SADC Learning and Linking Forum Report
Accelerating Implementation of the SADC Minimum Package of Services (MPS) for Orphans and Vulnerable Children & Youth

9th – 10th February 2017 Johannesburg, South Africa

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Acknowledgements

The Regional Inter Agency Task Team on Children and AIDS – Eastern and Southern Africa (RIATT-ESA) and the SADC Secretariat the co-conveners of the Linking and Learning Forum extend their gratitude all the participants who attended the inaugural Learning and Linking Forum. The Member States represented were Botswana, Lesotho, Madagascar, Mauritius, Mozambique, Namibia, South Africa, Seychelles, Swaziland, Tanzania, Zimbabwe.

The Implementing partners and International Development Partners who were represented at the Forum were: the Association for the Development of Education in Africa (ADEA); Child Rights Network for Southern Africa (CRNSA); Deutsche Gesellschaft für The Elizabeth Glaser Paediatric AIDS Foundation (EGPAF); Internationale Zusammenarbeit (GIZ); International Children's Palliative Care Network (ICPCN); The Regional Psychosocial Support Initiative; REPSSI), SAfAIDS, Sentebale, Sweden/Norad; Swiss Agency for Development and Co-operation (SDC); United States Agency for International Development (USAID); United Nations Children's Fund - Eastern and Southern Africa Regional Office (UNICEF-ESARO); United Nations Population Fund (UNFPA); Voluntary Services Overseas - Regional Health and HIV Initiative for southern Africa (VSO-RHAISA); Southern Africa Federation of the Disabled (SAFOD); World Vision International (WVI); and Y+ South Africa; Finally, we acknowledge the services of Dr. Nyasha Madzingira, an independent consultant who facilitated the Forum.

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
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 Intersexed
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
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 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
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 Health and HIV Initiative for southern Africa
WASH	Water, Sanitation and Hygiene
WVI	World Vision International
YP	Young People
Y4R	Young for Real
YLOs	Youth Led Organisations
YSOs	Youth Serving Organisations

Introduction

The Southern African Development Community (SADC) and the Regional Inter Agency Task Team on Children and AIDS – Eastern and Southern Africa (RIATT-ESA) co-convened a Regional Learning and Linking Forum for Accelerating Delivery of Comprehensive Services for Orphans and Vulnerable Children, and Youth on 9-10 February 2017 in Johannesburg, South Africa.

The Forum brought together experts from national and regional civil society organizations (CSOs), international cooperating and development partners, and Member States to share lessons learnt and experiences in the delivery of comprehensive care and support services for OVC and youth. Drawing on "what works", delegates identified partnerships and mechanisms to accelerate effective national implementation of the Minimum Package of Services for Orphans and other Vulnerable Children and Youth (MPS, 2011); and the Psychosocial Framework (PSS Framework, 2011) in a coordinated and holistic manner, with a view to contribute to realizing the SDG targets, and UNAIDS 90 x 90 x 90 Ending AIDS agenda.

The MPS is a regional policy instrument approved in 2011 for operationalizing the theme of the Strategy on "Comprehensive Care and Support for OVC and Youth in SADC". It provides guidance and a common framework for Member States and partners to adapt and deliver comprehensive services for OVC and youth in a holistic and sustainable manner.

An evaluation of the implementation of the SADC MPS in 2015/16 noted significant progress in Member States as well as challenges and bottlenecks impeding full and effective implementation of MPS. A number of regional and national partners have also been working on delivering a comprehensive response for children across both the SADC and EAC regions with success and challenges. This Learning and Linking Forum was part of a process aimed at defining ways to address these challenges, and catalyse increased civil society, development partner and State (government) collaborations, towards accelerating the implementation of the MPS and PPS Framework.

The purpose of the Learning and Linking Forum was to bring together partners and stakeholders, with influence or operations in Eastern and Southern Africa, to:

a) Exchange lessons, working models and good/promising practices in delivering comprehensive services for orphans, vulnerable children and youth
b) Deliberate and agree on results and time-based partnerships, collaboration and joint implementation arrangements in support of national implementation of the MPS.

The Forum was attended by 11 SADC Member States represented by Senior Experts from Ministries responsible for OVC&Y, education and skills development, and health.. The Member States represented were Botswana, Lesotho, Madagascar, Mauritius, Mozambique, Namibia, South Africa, Seychelles, Swaziland, Tanzania, and Zimbabwe. 42 NGOs and Development partner representatives participated in the meeting. See annex for the participant list.

Multiple methods were utilised for the two-day deliberations. These included presentations, group work, and plenary discussions, including question and answer sessions.

The Forum achieved the following:

a) Shared good/promising practices, working models and lessons in delivering comprehensive services for vulnerable children and youth.
b) Country and regional partnership teams and partnership and collaboration arrangements in support of national implementation of the MPS were developed and agreed upon by delegates.
c) Implementation, monitoring and commitment plans for each country were developed and agreed upon by all delegates.

Overview of Proceedings: Key Highlights and Discussion Points

Welcome remarks were delivered by the RIATT-ESA Chair and SAfAIDS Deputy Director, Rouzeh Eghtessadi; Sweden/NORAD representative, Francis Mangani; SDC, Edson Mugore; REPSSI, Brighton Gwezera; SADC Secretariat, Manasa Dzirikure, RIATT-ESA, Naume Kupe. The main points noted were:

RIATT-ESA/SAfAIDS - Rouzeh Eghtessadi focused on three 'power' points to take away from the Learning and Linking Forum:

- The power of evidence in learning– Participants were to utilise the platform to share experiences on what's working, and what's not working. They were encouraged to re-channel their thinking from gaps, challenges and what is not working to focus to what is working, on the good/promising practices, what are the good models and how they can be replicated and scaled up.
- The power of integration – integration is vital and critical in child development, welfare, rights and wellbeing. Partners were to see how best their activities could be integrated in order to provide comprehensive services to the target populations. Risks such as cyber violence, sexual violence in school environments should be considered in integration of activities.
- The Power of networking and partnerships – SADC Member States need to continue partnering with Civil Society Organisations in implementing the MPS on OVC&Y interventions. In providing services, implementing partners should not compete but complement each other, maximising each other's comparative advantage.

Swiss Development Cooperation - Edson Mugore noted that RIATT-ESA is network that gives space within which to identify ideas and/or opportunities; , disseminate working solutions that can be scaled up and implemented in the field; where members can ask questions about their activities and seek solutions in programming. Networks help in building relationships and help members understand what is happening in their environment. RIATT-ESA's work as a non-aligned entity was to bring members together, package identified good practices and disseminate them widely.

Sweden/Norad- Francis Mangani said the Forum was valuable to Sweden/NORAD in that it contributed to their goal of reducing poverty and uplifting the welfare of those who live on the margins. The meeting brought together a diversity of stakeholders to look at a common theme and an opportunity to shine a spotlight on children who often exist as a footnote within the development cooperation agenda. Also as a funding partner Sweden/Norad learns from what comes out of the field through such meetings which inform funding priorities to be responsive to the needs of the beneficiaries.

REPSSI - Brighton Gwezera expressed REPSSI's gratitude to RIATT-ESA and the SADC Secretariat for co-convening the workshop that provided an opportunity for partners to share and learn with each other to ensure children's psychosocial and mental wellbeing. We need to learn and implement what is

coming from the two-day meeting, to draw on some lessons that are backed by evidence. He encouraged the partners to embrace the power of networking and not competition, in order to help build a better future for our communities.

SADC Secretariat - Manasa Dzirikure emphasised that the role of RIATT-ESA, through its membership, is to support MS to deliver on the commitments on children. While governments are custodians of policies and have a leading role to play in providing a policy environment and guidance in delivery services they cannot do it alone. It is important for them to increase efforts to work together with civil society organisations to implement comprehensive services to children. Building trust between governments, civil society and the private sector is vital as we have different comparative advantages that we need to harness and complement each other.

RIATT-ESA - Naume Kupe presented on the objectives of the workshop and the expected outcome, noting the opportunity to share experiences and working models in real time and the need for closer collaboration between civil society and government representatives through work plans that would be developed at the end of Day 2.

Session 1 Highlights: Conceptual and Design Experiences on Comprehensive Care and Support for OVC&Y

Regional Child and Adolescent Focused HIV Response in the Context of SDGs, and Political Declaration on HIV and AIDS (UNICEF ESARO - Bettina Schunter)

The Regional Child and Adolescent Focused HIV Response is implemented within the context of the United Nations 2016 Political Declaration on HIV and AIDS on the Fast Track to Accelerate the Fight against HIV and to end AIDS epidemic by 2030; and the Sustainable Development Goals.

UNICEF-ESA conceptual framework focuses on super-fast track targets for children, adolescents and young women in the Political Declaration:

Start free

- Eliminate new HIV infections among children by reducing the number of children newly infected annually to less than 40 000 by 2018 and 20 000 by 2020.
- Reach and sustain 95% of pregnant women living with HIV with lifelong HIV treatment by 2018

Stay free

- Reduce the number of new HIV infections among adolescents and young women to less than 100 000 by 2020.

AIDS-free

- Provide 1.6 million children (aged 0–14) and 1.2 million adolescents (aged 15–19) living with HIV with lifelong antiretroviral therapy by 2018. [Reach 95% of all children living with HIV].
- Provide 1.4 million children (aged 0–14) and 1 million adolescents (aged 15–19) with lifelong HIV treatment by 2020. [Reach 95% of all children living with HIV].

UNICEF in ESA leverages on multiple sectors and platforms, including health, nutrition, child protection, social policy, Early Childhood Development (ECD), education, gender, and Communication for Development to implement appropriate HIV-specific interventions, that specifically target people living with and at-risk of acquiring HIV as well as HIV-sensitive interventions that are inclusive of people living with HIV, but do not exclusively target them. In ESA's high HIV burden environment,

incorporating HIV work into other sectors is not only essential to achieving epidemic control, but also to achieving expected results in child and adolescent development more broadly.

UNICEF takes a multi-sectoral life cycle approach to programming focusing on children aged 0-4 years, 5-9 years, 10-14 years and 15-19 years. Some of the integrated activities include PMTCT, immunisation, Early infant diagnosis (EID), birth registration, Paediatric antiretroviral therapy (ART), ECD, parenting programmes, Violence against children (VAC), nutrition, social protection, communication for development - harmful / traditional norms, primary school, adherence support, transitioning to secondary /Comprehensive Sexuality Education, secondary school and transitioning to adult ART. One of the ways that ensures that implementers work together is through case management which happens across all sectors in an integrated way (case management of violence, case management of nutrition). UNICEF-ESA developed Integrating Case Management for Vulnerable Children: A process guide for assessing and developing an integrated case management system in Eastern and Southern Africa" which has been piloted and will be disseminated through RIATT-ESA when finalised.

Latest Developments in ECD Research and Programme Experiences (Hope Worldwide - Marc Aguirre)

The presentation focused on a paper published in the 2016 Lancet Early Childhood Development Series. ECD is in SDGs, Goal 4.2 which states that by 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education. Evidence is clear that the first 1000 days of life (from pregnancy to the second year) are critical for a child's development. Often we do not intervene early enough is supporting children in need. Millions of young children will not reach their full developmental potential because they grow up facing a broad range of risk factors, most notably poverty, poor health including HIV and AIDS, malnutrition, high levels of family and environmental stress and exposure to violence, abuse, neglect, and exploitation, and inadequate levels of care, nurturing, and learning opportunities. The burden of risk is high. Globally, about 250 million children (43%) under-5 are at risk of not fulfilling their developmental potential due to poverty and stunting. This risk varies by low, middle and upper-middle income countries but it is important to note that sub-Saharan Africa is disproportionately affected, with over two-thirds of children at risk.

Access to good-quality care and education programmes outside the home are important in providing children with the basic cognitive, language and social skills they need to flourish in school and later life. Only 25% of eligible children attend preschool in sub-Saharan Africa. Not only is the burden of risk high but so is the cost of inaction. A poor start in life limits children's abilities to benefit from early learning and education which leads to lower productivity and social tensions in the long term. The Lancet research estimates that:

- for individuals, inaction and subsequent poor development could mean a loss of about a quarter of average adult income per year.
- countries may forfeit up to two times their current gross domestic product expenditure on health.
- many countries are already feeling the drag on their economies of poor human development.

Therefore, the impact not only affects the current generation but also risks trapping families and children in poverty for generations. When children thrive, communities thrive and so do countries. As a way forward, the Lancet review concluded that to make interventions successful, smart and sustainable they need certain ingredients; the most important of which is that they need to be anchored in what's called 'nurturing care'. These interventions must also be implemented as packages

that target multiple risks, be applied at developmentally appropriate times during the life course, be of high quality, and build on existing delivery platforms – such as health platforms.

Babies and young children need love, care, protection and stimulation by stable parents and caregivers and that a young child's developing brain is activated and constructed by the nurturing care of trusted adults. So nurturing care is defined as a stable environment that is sensitive to children's health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive and developmentally stimulating. The single most powerful context for nurturing care is the immediate home and care setting of young children provided by parents and primary caregivers.

DREAMS: Working Together for an AIDS-Free Future for Girls and Women (USAID/RHAP - Brenda Yamba)

DREAMS is a partnership to help girls develop into women that are: Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe. The partnership was launched on World AIDS Day in 2014 for 10 countries (Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe), by PEPFAR, Bill and Melinda Gates Foundation, and Girl Effect with an initial financial support of $385 million. Johnson & Johnson, ViiV Healthcare, and Gilead Sciences joined the partnership in 2015. DREAMS countries received additional funding to scale up voluntary medical male circumcision (VMMC) and treatment for men.

The DREAMS project focuses on girls, adolescents and young women because there is a youth bulge in sub-Saharan Africa which is growing at a faster rate that China and India. By 2030, the youth population in Sub-Saharan Africa will have doubled from the start of the HIV epidemic (1990). Further, young women and girls account for 75% of new HIV infections among adolescents in the region.

DREAMS has four domains: empower adolescents and young women and reduce risk; strengthen families; mobilise communities for change; and reduce risk of multiple sexual partners. The challenges that adolescents and young women face include lack of access to education, gender based violence, lack of access to health services, and policy implementation issues. Participating countries were provided with a Core Package of Services from which they identified key areas to focus on in their context. Some of the activities include parenting skills, empowering families through the cash transfer programme, and reducing risk of sex partners.

A study in Botswana compared young women and men completing 9 versus 10 years of education. One additional year of education for adolescents can reduce HIV acquisition before age 32 by one third. The protective effect of education is even stronger among young women, the risk of HIV acquisition was reduced by almost half.

Session 1 Discussion and Action Points

What needs to be done to ensure coordination of activities given the many areas of overlap in the presentations?

The discussion emphasised the need to strengthen coordination at all levels. For RIATT-ESA the Linking and Learning Forum was commended as a first step that needed strengthening. Through government coordination through the National Plans of Action it becomes easier to pull together like-minded

partners and implementers through a coordination platform. Funding partners can bring together like-minded implementers to agree on areas of collaboration.

What does the DREAMS School based programme cover and what is the role of governments in the programme? Would there be support to conduct baseline surveys in order to come up with proper interventions rather rely on outdated data?

The school-based programme ensures that girls remain in school. Some countries provide school grants to cater for the girls' school fees. Working within the schools on programmes to prevent gender-based violence, some support HIV testing and counselling. However, condom distribution is a challenge in most countries, but information sharing is possible. Governments are fully engaged in the programme through National AIDS Councils, or Ministries of Health while at sub-national level a DREAMS Steering Committee has been established in some countries.

Strong partnerships especially on cash transfers that are implemented mostly by governments and working in schools means the Ministries of Education are involved. Government counterparts also participate in regional sharing meetings.

Concerning data, countries rely much on data from UNAIDS which is updated on an annual basis, the DHS which happens every five years, and programmes also conduct their own baseline data from areas they work in.

SADC has noted that there are a number of studies done at national level, but often the results are not necessarily owned or certified as official data by the country's National Statistics Office. SADC therefore urges development partners to work closely with Central Statistics Offices who are mandated by Acts of Parliament to oversee all national statistics.

How is the ECD programme affecting vulnerable children, young mothers and orphans? How do you access the parents?

There are still programming gaps especially for OVC&Y. We still have countries without ECD programmes, or where they are concentrated in urban areas. Others do not focus on mothers who play a critical role in nurturing care. Hope Worldwide is consciously trying to address these gaps by running centre- based and home-based programmes. Working mothers are challenging to reach. However, do door-to-door campaigns also run on week -ends.

Session 2 Highlights: Comprehensive Child/Adolescent SRH/HIV and AIDS Research, Care and Support Services

Effective SRH and HIV Interventions for Youth, Adolescent Girls and OVC with adolescent girls and OVC (SAfAIDS – Rouzeh Eghtessadi)

SAfAIDS launched the Young For Real (Y4R) Programme in 2011 which has evolved over the years, informed by baseline and learning through a series of regional and national programmes. The model is currently being implemented in four countries- Zimbabwe, Swaziland, South Africa and Zambia. Central to the Young for Real Model's success and sustainability are national partnerships with civil society implementing partners; Ministries of Health, Education, Gender and Youth; local leadership and development partners. At regional level linkages have been established through the SADC Secretariat initiatives and CSO advocacy processes, ensuring synergy and regional relevance and contributions.

The Young for Real Model uses multiple communication channels and platforms to reach the target population, including community dialogues, community referral networks, engaging families, advocacy campaigns, capacity strengthening and mentoring, radio listening and reading clubs, multi-media campaigns, mass and social media, champion teachers and local leadership, and male involvement, among others. Through these methodologies, enhanced reach, referral and access to services are realised.

Achievements noted from programme implementation:

- Broke barriers impeding effective communication between "adults" (parents, teachers, local leadership) and young people, increased intergenerational dialogue on SRHR, and creation of a conducive environment for young people.
- Increased knowledge, peer to peer referrals and co-empowerment. There is a general increase in access to services (HTS, ART, PEP, SGBV counselling, PSS, social protection). The Sentinel results of November 2016 indicated a reduction in unprotected sex among young people (South Africa from 31% to 7.6%; and Zimbabwe from 30.5% to 10%). An increase in uptake of HIV testing among exposed young people; South Africa (79% vs 39%); Zambia (55% vs 43%); and Zimbabwe (68% vs 54%) was recorded.
- Endorsement, institutionalisation, integration of SRH, HIV and GBV prevention, capacity building materials for teachers and learners into the Ministry of Primary and Secondary Education Guidance and Counselling Lifeskills Sexuality on HIV and AIDS Education Curriculum in Zimbabwe.
- Increased male involvement and adolescent boys and young men protagonists (champions and male mobilisers) for SRH rights of adolescent girls and young women and sanctioning violence against women.
- Increased self-risk perceptions, and decision-making capacities on risky sexual practices among young people.
- Increased number of champion teachers advocating SRHR for young people in-schools, and motivating peers in attitudinal shifts

Lessons Learnt:

Results from the Y4R impact evaluation revealed increased knowledge among young people (YP), safer sex practices, peer to peer referrals and co-empowerment; with resultant increase in service uptake and reduced risky practices among YP, both in and out-of-school.

Where young people are placed at the centre of the HIV and SRH response, and equipped with requisite knowledge, skills, tools and confidence to assert their skills; they play effective roles in both self-regulation and peer-motivation towards reduced risky practices, and improved health seeking behaviours.

By engaging young people's circle of care (parents, teachers) and influencers (local leadership) through breaking communication barriers between them and YP, via Intergenerational Dialogues; Champions are generated for YP SRH rights within the circle of care

This results in creation of a sustained conducive environment within which YP can access HIV and SRH services freely, report GBV; or other adverse practices placing them at risk of HIV infection.

Diversity and inclusion, when integrated into young people program design, ensures inclusivity and specific needs met for female, male, transgender, and other YP sub-groups e.g. YPLHIV/ALHIV, YPLWD and YLGBTI.

YP can be powerful drivers of social change – as "Social Leaders"- when availed requisite tools, skills, confidence and entry into strategic and safe spaces to navigate the SRH and HIV response to meet their specific needs

Moving forward, the programme intends to:

- Continue to align with SADC MPS for OVC&Y, ESA CSE Commitment, SADC SRH/HIV/TB/Malaria Strategy and the SDGs including integration of WASH, social protection, livelihoods skills
- Ensure more population-focused and localized interventions
- Expand pool of Young Leaders in SRH through the SAfAIDS Young People's SRH & Gender Transformation Leadership Academy (YPLA)
- Facilitate increased Linking & Learning to scale-up working/good practice models to inform investment within resource constraints
- Widen engagement of Local Assets e.g. law enforcement, within the circle of care of young people, especially in tackling SGBV as an HIV prevention and SRH promotion factor

Comprehensive HIV and AIDS Care and Support Services for Adolescents (EGPAF – Dephin Mpofu)

EGPAF supports the creation of adolescent-specific services, adolescent-friendly clinic days and adolescent corners at health facilities to increase access to services for this population. The organisation also trains health providers in providing adolescent-friendly health services; develop community-level adolescent health awareness prevention and testing campaigns led by adolescent peer ambassadors; and engage in targeted activities for adolescents and youth during community events, and provide behavioural interventions, including school-based education and sensitization activities.

EGPAF is guided by the following principles in its adolescence strategy;

- Recognition of heterogeneity of adolescents
- Commitment to building an evidence base for adolescent HIV programming
- Need for linkages and referrals to non-health services
- Adolescent engagement in the design & implementation of services and activities

Adolescent-friendly HIV Services (AFHS)

EGPAF is researching new models for AFHS, such as Red Carpet – giving adolescents special treatment and shorter waiting periods to access services.
In high volume ART sites (+200 patients and up to 8,000 patients) transition adolescents to special days and care.
Engage patients (adolescents!) in building AFHS; on management committees, giving feedback on services and implementing activities.
Helping to align donor investments to improve district-led responses that includes setting standards for care (WHO/UNAIDS).

Adolescent Disclosure Support and Retention in Care
Support for disclosure of HIV status to HIV-positive children and adolescents and support for HIV-positive adolescents to disclose to family, friends, partners, and peers.
Enhanced follow-up by health workers and peer educators outside the health care setting to help adolescents remain on treatment.

Training of health care workers to provide adolescent-specific services through facility-based continuing education (CME) and on-site mentorships.

Some of the challenges experienced in implementing these programs are;

In general there is limited data about the effectiveness of adolescent friendly services for HIV (AFHIV). Patient-feedback mechanisms; especially for adolescents are missing. There is so much focus on supply provision without knowing if it works for the patients and why not.
How do we come up with community-based programs, culturally competent that facilitate an enabling environment and encourages voluntary, stigma-free uptake of HIV services by adolescents
How do we facilitate enrollment of diagnosed ALHIV into care and rapid initiation of ART

The Adolescent Programme is implemented in eight countries- Kenya, Lesotho, Mozambique, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

A Holistic approach to addressing Child Marriages (VSO-RHAISA – Onias Hlungwani)
Voluntary Services Oversees - Regional Health and HIV Initiative for Southern Africa (VSO-RHAISA), works in Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe focussing on Health and HIV programs, including SRHR, women economic empowerment and ending child marriages. The rates of Child marriage are high in the SADC region and SRHR program looks at interventions to arrest this trend. The programme received 3 year (2014-2017) funding from SWEDEN/NORAD to work in this area as part of SRHR and women economic empowerment program.

Approaches and successes:
At local level, the programme trains CSO partners in six countries to cascade the work in communities; supports parliamentarians to work directly with their constituencies to reduce teenage pregnancies and champion ending child marriage (Mozambique, Zimbabwe, Malawi and Zambia); and support a number of adolescents who were in early marriage to go back to school. At national level, the programme trains parliamentarians to understand key issues in HIV, AYSRHR and Child Marriages through peer-to-peer learning with political volunteers from the UK and Irish parliaments; and produce policy briefs on AYSRHR and Ending Child marriage which guides the parliamentarians to debate in parliament. In 2016, Malawi and Zimbabwe tabled Bills on elimination of child marriages. At regional level, VSO provided support to a cohort of Parliamentarians to attend AU facilitated training; hosted a VSO RHAISA Annual Conference that brings together partners, Members of Parliament, Government representatives, CSOs and primary actors from six countries to discuss #EndingChildMarriage; and conducted a study in three countries to assess the roots causes of Child marriages as evidence for intervention. Globally, VSO draws lessons and experiences through partnership with the Global Girls Not Brides Coalition.

Game changers in VSO RHAISA programme of work On EndingChild Marriages are:

- Partnerships are key to success , AU, Girls Not Brides network eg with AU Campaign Team and jointly launched the AU campaign in Zimbabwe @ICASA 2015
- Work with MPs who are responsible for making laws, policies and Bills, this help in influencing laws like recent success in Malawi and Zimbabwe in legal age of marriage
- Using International Political Volunteers helps peer to peer learning
- Conference bring together stakeholders to keep conversations going on
- Working at multiple levels community level, regional level (SADC), Continental level (AU) and global Level (GirlsNotBrides)
- Engagement and participation of survivors and young people to tell their story and challenge leaders and policy makers

The programme targets traditional leaders as part of training and uses influential persons like First ladies Madame Mutharika and Madame Thobeka Zuma to counter cultural sensitivities.

Some of the challenges encountered in implementing the programme are:

- Government changes and MPs change, so VSO works with both the opposition and government to minimise loss of trained MPs
- The slow or no implementation of laws and policies e.g. SADC Model Law is a big challenge Instituting the partnership needed with communities to demand implementation
- Long advocacy and policy formulation processes- sometimes e.g. SADC Model Law takes over 2 years to get one policy approved
- Lessons Learnt
- Good preparation and orientation of overseas political volunteers may yield good results e.g. with Baroness Elizabeth Barker placement.
- Participatory research with young people and their families is fundamental to understanding the complexity of early and child marriage and allows programmes to be directed towards the right solutions.
- Youth and community participation to prevent Child Marriages, VSO planning to work with youths and community more and create champions in six countries.
- Male involvement in this campaign is important.
- Partnerships are key to successful programmes,at all levels and is to including the private sector

Workable Approaches to Enhancing Service Delivery and Child Protection (WVI – Barbara Kalima-Phiri)

In 2005, WVI introduced the Citizen Voice and Action (CVA) Model to address weak accountability of essential services, particularly health and education through strengthened dialogue between government, service providers and communities. CVA is a social accountability approach designed to improve the relationship between communities and government in order to improve services that impact the daily lives of children and their families. “Social accountability strategies try to improve public sector performance by bolstering citizen engagement and government responsiveness” (Fox, 2014).

The CVA Model has three main components, (i) enabling citizen engagement, via community gatherings, (ii) improving services and (iii) influencing policy. Through the social accountability process, communities are empowered which is an important element. The second outcome is deepening democracy - stronger, institutionalized relationships between citizens and their governments. Lastly, communities enjoy improved service delivery.

Improving MPS for OVC&Y Implementation through CVA

Systems and processes for delivering services are not user-friendly, which discourages young people from seeking health care services. Children and Youth involvement in monitoring government commitments/standards will transform the behaviour of both citizen and government relations as well as transforming underperforming government systems.

Limited coordination and integration of programmes and OVC&Y services at different levels. By using a simple set of tools, a joint action plan is developed and facilitates a process to ultimately improved services in a collective manner. Vertical integration – from local to national policy making is promoted as well.

Inadequate delivery of information and services for children, their caregivers and young people with disability due to poor programming and lack of capacity of service providers and skills. DIVA=CVA. Enabling citizen engagement piece empowers communities with rights and responsibility information about service delivery.

CVA Tool is adaptable – CVA for Mining; CVA for Education & Health, CVA for WASH etc. There might be an opportunity to develop CVA for MPS/OVC& Y implementation (e.g. youth friendly health services).

Comprehensive Sexuality Education for Children and Adolescents: Using the Process Oriented Approach (Save the Children – Tafadzwa Madondo)

The primary target for the Save the Children SRHR Programme are children, adolescent youths and young people, vulnerable boys and girls, children affected by HIV and AIDS, and children and adolescents in migration situations. Secondary target audience are parents and guardians, partner organisations, community gate-keepers, and teachers and educators. Save the Children implements the programme in over 120 countries worldwide. Phase 1 of the Process Oriented Approach focused on three regions Eastern, Western and Southern Africa – working 10 countries (Kenya, Tanzania, Swaziland, South Africa, Zambia, Zimbabwe, Malawi, Ethiopia, Côte d'Ivoire and Senegal) while Phase 2 focused on Eastern and Southern Africa (Kenya, Malawi, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe).

The current programme under Phase 2, Pan African Comprehensive Sexuality Education Project (2012 to 2016) works towards:

- Improve early access to comprehensive sexuality education and information (CSE&I) for children in the age group 5 – 18 years across the region.
- Tell Me More Research - Training partners on the process oriented approach to mainstream CSE in communities to reach children.
- Project result areas: reaching children with CSE and SRHR information, scaling up advocacy, and knowledge management.

Training using the Process Oriented Approach, is structured in 3 phases:

Phase 1 focuses on personal reflection and understanding the key concept of sexuality, SRHR in relation to child rights programming.

Phase 2 is focused understanding the linkages between sexuality education, SRHR, gender, HIV and the linkages.

Phase 3: mentoring where trained participants go back to communities and start applying the POA methodology in programming and cascading it in organisations and communities to reach out children.

At Regional level, Save the Children partnered with SADC, AU, EAC, UNFPA and UNESCO in advocacy activities. They participated in the development and launch of the SADC Minimum Standards for Integration of HIV and SRHR Services and engaged religious leaders on religion and sexuality.

National level advocacy was on integration of SRHR into school curriculum (Senegal and Ethiopia Government task teams), training of journalists (ASBEF and AMREF), and advocacy with radio stations and media platforms (religious radio station).

POA training
Trained on POA to CSE – 139
Master trainers on POA – 49
Mentors trained on POA to CSE – 39

Defining reach
CSE&I project pillars with key topics
Capacity strengthening of our partners (Child safeguarding training)
At least four hour of engagement on CSE&I topics

Target – 340,000
2014 reached 220,148
2015 reached 279,946
2016 reached approximately 380,000

Lessons learnt:

- Engaging community gate-keepers is important because they have influence at community level.
- The importance of partnerships – this has assisted Save the Children in its advocacy activities.
- Working in a culturally sensitive manner – sexuality is a sensitive topic, hence the conceptualisation POA activities within the community context.
- Important to work with children Peer educators and peer supporters.

a) Safeguard Young People Programme – a Comprehensive Approach to Fulfil Adolescents' and Young Peoples' Potential (UNFPA – Renata Tallarico)

The UNFPA Safeguard Young People (SYP) Programme isimplemented in eight southern African counties, namely Botswana, Lesotho, Malawi, Namibia, Swaziland, South Africa, Zambia and Zimbabwe. The SYP Programme is currently being funded by SDC. The partners for the programme include the African Union Commission (AUC), RECs, Governmental and Non-Governmental Organisations (NGOs), Youth Led Organisations (YLOs) and Youth Serving Organisations (YSOs), traditional and religious leaders, and UN family, among others. The primary target audience for the SYP Programme are adolescents and young people aged 10-24 years while the secondary target audience encompass teachers, health providers, youth-serving organization, religious/traditional and policymakers, parents and youth leaders.

The SYP approach has five prongs:

- Policy – Improved policy and legal environment for addressing issues affecting young people, policies and programmes at the regional, national and sub-national levels.
- Knowledge – provide comprehensive sexuality education to improve young people's skills in protective sexual behaviour.
- Services – scale up youth friendly and integrated SRH and HIV services for young people
- Empowerment – increase leadership among young people, especially girls, in regional, national and global development processes.
- Evidence – document and disseminate evidence, lessons learnt and best practices

The SYP 3E Policy Framework emphasizes education, empowerment and employment of the youth to harness the demographic dividend. The overall goal of the SYP Programme is "To improve sexual and reproductive health status of young people aged 10 to 24 with a special focus on HIV prevention in the eight Southern African countries by the end of 2019". The Programme uses a variety of strategies to reach out to target audience, namely, youth participation, innovation and technology (music and mobi-site), capacity building, knowledge management and implementing partners.

Activities at regional level:

- A comprehensive analysis of laws and policies affecting ASRHR aimed at harmonizing legislation in the region was completed for its subsequent adoption by SADC and EAC.
- The SADC Model Law on Child Marriage was developed in collaboration with SADC Parliamentary Forum, with its main objective being to serve as a yardstick and an advocacy tool for legislators in the SADC Region. The Model law was adopted by SADC PF General Assembly in Swaziland in June 2016.
- The Comprehensive Sexuality Education (CSE) Manual for Out of School Youth in the region has been finalized and it aims at strengthening national capacity to improve and expand comprehensive adolescent sexual and reproductive health programs.
- A Manual called 'iCAN' on CSE for young people living with HIV has been finalised in collaboration with Safaids Regional Office and it will be widely popularised in the countries in 2017 for its adoption and utilization at national level.
- A review of existing AYFHS guidelines and standards, and assessment of how they were being implemented in the ESA region was conducted in partnership with IPPF Regional Office with the intent to improve quality and coverage of adolescent and youth and develop YFHS regional guidelines for institutionalization and scale up of AYFHS.
- As part of the SYP Music Project, SYP produced a music album "We Will" with 10 thematic songs in 2015 on issues related to adolescents sexual reproductive health including healthy relationships. In 2016 the programme supported the production of music videos for a greater reach of young people using other channels such as TV, YouTube etc.
- The Africa Adolescents and Youth Dashboard, an automated visualization and geographic representation of sexual and reproductive health data on adolescent and youth, was updated data and 11 new indicators were added, bringing the total to 35. The dashboard is available at http://www.dataforall.org/dashboard/unfpa/ay_africa/
- SYP embarked on project site resource mapping, documenting the profiles of the health and educational facilities, getting insight into the HMIS and EMIS, developing demographic inventories and GPS mapping of HIV and teenage pregnancy prevalence hotspots.

Programme achievements:

Activity	Reach
Condoms distributed to young people	80.8m
Young people reached with SRHR messages through social media	14.3m
Adolescents and youth reached with SRH services	1.5m
Out-of-school young people reached with SBCC and CSE programmes	811,000
Young people reached with SRHR messages through the music project	278,000
Young people capacitated on leadership and participation	3,000
Teachers trained in the delivery of CSE in collaboration with UNESCO	17,000

Stakeholders (governments, NGOs, community leaders, traditional leaders) capacitated on CSE	8,000

Some of the challenges encountered during programme implementation were limited coordination of Line Ministries (Ministry of Health, Ministry of Education and Ministry of Youth) that are involved with young people, limited coordination with other initiatives (DREAMS etc.), inadequate funding to scale up of the programme, and the geographical focus.

Lessons learnt from the SYP Programme include the importance of Governments' and RECs' ownership of the programme (Steering Committee); strengthened coordination mechanisms at national level; innovation and youthful strategies (social media, music etc.); youth ownership and participation to the programme; and levering on existing initiatives and partnerships (e.g. Ford Foundation, Coca Cola, Save the Children etc).

Session 2 Discussion and Action Points

Do your programmes (EGPAF) have a PSS component for children who are living with HIV and their status has been disclosed? Do you target children and adolescents living with HIV?

EGPAF established area clubs that cover treatment literacy programmes, share information on nutrition and offer PSS. We also realised in our programming that we were working with peer groups for women but none had been established for adolescents. We have started peer classes for adolescents.

CVA- How do you get buy in from government and build trust? Implies good governance at a local level, to what extend do they input in the participatory budgeting process for service provision. To what extent do CSOs that do service delivery prepare governments to take over programmes?

The CVA model provides a platform for the government to explain standards, guidelines and shortcomings. CVA is a process that builds trust. It identifies and removes bottlenecks in government systems. CVA has helped to open dialogue with planners. It took the CVA programme in Malawi up to two years to build the trust with the government and initiate dialogue.
Communities are informed on a number of areas including government structure, processes in accessing resources, and their responsibilities as citizens.
SDC in partnership with Action Aid and SAfAIDS is funding training programmes on Social accountability through Rhodes University for partners who need funding support to apply.

What are the main reasons for child marriages in the SADC region? What is the consensus, if any, by parliamentarians in the region on age of marriage? Child marriages are regulated by law, how do we define these marriages? How are traditional leaders engaged in your programme implementation? What is the issue on child marriages?

A study carried out by VSO indicated that the main reasons for child marriages were social determinants such as poverty, culture, lack of education, and religions that institutionalise child marriages.

Marriageable age is contentious. The law says 18 years, but there are laws on consent that tend to give leeway to marrying below the stipulated marriageable age.

Definition of marriage is clear in the law but there is disconnect between the provisions of the law and what happens on the ground. The SADC Model law needs to be taken on board for utilisation by all SADC Member States.

Only 5 out of 23 countries in ESA have a law that sets age at marriage at age 18. So there is more that still needs to be done for all countries to adopt the age of 18 years. Dual system - customary and civil laws – to be addressed together.

UNFPA and VSO do not advocate annulment of marriages but protection of young people in marriages and ensuring their education and development – SADC law talks of prevention and protection for those already in marriage.

What targeted interventions are there for adolescents aged 10-14 years, as they appear to be ignored?

DREAMS uses the family as an entry point targeting skills building for the family to be able to discuss issues with all adolescents.

There seems to be no programming that focuses on children and adolescents in institutions, those in schools and in prison?

The programme under EGPAF has peer support groups that meet over weekend in order to accommodate youth in school.
Other programmes are implemented in tertiary institutions and in factories.

To what extend have you been able to consider children living with disabilities in implementation of various programmes?

The SYP Programme has integrated disability. A situation analysis was undertaken, and there are discussion on planning for a regional programme through SADC.

The CVA programme in Swaziland was able to articulate disability standards in schools and one school has built ramps and re-modelled the doors to accommodate children living with disabilities.

Is implementation of the Y4R at national level/reach?

The challenge of limited resources remains an issue for programme scale-up, coupled with capacity of the NGOs and the communities to support the interventions.

Harnessing the demographic dividend through the use of social media is innovating and reaches young people. There is a lot more that can be done through the use social media in programming and reaching the youth.

Session 3 Highlights: Experiences with HIV Prevention, Treatment, PSS, Social Protection

HIV Prevention in Young Populations in Eastern and Southern Africa: Key Considerations for an Accelerated Response (HEARD – Kaymarlin Govender)

The presentation focused on young people, those aged 10 to 24 years. The concern about young people emanates from the youth bulge in Africa particularly in low income countries. Adolescents and youth are important in addressing their sexual reproductive health and rights, deviant behaviour and mental health issues.

In HIV and AIDS interventions, progress was made since mortality levels and infant infections have declined. There are significant gains in access to HIV treatment, UNAIDS fast track initiatives, combination prevention, and the DREAMS initiative aimed at stemming the epidemic. The epidemic has gone through three major stages: the pre-2000 where the focus was more on understanding epidemic and modes of transmission; the MDGs phase which aimed to halt and reverse the epidemic; and the SDGs focusing on test and treat, and integration of HIV and SRH agenda.

The gaps identified in HIV programming for young people are the high HIV mortality young key populations (15-24 years), high incidence of new infections in young women, age and gender differences in HIV prevalence in the 10-19 years and indicator of possible intergenerational transmission of HIV. In terms of data, there is a gap in HIV disaggregated data by age and sex. We need surveillance system to be able to track the epidemic. Another barrier for research is the issue of consent. A child under the age of 18 years cannot be tested for HIV unless there is consent from parents or guardians. It becomes difficult to navigate the ethical complexity of consent when dealing with young adolescents.

The programme targets adolescents and young women in and out of school. A current programme running in KwaZulu Natal (KZN) district is evaluating one of the DREAMS intervention activities assessing programme intensity and coverage issues. This is a four year assessment through multiple baseline surveys. Randomised survey in KZN for men age 25-35 years, indicates men are drivers of the epidemic, viral suppression is very low, they do not know their status, are not on treatment, inconsistent condom use, HIV and STIs high, mental issues, and suffering from depression.

Going forward, there is need for more data on young population to be able to undertake interventions; HIV programming should consider the transitioning of young people to adulthood; need to find strategies on how to engage men with HIV interventions; age of access to HIV and SRH services for young people; and the cash transfers to build resilient communities. Young key populations are most vulnerable and there is need to consider more research and interventions with these groups (sex workers, MSM, IDUs) focussing on stigma reduction and access to services.

Promising Practices in Clinic-Community Collaboration (PATA – Luanne Hatane)

PATA is network of health providers and associated health facilities in sub-Saharan Africa. Its activities include (i) sharing global guidance, information and tools (ii) facilitates learning forums for peer to peer exchange and regional collaboration (iii) Develop, support and disseminate quality

improvements in the form of small operational 'promising practices' and (iv) Utilising promising practice lessons from the frontline - advocate for programmatic and policy change.

The PATA Clinic-Community Collaboration Project is being implemented in 8 East and Southern African countries, namely Ethiopia, Malawi, Nigeria, Uganda, Cameroon, Zambia, DRC, Kenya, and Zimbabwe. The objectives of the three-year project are to:

- Improve PMTCT and paediatric HIV service delivery through establishing clinic and community health partnerships.
- Identify and disseminate challenges, lessons learned and best practices for clinic -community linkages.

The two domains (clinics and communities) often continue to work in silos and we remain challenged in trying to integrating effective clinic community management systems. Three projects are being implemented in 36 clinics, with four partnerships per country across the nine participating countries. The project includes the development of thirty-six joint activation plans on social mobilisation and sensitisation, and care and support (retention, resilience and family care givers support). The outcome of the work is a positive shift in relationship indicators and an increased number of children initiated on treatment. The three year project culminated in a Regional Learning Forum where the 36 clinics and CBO partners shared Joint-Activation Projects and promising practices; barriers, lessons and key take home messages; and shaping & informing the development of a toolkit on clinic-community collaboration.

PATA Summit – Regional learning Clinic-CBO Collaboration – Key Messages:

- Methodology – Clinic and community a way of doing our work
- It is a relationship with a purpose
- Community remains the key agent for mobilising access, linkage and retention to services
- Need to build greater operational evidence on the impacts of clinic-community collaboration
- Develop indicators for effective partnership that are integrated into workplans of both CBOs and health facilities
- Invest in district and local level platforms, facilitate and capacitate planning and joint activation plans

Some of the challenges noted from programme implementation and shared at the meeting were:

- Like any relationship, confusion and conflict relationship versus the task at hand.
- Unclear roles, unclear lines of communication and lack of defined roles between clinic and CBO.
- Different work spaces, responsibilities and lines of accountability and yet similar goals and interests.
- Issues of Power, control and ownership.
- Activity reports are not shared which made it difficult for the other partners to follow on the progress of activities.
- Different strategies, perceptions and ways of working.
- Many projects emerged as Promising Practices however lacked sufficient M&E. As such they were not effectively measured to show impact of the relationship on improved health outcomes.

Domestication of the MPS and PSS Conceptual Framework- The South Africa Experience (REPSSI – Eric Motau)

The presentation shared the experiences in domestication the MPS and the PSS Framework in South Africa. The process was done in partnership with the Department Social Development in South Africa.

An assessment carried out in the SADC region informed the development of the MPS and the PSS Framework. Out of the six areas on services for OVC&Y in the MPS, PSS was the least understood, with definitions and measures of PSS indicators differing from country to country. There were no implementation guidelines nor standards.

The domestication process in South Africa drew a lot from the National Policy Framework for OVC and NPA 2009-2012 which already had objectives focusing on PSS for OVC and their families, which was the key area of interest for the process. It in 2009 with a visit to Malawi and Uganda by government and partners to learn on how PSS services were being provided. A Stakeholder workshop was held in 2010 to align the MPS and PSS Framework to local policies and strategies. A draft document was developed in March 2011. The document was then presented to the National Action Committee for Children affected by HIV and AIDS which oversees the implementation of the NPA. Provincial consultations were carried out using the draft for CSOs and partners to input and strengthen the document which was subsequently finalised and disseminated in 2012.

The document used the house metaphor to show how PSS services can be provided beyond HIV and AIDS. REPSSI then developed intervention based guidelines to complement the framework with the aim of harmonising practice on the ground and show how to implement. The guidelines were finalised in March 2016 and currently being implemented in 18 provinces.

Lessons learnt

- The process took longer than anticipated, due to the consultations for buy in and domestication of documents to the local context.
- The process was well coordinated through NACA, monitoring progress on a regular basis and a project approach linked to the Government Annual Performance Plan. The development of the documents became part of the performance plan for Government staff involved in the process.
- The project had dedicated funding for the process, with funding support from USAID and UNICEF.
- Partnership between government and CSOs.
- Alignment with government key documents helped for buy-in.
- It is important to have clear indicators for measurement of activities.

Promoting Human Rights and Access to Health Services in Prisons- for Juveniles and Youth Offenders (VSO – Tafadzwa Sekeso)

VSO RHAISA in partnership with the United Nations Office on Drugs and Crime (UNODC) implements a programme to promote human rights and access to health services in prisons targeting juveniles and youth offenders. Primary targets are prison populations including, but not limited to men, women, juveniles, children born in prisons, prison staff and their dependants and ex-prisoners. The first phase of the programme is implemented in Malawi (Bzyanzi), Swaziland (Mawelawela Correctional Centre), Zambia (Katombora Juvenile), and Zimbabwe (Chikurubi Female Prison and Whawha Young Offenders) since October 2015 running till September 2018. Financial and technical support for the programme

is from the Swiss Agency for Development Cooperation (SDC) and Big Lottery Fund. This promising practice is based on Mawelawela Correctional Centre in Swaziland.

Outcome 1: Improved policy environments which are human rights-based and responsive to the health and HIV and AIDS related needs of prison populations in targeted countries in Southern Africa.

- In the process of developing an evidence based Regional advocacy strategy for young offenders On ASRHR (statutory rape).
- Conducted policy Dialogue sessions including sessions on children and Juveniles (for community sensitisation and engagement).

Outcome 2: Improved coordination among Government sectors and civil society in the delivery of health and HIV and AIDS services in prisons in the targeted countries.

- There are established Technical Working Groups (TWGs) in all countries and VSO and UNODC are working together to strengthen the TWGs especially to enhance the implementation of the SADC Minimum Standards of Health. Youth representation is a requirement in the groups.
- Establishing the National Steering Committee Meetings with civil society organisations implementing health programmes including HIV and AIDS in prisons. Organisations working with youth are encouraged to participate.
- Also formation of ex-prisoners Associations which are now joining the National Steering Committee meetings. Youth ex-offenders encouraged to participate.
- Developing MOUs with key line ministries including the Ministries of Youth and Ministries of Gender.

Outcome 3: Improved availability and accessibility of strategic information on the situation and needs related to health and HIV and AIDS in prison settings in targeted countries by civil society and government actors involved in prison policy and implementation.

- Identified Swaziland as a good/promising practice on juvenile rehabilitation and reintegration of offenders back into society.
- The good/promising practices are aligned to the SADC Standard Minimum Standards on Health, HIV and Sexually transmitted Infections (STIs) in prison, with juvenile prisoners been acknowledged as particularly vulnerable in prisons.
- Key lessons from the Swaziland project:
  (a) Holistic approach addressing psychological, health, spiritual, life skills training, aspects of rehabilitation
  (b) The partnership and participatory approach harnessing the positive energies of different stakeholders including the inmates themselves, communities, relevant Government ministries and departments, UN agencies, NGOs, corporate sector players and the media
  (c) an enabling legal and policy environment (lobby in parliament, legislation reviewed and revised).
  (d) a clear guiding strategic plan
  (e) strong visionary leadership, and
  (f) using multidisciplinary team of staff highly qualified in their respective disciplines.

In all the countries, the project supports vocational skills workshops targeting the youth (nutrition, welding, carpentry and upholstery). Capacity building activities include sensitization meetings; information sharing sessions; peer education training; provision of PSS through partners (REPSSI, Childline); training of prison officers and support groups; volunteer placements; and trainings on the SADC Minimum Standards in prisons.

Some of the challenges experienced include limited partners that programme in prisons to augument service provision; prison systems not yet fully correctional in training and service provision; and that juvenile and young offender rehabilitation programmes often not adequate and appropriate

Key Lessons Learnt

- Managed to gain support and trust from Prisons and Correctional Services within the region due to the social, human and financial capital invested by all partners. Investing in relationships and partnerships count.
- Juvenile Offenders are a key focus area with boys increasing in vulnerability due to sexual related offences. There is need to advocate for penal reform on sentencing policies and a lot of knowledge sharing and education on ASRHR.
- Increase female participation in programmes including life skills especially those living with HIV and AIDS as well as those living with their children on correctional facilities.

Approaches and Experiences in Disability Rights (SAFOD – George Kayange)

The Southern Africa Federation of the Disabled (SAFOD) is the leading Southern African disability-focused NGO engaged in coordination of activities of organisations of Persons with Disabilities in the Southern Africa Development Community (SADC) region and at international and / or continental level as circumstances may dictate. The organisation was formed in 1986 by Persons with Disabilities for Persons with Disabilities as a federation of Disabled Peoples Organisations (DPOs) with a strong presence in 10 countries.

Some of the programmes and policies that our affiliates advocate at national level relate to the rights of children with disabilities infected and/or affected by HIV and AIDS. Other programs and policies relate to social inclusion of children and youth with disabilities within education (from ECE level to tertiary levels); within health, and social participation in general. Other areas include targeted inclusive interventions for children with disabilities who lack social protection, within the early childhood development programs.

The presentation focused on one programme which SAFOD is implementing through its affiliates in four countries in Southern Africa, namely Zambia, Mozambique, Lesotho and Angola. Funded by OSISA, the Early Childhood Development and Education (ECDE) project seeks to build DPOs' Capacity and that of other community structures in Promoting Inclusion in Early Childhood Development and Education within CBR Programs in Southern Africa. This ECDE program was initiated on the basis that in many countries in the region, ECDE policies do not come out clearly as regards to children with disabilities especially on diversity of disability. The same is true with social protection policies wherever they exist – disability tend to be hidden with "Vulnerable groups" but without unpacking the specific needs/challenges that children with disabilities face, which require specific mention or targeted interventions. Similarly, even at SADC level, disability inclusion has not really been considered in some relevant SADC protocols and other documentation. For example, one of the key document on which this argument is based is the SADC RISDP which came to an end in 2015.

The ECDE project is implemented as a Community-based rehabilitation (CBR) programme. CBR was initiated by WHO in 1978 in an effort to enhance the quality of life for persons with disabilities and their families; meet their basic needs; and ensure their inclusion and participation. While initially a strategy to increase access to rehabilitation services in resource-constrained settings, CBR is now a multi-sectoral approach working to improve the equalization of opportunities and social inclusion of

people with disabilities while combating the perpetual cycle of poverty and disability. CBR is implemented through the combined efforts of persons with disabilities, their families and communities, and relevant government and non-government health, social and other services. The CBR strategy consists of five key components a follows: (1) Health, (2) Education, (3) Livelihoods, (4) Social, and (5) Empowerment. Each component is further sub-divided into five key elements, which makes this strategy probably the best in addressing issues affecting children with disabilities, including HIV Treatment, PSS, and Social Protection.

Using the CBR strategy, SAFOD's affiliates are implementing the ECDE program in the four countries mainly focusing on the following specific interventions:

- Enhancing early identification at community level for children with special needs through inclusive CBR interventions.
- Strengthen community support services for ECDE programs through CBR interventions that are inclusive of children with disabilities.

The program is already making impact. For example in Mozambique, 51 children with Special Educational Needs were already identified within the first six months of program and put into the ECDE centres where they are receiving wide range of social services, including PSS. Of this number, 35 were males and 16 females between the ages of 0 and 6 years.

The Need for Palliative Care in Children with HIV/AIDS (ICPCN – Busi Nkosi)

International Children's Palliative Care Network (ICPCN) is a network of organisations and individuals who work in palliative care across the world. The main mission of the network is to advocate for palliative care for all the children with life limiting and life threating illnesses of which HIV is one, and their families. The goals of palliative care are to relieve pain, to relieve distressing symptoms, and to improve quality of life of both the child and family.

The WHO defines palliative care for children as the active total care of the child's body, mind and spirit, and also involves giving support to the family. It begins when illness is diagnosed, and continues regardless of whether or not a child receives treatment directed at the disease. Health providers must evaluate and alleviate a child's physical, psychological, and social distress. Effective palliative care requires a broad multi-disciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited. It can be provided in tertiary care facilities, in community health centres and even in children's homes.

Pain in children living with HIV and AIDS is a multifactorial, biologically complex problem associated with diminished quality of life and increased mortality (PACTG 219). Pain in advanced HIV can be more complex than pain in children with cancer and is more commonly related to the disease and its complications.

The causes pain in children living with HIV

- HIV itself: peripheral neuropathy, cardiomyopathy, myositis, arthritis, osteonecrosis of the hip
- HIV infected children are over-sensitized to pain as a result of neuronal damage during development.
- Animal data suggests that exposure to noxious stimuli during development of the nociceptive neuronal circuitry (the pain pathway) results in a permanent rewiring of the central nervous system.
- Secondary and opportunistic infections
- Repeated painful procedures

- Non-AIDS conditions, same things that cause pain in children without HIV, dental disease, migraine and tension headaches, and trauma.
- Psychosocial stressors – emotional pain

It is important to treat pain since untreated acute pain is responsible for considerable morbidity and even mortality; HIV infected children with pain are five times more likely to die than patients without; untreated acute pain can lead to chronic pain; and untreated acute pain can reset the pain threshold for the rest of the child's life.

State of palliative care in Africa
Estimated CPC coverage against the needs:
South Africa – 801,155 (4.76%)

Kenya – 680, 717 (less than 1%)

Zimbabwe – 312, 046 (4.64%)

International Agencies on palliative care for children:

- United Nations Committee on Economic, Social and Cultural Rights (CESCR General Comment 14, para. 34. 2002)
- United Nations Special Rapporteur on Health and Torture
- United Nations Convention on the Rights of the Child (Article 3-Best interest of the child; Article 24 -Right to health; Article 37 - freedom from torture; and General comments No.15 (2012) Article 24 paragraph1).
- Global Action Plan for the Prevention and Control of Non-Communicable Diseases
- Universal Health Coverage
- World Health Assembly Palliative Care Resolution 67.19 (2014)

Moving forward:

- Integrate children's palliative care into all health care services for children.
- Include children's palliative care in relevant health, welfare and educational policies.
- Ensure training for health care workers in children's palliative care and development of mentor programmes to support these professionals in their work settings.
- Ensure equitable access to pain-relieving and other palliative medicines, including opioids.
- Make available adequate funding for children's palliative care.

Session 3 Discussion and Action Points

What are some of the challenges the disability project has faced and how are you addressing them? How have you managed to locate and target this group? Have you come across any instruments that focus on disability in the countries you are implementing the programme? If so, why are these countries not enforcing the aims of, say the CRC, during the period of project implementation? To what extent do Governments come in to take ownership and lead the process where they end up with disability friendly budgeting, services and schools as a priority?

Some of the challenges in disability programming and service provision - stigma is still prevalent; access to ECDE centres – environment not conducive; the ECDE teachers have not been adequately trained to handle children with disabilities; while policies and training curricula do not include issues of disability.

We are raising awareness in the community; enhance cooperation with other organisations, strengthen referrals for example for PSS which we do not specialise in. We use community structures to identify children with disabilities.

Most countries have ratified a number of instruments including the CRC but our findings indicate that ratification does not necessarily translate into implementation. Some policies with disability are not adequately implemented due to the challenges I alluded to earlier on.

Government involvement – the project is focused at community level and not at central level due to the size of the grant. At community level, we work with the Ministries of health, education, and local councils. There are established committees to steer the implementation of the project. Committee members were trained in ECDE and disability and how to identify the children. The project has developed an identification toolkit used to identify children with disabilities in ECDE.

While the VSO project in Swaziland is a good practice, parents are now offloading their children into the school. What do you have in place to transcend beyond the correctional services to reach the community? How do you handle cases of women who bring children into prison environment?

The increase in demand of services is a positive move that promotes and encourages re-integration. Community members are allowed to come into the school and be trained in different skills.

Women incarcerated with their children keep the children until they are two years old. Thereafter, the children are put under the Department of Social Welfare for care and welfare.

Has the decentralisation responsibility been taken up by the private sector or has the government devolved to have budgets at local government level?

Decentralisation is context specific. There is global guidance in terms of community engagement and the funds to be allocated to the process. In communities that are well organised, funding has devolved to district level. South Africa, for example, has established Multi-sectoral Action teams. In most countries this is ad-hoc, hence, the need for clear policy written in district planning with clear indicators and budgets.

Generic Recommendations towards the Roadmap

Ensure "youth participation" in practice, by facilitating participation of young people (and adolescents) in meetings and platforms such as this one – practically give them a voice to inform the agenda that affects them.

Action RIATT-ESA will:
- *Ensure greater youth participation in future events 2017 and 2018*
- *Engage Child Parliaments, e.g. Swaziland has empowered Child Parliament members*
- *Motivate its members to do the same for their respective organisational events in-country or regionally.*

- Apply a family-centred approach as a central model of response, across all basic services – this ensures sustainability.
- There is need for greater coordination, to prevent both duplication and competition, and also enhance complementarity – in reality not "just words". A system is needed track actual coordination. General Comment number 5 of the UN CRC is on general measures of implementation, which gives suggestions on how coordination can happen at country level.
  Action: RIATT-ESA to support coordination and track who is doing what, where possible, to prevent duplication and facilitate value add by partners.

- Need to strengthen research in areas such as child marriages, child friendly services, effects of culture on service provision of SRH, and how to research on children under 15 years who cannot be reached due to ethical protocols that require parental consent.
- Establish a database and repository of information, on who is doing what and where around OVC&Y in the region (possible – however does require resources i.e. a human body, to focus on doing this weekly etc in a systematic manner).
- Draw on the SAFOD model of integrating special education for children living with disabilities, into conventional education systems. There is need for capacity development of implementing partners on mainstreaming disability issues into programming. SAFOD developed an Identification Toolkit for Children with Disabilities utilised to locate children with disabilities that partners can use. SAFOD can provide technical support on how to mainstream disability issues.
- HIV and AIDS are life threatening and therefore children with HIV and AIDS are supposed to receive palliative care. Palliative care must be integrated into the National Health Care systems of all countries according to the World Health Assembly 2014 Resolution.
- Host a sequel Learning & Linking event where MS share how they have, by country, taken forward basic services areas, siting clear inter-sectoral collaboration with CSOs, development partners, private sector and other national partners (evidence of 'partnership in action' for MPS) – *Action: RIATT-ESA will integrate this into its 2018 work plan*

Next Steps: Paving the Way towards an Accelerated Collaborative Roll-out of the SADC MPS

Establishing Partnerships and Developing Work plans

In groups by Member State, funding partners and international Cooperating Partners identified countries that they wanted to work in. Member States and partners deliberated on the key areas of focus that they wanted support on, the main/ sub-activities, the timeframes and responsibilities, from which the developed work plans attached in Annex 1.

Participants agreed on follow-up activities to the Linking and Learning Forum as indicated below:

Immediate Term (3 months)

- RIATT-ESA will circulate the presentations, forum report and country work plans.
- Member States representatives to brief their respective principals on the forum outcomes.
- Country teams to meet in country to consult on "giving life' to the work plans.
- REPSSI to reprint the MPS document to meet the Member States and Partner demand.

Medium to Long Term (1-2 years)

- RIATT-ESA to host 2nd Learning and Learning event to share and learn from progress in 2018.
- All participants to circulate SADC Secretariat M&E vacancy.
- MS to relook at coordination mechanism and clarify channels.
- SADC Secretariat and MS to advocate for securing HR (engage development partners and funders).

Closing remarks were received from the SADC Secretariat (Dr. Manasa Dzirikure); Sweden/NORAD representative (Mr. Francis Mangani); and from the Chairperson of RIATT-ESA and SAfAIDS Deputy Director (Rouzeh Eghtessadi). Main issues raised from their presentations included:

- Remarks were made in appreciation of SADC Secretariat and RIATT-ESA, the co-hosts of the Forum, for a well organised meeting and fruitful deliberations. The presenters encouraged

the movement for comprehensive services to continue to engage and for the SADC Secretariat to continue with its coordination and facilitatory role.

- During the two-day workshop, issues of adequate human resources were raised. Availability of adequate Human Resources is a difficult issue that can be overcome through partner collaboration and complementing each other's efforts. Both SADC Secretariat and RIATT-ESA require adequate resources to continue with the good work they are doing, therefore it important for Member States to find effective ways to take forward the work outlined in the SADC policies, strategies, and Business Plan.
- The presenters acknowledged the funding support received from Sweden/Norad and SDC for the work in the region and look forward to receiving continued support to extend the work of RIATT-ESA.
- The presenters reiterated the need for strengthened partnerships, collaboration and coordination as more can be achieved in providing comprehensive care and support to OVC&Y in the region.
- Take forward the advocacy for children and attend the REPSSI PSS Forum scheduled for 4th to 6 September, 2017 in Arusha, Tanzania.

Annex 1: Proposed Partnerships for the Implementation of the Minimum Package of Services for OVC&Y

REPUBLIC OF BOTSWANA

Key Priority	Partner	Actions/ Sub-actions	Who (List)	Time Frame	Modalities of working together/ operationalization
Advocacy, Sensitization, Capacity Building, Financial support & T/A	REPSSI	1.Sign MOU 2. T/A 3.Capacity Building for service providers 4.Financial support	GoB & REPSSI	March 2017 Ongoing initiatives up to end of financial year	Commitment through MOU Ongoing T/A in the implementation of MPS and National strategies
Capacity Building of CSO	CRNSA	1.T/A 2.Financial support	GoB, & CRNSA, Marang Childcare Network Trust (MCNT)	Effecting April 2017	GoB to spearhead the engagement of the two partners (CRNSA & MCNT)
Capacity Building of Health workers, Social Workers & Communities	ICPCN	1.T/A Specifically upscale training to community workers including social workers)	GoB (MOH & MLGRD) & ICPCN	2017	GoB & ICPCN to conclude the modalities and map way forward prior end of second quarter (Sept 2017)
Empowerment of vulnerable children and youth to participate in their well being	Sentebale	1.PSS for ALWA 2.Support for caregivers of ALWA	GoB (MOHW, MYSC & MLGRD), Sentebale & Baylor Clinic	2017	Partners still to conclude the modalities of working together taking into account what is already in place to avoid duplication
Capacity Building & empowerment of youth to participate in matters that concerns their well being	NYDA	1.Youth exchange programs	NYDA & MYSC (BNYC)	2017	Partners still to agree on the modalities of working together. Initial consultations to follow soon
Generating evidence for programing	ADEA	1.Desk Research 2.Assistance with policy briefs	Still to be explored. Further consultations will follow, spearheaded by ADEA		

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	

MADAGASCAR

Madagascar and Association for the Development of Education in Africa

Key priority Area/ Main Activities	Actions/ Sub Activities (max 3)	Who (list CSO, GVT, ICP) to support	Time frame	Modalities of working together/ Operationalization
Desk research	Policy brief development, research	Ministry of youth and sports, Ministry of National education ; Ministry of High Education and scientific research, Ministry of Population, social Protection and women promotion, Ministry of Environment, Ministry of Health	2017-2021	e-mail

MAURITIUS

Note: These proposals are tentative subject to approval of the Management of respective Ministries and Cabinet; and availability of funds.

SN	Key Priority Area/Main Activities	Action/Sub Activities (max 3)	Who/Partner/stakeholders involved	Timeframe	Modalities of Working Together/Operationalisaton
1	Desk research in area related to Youth empowerment programme	Study/research on Youth empowerment programme	Association for the Development of Education in Africa(ADEA) MYS	Next financial year 2017-2018	Remote communication through mail as a start up No cost involvement
2.	Capacity Development of stakeholders in Key Sectors (Government t Officials & NGOs)	TOT Programme on PSS for some 50 participants	REPSSI-MGECDFW	Next financial year 2017-2018	Cost sharing- Once the programme is budgeted--??? Trainer from REPSSI Country visit from Johannesburg to Mauritius
		Building capacities of other key people	Those already undergone the training		
3.	Include palliative care in the comprehensive care of Vulnerable children	Initiative of Palliative care programme Capacity building programme for Government officials &NGOs	International Children's palliative care Network (ICPCN) MGECDFW	Provision of funds in financial year 2018-2019	Remote communication through mail as a start up Thereafter mission visits can be arranged on a cost sharing basis depending on the availability of fund.
4.	Exchange Programme Related to child's Participation-Giving the child a voice and Learning from best practices	Twinning of National Children's Council (NCC) of Botswana	NCC Botswana/ Mauritius	This Financial Year	Cost sharing basis Country visit from Botswana to Mauritius

REPÚBLICA DE MOÇAMBIQUE

Areas Prioritarias	Accao/Actividade	Responsabilidade	Prazo	Modalidade de Trabalho
Coordenacao	Reforcar accoes do Grupo Tecnico de Criancas Orfao e Vulneraveis para melhorar a coordenacao de actividades.	Instituicoes do Governo (Saude, Educacao, Justica, Desporto Juventude, Interior e Instituto Nacional de Estatistica) e Parceiros (Unicef, FDC, FHI 360,HACI e SAVE THE CHILDREN e Rede da Crianca)		
Proteccao	Divulgar e implementar o Pacote minimo de Servico. Acelerar as intervencoes nas areas de Saude, Educacao e Proteccao da Crianca com destaque para as questoes de violencia e Casamento Prematuro.	-Visao Mundial, FHI 360, FDC e Unicef -Rede para Crianca na Africa Austral		
Apoio Psicossocial	- Realizar accoes de formacao Psicossocial e Mentoria	REPSSI e ICDP		
ECD	-Reforcar as accoes do desenvolvimento da primeira infancia. - Educacao Patental	Ministerio do Genero Crianca e Accao Social, Educacao e Desenvolvimento Humano e Parceiros(Inicef, Paht - Associacao para Desenvolvimento da Educacao em Africa.		
Saude	Incluir cuidados paliativos a criancas e seus cuidadores com HIV SIDA	Rede Internacional de Cuidados Paliativos e Elisab		

NAMIBIA

Key Priority Area/Main Activities	Actions/sub Activities	Who (CSO,GVT,ICP)	Timeframe	Modalities of working together/operationalization
Health (Palliative care)	Include Palliative care into the National Agenda for Children (MPS)	International Children's Palliative Care Network (ICPN)		Consultative meetings
Social protection	Development of Case management system	USAID	September 2017	TWG meetings ToT Launch and roll-out of system
	M&E and Coordination			TWG meetings
	Dreams activities		To be negotiated	Consultative meeting with USAID country office
Psycho-Social Support – Capacity building	Training of Community Workers	REPSSI		Continuation of collaboration with Namcol for training of Certificate programme
	Training of Community Volunteers			Training of community Volunteers
	Training of Teachers			Consultative meeting with MoE on roll-out of Training Teachers on PSS
Education	Desk research	Association for the Development of Education in Africa (ADEA)		Identify an area for policy briefing on education matters;
				Develop MoU between ADEA and MoE/MGECW
Social mobilization and Advocacy	Strengthen CRNW and MGECW in public investment in children Networking and coordination	Child Rights Network Southern Africa (CRNSA)		Attending coordination meetings
	Advocate for resource allocation on MPS implementation			
Youth Development	Youth Exchange programme	National Youth Development Agency (NYDA)		Identification of vulnerable youth as defined in MPS and targeting

SOUTH AFRICA

Key Priority Area/Main Activities	Actions/sub Activities	Who (CSO,GVT,ICP)	Timeframe	Modalities of working together/operationalization
Health (Palliative care)	Include Palliative care into the National Agenda for Children (MPS)	International Children's Palliative Care Network (ICPCN)		Consultative meetings
Social protection	Development of Case management system	USAID	September 2017	TWG meetings ToT Launch and roll-out of system
	M&E and Coordination			TWG meetings
	Dreams activities		To be negotiated	Consultative meeting with USAID country office
Psycho-Social Support – Capacity building	Training of Community Workers	REPSSI		Continuation of collaboration with Namcol for training of Certificate programme
	Training of Community Volunteers			Training of community Volunteers
	Training of Teachers			Consultative meeting with MoE on roll-out of Training Teachers on PSS
Education	Desk research	Association for the Development of Education in Africa (ADEA)		Identify an area for policy briefing on education matters;
				Develop MoU between ADEA and MoE/MGECW
Social mobilization and Advocacy	Strengthen CRNW and MGECW in public investment in children Networking and coordination	Child Rights Network Southern Africa (CRNSA)		Attending coordination meetings
	Advocate for resource allocation on MPS implementation			
Youth Development	Youth Exchange programme	National Youth Development Agency (NYDA)		Identification of vulnerable youth as defined in MPS and targeting

SWAZILAND

Key Priority Area/ Main Activity	Actions/sub Activities	WHO(LIST CSO, GVT,ICP) to support	Timeframe	Modalities of Working Together/Operationalization
Social mobilisation and advocacy	Social mobilisation and advocacy	SAFAIDS		
Psychosocial Support	Capacity building	REPSSI		
MCH and PMTCT	Capacity building and psychosocial support for adolescents	Elizabeth Glaser Pediatric Aids Foundation (already happening)		
Palliative Care	Mainstream palliative care	ICPN		
Minimum Package of Services for OVC &Y	Scale up the CVA model and child protection issues	World Vision		
ICT	Desk research on possible mobile data capture on OVC&Y and scale up	Association for the development of education in Africa		
Children's Rights	Advocacy and capacity building in public investments in the MPS	CRNSA		
Health and Child Rights	Adolescent Youth Sexual Reproductive Health and Ending Child Marriages Expanding programmes in the community so as to avoid re offending.	VSO RHAISA		

TANZANIA

Key Area/ Main Activities	Actions/sub Activities	Who (list CSO, GVT, ICP) to support	Timeframe	Modalities of Working together/Operationalisation
Psychosocial care and Support	Facilitate and Capacitate the Ministry of Health and Ministry of to integrate issues of Psychosocial Support for OVC & Y in their institutional plans and frameworks	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	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)	Working with the Ministry of Health to strengthen existing Ariel Clubs	EGPAF		
Integrating Palliative Care in the Health component in order to provide comprehensive care for OVC and Youth in Tanzania	Liaise with the Ministry of Health in Tanzania to accelerate issues of Palliative care in the Public Health Facilities	ICPCN		
Scaling up CVA model (child protection, health, education and economic empowerment)	Capacitate Regional and District Youth Officers to sensitize and mobilize youth to access National Youth Development Fund as their startup capital	World Vision		
Advocacy and capacity building on public investment on MPS with TCRF		CRNSA-The child Rights Network for Southern Africa		

Maternal and Neonatal Health Youth Economic Empowerment End child marriage campaign Adolescent & Youth Sexual and Reproductive Health		VSO Tanzania		

ZIMBABWE

KEY PRIORITY AREA/MAIN ACTIVITIES	ACTION/SUB ACTIVITIES	WHO (CSO,GVT,ICP) TO SUPPORT	TIMEFRAME	MODALITIESOF WORKING TOGETHER/OPERATIONALISATION
Research and technical support	Support research on child protection issues.	Association for the Development of Education in Africa (ADEA), Ministry of Higher and Tertiary Education	2017-2018	
Social mobilization/advocacy	Sexual and reproductive health, rights and HIV information access. Integration with other health development partners in synergy with SDGs.	Southern Africa HIV/AIDS Information Dissemination Service (SAfAIDS)	2016-2020	
Scaling up Civil Voice and Action (CVA) on child protection issues and health education	Strengthen the relationship between communities and government in order to improve services that impact the daily lives of children and their families.	World Vision	To be advised.	
Psychosocial support, capacity building and scale up of Minimum Package of Services in the country	Implementation of psychosocial support in child welfare and protection service delivery. Training Child Welfare Officers on psychosocial support.	Regional Psychosocial Support Initiative (REPSSI)	2017-2018	
Palliative care for orphans and vulnerable children	Promote networking and information sharing as well as advocating for children's rights to receive the palliative care they require.	International Children's Palliative Care Network (ICPCN), HOSPICE	To be advised.	
Promotion of human rights and access to health services in prisons for juveniles and youth offenders	Policy advocacy. Capacity building on Prison Officers and Probation Officers. Training Officers on rehabilitation and reintegration on juvenile and youth Offenders.	VSO-RHAISA	To be advised.	

KEY PRIORITY AREA/MAIN ACTIVITIES	ACTION/SUB ACTIVITIES	WHO (CSO,GVT,ICP) TO SUPPORT	TIMEFRAME	MODALITIESOF WORKING TOGETHER/OPERATIONALISATION
Health, Rights and Advocacy on ending child marriage	Advocate and campaigns against child marriage.	VSO-RHAISA	Work ongoing.	
Adolescent-focused programming on HIV/AIDS issues	Strengthening the capacity of government and CSOs in providing PMTCTs. Provide educational support to adolescents on HIV/AIDS issues.	Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)	To be advised.	
Advocacy on MPS implementation and public investment	Civil Society Organizations capacity building on child rights issues and the implementation of the SADC MPS.	CRNSA ZNCWC	To be advised.	
Coordination of service delivery to orphans, other vulnerable children and youth through the National Action Plan for OVC and Youth	Creating a national database of who is doing what and where as well as promoting integration in service delivery. Strengthening networks and partnerships within and amongst child protection actors.	Government of Zimbabwe	2017-2020	
Dissemination and Implementation of the SADC Minimum Package of Services	Continue with dissemination and implementation activities on the SADC MPS to sub-national structures	Government of Zimbabwe	2017-2020	
Community and national awareness campaigns against child abuse and exploitation	Conducting community awareness campaigns on child rights issues with a special target on marginalized (remote) communities	Government of Zimbabwe, Civil Society Organizations	2017-2020	
Inter-country collaborations on unaccompanied child migrants	Quarterly Cross-border coordination meetings, conducting trainings on family tracing and	Government of Zimbabwe	Ongoing.	

KEY PRIORITY AREA/MAIN ACTIVITIES	ACTION/SUB ACTIVITIES	WHO (CSO,GVT,ICP) TO SUPPORT	TIMEFRAME	MODALITIESOF WORKING TOGETHER/OPERATIONALISATION
	reunification of unaccompanied child migrants			

Annex 2: Workshop Structure and Methodology

Day 1: 9 February: Theme – Unpacking Child Focused Comprehensive HIV Responses & Progress towards the SADC MPS **Chairperson: Swaziland**		
Time	**Session**	**Presenter**
08:00-08:30	Registration	RIATT-ESA/REPSSI/ SADC Sec
08:30-09:00	Opening remarks (6 mins each)	RIATT-ESA Sweden/Norad SDC REPSSI SADC - Chairperson
09:00 09:10	Introductions and Housekeeping	Chairperson /Facilitator
	Objectives and Programme of the Meeting	SADC Sec
Session 1: Conceptual and design experiences on comprehensive care and support for OVC & Y		
09:10 – 10:10	Update on the SADC OVC&Y Programme and Strategic Theme of Comprehensive Care and Support Overview of Progress, Challenges and Implications in implementing MPS and PSS Framework	SADC Sec
	Regional Child and Adolescent Focused HIV Response in the context of SDGs, and Political Declaration on HIV and AIDS	UNICEF -ESARO
	Latest developments in ECD research and programme experiences	Hope Worldwide
	The DREAMS Framework and programme experiences	USAID/RHAP
10:10-10:30	Clarifications, Discussion /National Experiences & Key Points	Facilitator
10:30 -11:00	**Health Break**	
Session 2: Comprehensive Child / Adolescent SRH/ HIV & AIDS Research, Care and Support Services		
11:00 – 12:30	Regional experiences with adolescent girls and OVC	SAfAIDS
	Comprehensive HIV and AIDS care and support services for adolescents	EGPAF
	Holistic approach to address sexual abuse and child marriages	VSO-RAISA
		SADC-PF
	Campaign to end Violence against children	World Vision
	Comprehensive Child and Adolescent Sexuality Education	Save the Children
	Comprehensive Child and Adolescent Sexual and Reproductive Health Care and Services	UNFPA
12:40 – 13:00	Clarifications, Discussion /National Experiences & Key Points	Facilitator
13:00-14:00	**Lunch**	
Session 3: Experiences with HIV Treatment, PSS, Social Protection		
14:00 – 15:30	Experiences in community based ART	PATA
	Mainstreaming Psychosocial Support	REPSSI
	Mainstreaming Comprehensive Care and Support in Education; Care and Support to Teaching and Learning	MiET
	Disability Issues	SAFOD

	Palliative Care Issues	ICPCN
	Social Protection	WFP
15:30- 15:50	Clarifications, Discussion /National Experiences & Key Points	Facilitator
15:50 -16:20	**Health Break**	
Session 4: Consolidated Reflection on Lessons Learnt, Strategic Issues and Recommendations		
16:20 – 16:40	Where the evidence on HIV Prevention, Treatment and Care is pointing to	HEARD
16:40 – 17:00	Key Lessons Learnt, Strategic Issues and Recommendations for Improving Comprehensive Care and Support for OVC and Youth	Facilitator
17:00 -	Gallery Walk- exhibition tables	

Day 2 Paving the Way Forward towards an Accelerated Collaborative Roll-out of the SADC MPS Facilitator:		
Time	**Session**	**Presenter**
08:30 -08:40	Recap of Day One	**Facilitator**
08:40 – 09:40	Group work on National Capacity Building Priorities for MPS /PSS Implementation & Partners Country Support Preferences	Facilitator
09:40-10:30	Report back + Consensus on Partnership Teams for Country support	Facilitator
10:30 – 11:00	**Health Break**	
11:00-12:30	Group Work on Country Work plans and Implementation Partnership Arrangements to accelerate implementation of MPS and PSS Framework	Country Teams /Partnerships
12:30-13:00	Plenary Presentation and Consensus on Work plans and Implementation Partnership Arrangements	Facilitator
13:00 – 14:00	**Lunch Break**	
14:00 – 15:00	Plenary Presentation and Consensus on Work plans and Implementation Partnership Arrangements	Facilitator
15:00 – 15:30	Plenary Discussion on Country Support Partnership Arrangements	Facilitator
15:30 -16:00	**Health Break**	
16:00 -16:30	Summary of the Deliberations, Way Forward and Closure	

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Annex 3: Participants List

--Regional Learning and Linking Forum for Accelerating Delivery of Comprehensive Services for Orphans and Vulnerable Children & Youth

Location: Johannesburg, South Africa

Start Date	**9th February , 2017**	**Number of Days**	**2**

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