesday, 14 November 2018

Theme – Supporting the UNAIDS 90 x 90 x 90 Ending AIDS Agenda Through Accelerating the Implementation of the MPS and PSS Framework.

Time	Session	Presenter
08:00-08:30	Registration	
08:30-08:40	Introductions and Housekeeping	Facilitators
08:40-08:50	Opening remarks	Willys Simfukwe (SADC)/ Lynette Mudekunye (REPSSI)
08:50-09:05	RIATT-ESA New Direction and Background to the Learning and Linking Forum	RIATT-ESA Chairperson / Deputy Chair
09:05- 09:15	Objectives and Programme of the Meeting	Busi Nkosi (ICPCN)
Session 1: SADC and EAC Progress Report		
09:15 – 09:45	Development of SADC MER for Monitoring, Evaluation and Reporting on OVC and Youth programming including the application of Minimum Package of Services in the region – Lessons and Recommendations	Willys Simfukwe & Goitsemodimo Rakaru (SADC)

09:45-10:15	Report on the development of the EAC Child Rights Policy and Minimum Standards - Lessons and Recommendations	Morris Tayebwa (EAC)
10:15 -10:45	Health Break	
Session 2: Regional Research and Evidence-Informed Practice		
10:45 – 13:00	Validation: Analysis of budget allocation for Psychosocial Support (PSS) in 7 SADC countries	Chengetai Kanyangu - Consultant
	Plenary discussion- Q&A and Discussion	Facilitator
13:00-14:00	Lunch	
Session 3: Evidence of Partnership in Action for the MPS		
14:00-14:30	HIV Prevention in Adolescents & Young people in ESA- Challenges & Impending Action for an Effective Response	Kaymarlin Govender (HEARD)
14:30-15:00	Improve Access to Services through Peer Service Providers in 7 countries in ESA.	Nadege Munyaburanga (AY+N)
15:00- 15:15	Plenary discussion - Q&A and Discussion	Facilitator
15:15 -15:45	Health Break	
Session 4: Strengthening Partnerships for the Implementation of the MPS		
15:45 – 17:00	Plenary discussion- Report back by Member States & Partners on Commitments from the 2017 Learning and Linking Forum	Member States

	Plenary discussion- Discussion and Recommendations for supporting country and partner collaborations	Facilitators
17:00	Closing	
17:50-18:50	Networking Evening	RIATT-ESA Chair/ Deputy Chair

Day 2: Thursday, 15 November 2018		
Theme – Supporting Greater Coordination, Linking and Learning		
Time	Session	Presenter
08:30 -08:40	Comments and Recap of Day One	AY+ Network Youth
Session 1: Sharing Experiences Working Models and Promising Practices		
08:40 – 09:00	Wits RHI work with Youth, Adolescent Girls & Young Women.	Dr Saiqa Mullick (WITS RHI)
09:00-9:25	Work on SRHR or recent studies done on impact of implementation of MPS	Tafadzwa Madondo (Save the Children)
9:25-9:40	Differentiated Service Delivery Models of Care	Agnes Ronan (PATA)
9:40-10:05	Preventing EUP to ensuring girls equal access to education.	Remmy Shawa (UNESCO)
10:05-10:25	Education sector's response to the Minimum Package of Services	MIET Africa

10:25- 10:40	Plenary discussion- Questions and Discussion	Facilitators
10:40 – 11:00	Health Break	
Session 2: Sharing experiences working models and promising practices		
11:00-11:25	Report on the “It Takes the World to End Violence” Campaign	Vianney(World Vision)
11:25-11:50	Intergenerational programming - Investing in older women health and cascading effects on children and young women: Examples from East and Southern Africa.	HelpAge International
11:50-12:15	Early testing and diagnosis programme and gaps	EGPAF
12:15-12:40	Developing the SADC Protocol on Children and Young People	CRNSA
12:40- 13:00	Plenary discussion - Questions and Discussion	Facilitators
13:00 – 14:00	Lunch Break	
Session 3: Supporting Country and Partner Collaborations for the Implementation of the MPS		
14:00 – 14:30	<p>Group Work - Lessons, Issues & Recommendations for Improving Comprehensive Care & Support for OVCY</p> <ul style="list-style-type: none"> • Question for group: Where is the funding for children’s issues and programmes? 	Facilitators
14:30- 15:30	Group work - Table/Country level discussion on implementation of SADC MPS & EAC Minimum Standards	Facilitators

	<ul style="list-style-type: none">• Developing country roadmaps	
15:30 – 15:45	Health Break	
15:45-16:30	Plenary- Report back from countries	Facilitators
16:30	Closing	