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The Aidspan Guide to Developing Global Fund Proposals to Benefit Children Affected by HIV/AIDS

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by
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Preface

This Aidspan publication is one of eight free Aidspan guides for applicants and recipients of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). The eight guides are:

- ***The Aidspan Guide to Developing Global Fund Proposals to Benefit Children Affected by HIV/AIDS*** – this guide
- ***The Aidspan Guide to Effective Implementation of Global Fund Grants – Volume 1: From Grant Approval to Signing the Grant Agreement*** (First edition November 2005)
- ***The Aidspan Guide to Effective Implementation of Global Fund Grants – Volume 2: From First Disbursement to Phase 2 Renewal*** – (Provisional title) (Forthcoming, second half 2006)
- ***The Aidspan Guide to Round 6 Applications to the Global Fund*** – (May 2006)
- ***The Aidspan Guide to Round 5 Applications to the Global Fund*** (First edition March 2005; second edition April 2005)
- ***The Aidspan Guide to Applying to the Global Fund*** – this dealt with Round 4 (First and second editions March 2004)
- ***The Aidspan Guide to Obtaining Global Fund-Related Technical Assistance*** (First edition January 2004)
- ***The Aidspan Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)*** (First edition December 2004)

Downloads

To download a copy of any of these guides, go to www.aidspan.org/guides. If you do not have access to the web but you do have access to email, send a request to guides@aidspan.org specifying which of the currently available guides you would like to receive as attachments to an email. Aidspan does not have the resources to produce or distribute printed copies of these guides. Aidspan guides are available in English only. Aidspan does not currently have the resources to translate its guides into other languages.

Aidspan

Aidspan is a small independent NGO that works to promote increased support for, and effectiveness of, the Global Fund. Aidspan also publishes the *Global Fund Observer (GFO)* newsletter, an independent email-based source of news, analysis and commentary about the Global Fund. GFO is sent to 9,500 readers in 170 countries. To receive GFO at no charge, send an email to receive-gfo-newsletter@aidspan.org. The subject line and text area can be left blank.

Aidspan and the Global Fund maintain a positive working relationship, but have no formal connection, and Aidspan accepts no grants or fees from the Global Fund. *The Board and staff of the Fund have no influence on, and bear no responsibility for, the content of this Guide or of any other Aidspan publication.*

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The authors wish to acknowledge the contribution of the Editorial Committee throughout the process of preparing this *Guide*. The Editorial Committee was established to provide advice on the outline of the *Guide*, to identify sources of research, and to review a draft of the guide. The members of the Editorial Committee were: Milton Amayun, World Vision International; Jane Begala, Futures Group; Kate Harrison, International HIV/AIDS Alliance; Jim Kim, Partners in Health; Beverly Nyberg, Office of the Global AIDS Coordinator, United States; Suzi Peel, Family Health International; Miriam Temin, UNICEF; Doug Webb, UNICEF; Pat Youri, formerly with the Hope for African Children Initiative; and Paul Zeitz, Global AIDS Alliance. The reviewers are not responsible in any way for the final text; that responsibility rests with Aidspan.

David Garmaise, author of this *Guide*, can be reached at garmaise@aidspan.org. Readers are invited to email us with suggestions for improvements in a possible future edition of this *Guide*. Also, if you find this *Guide* useful, or if you have appreciated GFO or any other Aidspan *Guide*, please let us know. Positive feedback will make it easier for us to get ongoing financial support from foundations.

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List of Abbreviations

The following is a list of abbreviations used frequently in the text:

CBO	Community-based organisation
CCM	Country Coordinating Mechanism
FBO	Faith-based organisation
IEC	Information, Education and Communication
LFA	Local Fund Agent
M&E	Monitoring and evaluation
N/A	Not available
NGO	Non-governmental organisation
OVC	Orphans and other vulnerable children
PEPFAR	(US) President's Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
PR	Principal Recipient
RAAAP	Rapid Country Analysis, Assessment and Action Planning
RCM	Regional Coordinating Mechanism
RO	Regional Organisation
SR	Sub-Recipient
STI	Sexually transmitted infections
TRP	Technical Review Panel
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session (on HIV/AIDS)
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development

Chapter 1: Introduction and Background

This chapter describes the purpose of The Aidspan Guide to Developing Global Fund Proposals to Benefit Children Affected by HIV/AIDS, and explains how the Guide was put together. The chapter then provides an explanation of some of the terminology used in the Guide. This is followed by a brief overview of the epidemiology of orphans and HIV-positive children, a discussion of the global and regional responses to the crisis of children affected by HIV/AIDS, and a summary of the services currently being provided to orphans and other vulnerable children (OVC). Finally, the chapter describes the role of the Global Fund in addressing the needs of children affected by HIV/AIDS.

Purpose of this Guide

Millions of children have been orphaned and made vulnerable because of HIV/AIDS. Yet, it is only in recent years that a concerted effort has been launched, in some of the hardest hit countries, to address the needs of these children. Although resources for providing support to the children have increased in recent years, they nevertheless remain small compared to other HIV/AIDS funding.

The Global Fund to Fight AIDS, Malaria and Tuberculosis (the Global Fund) has become a major funder of programmes responding to the HIV/AIDS epidemic. Despite this, very few proposals to the Global Fund have focussed on children affected by HIV/AIDS, particularly in the early rounds of funding. The Global Fund has the potential to be a major funder in this area.

The purposes of *The Aidspan Guide to Developing Global Fund Proposals to Benefit Children Affected by HIV/AIDS* are (a) to encourage and facilitate more proposals to the Global Fund benefiting children; and (b) to help countries not yet ready to submit proposals benefiting children to understand what is needed to get to the point where they are ready to submit such proposals.

Two important issues concerning the Global Fund's Sixth Round of Funding

- The Global Fund issued the Call for Proposals for Round 6 on 5 May 2006. The deadline for proposals is 3 August 2006. This means that you will need to move quickly if you want to promote, and assist in, the development of a Round 6 proposal that includes activities targeting children affected by HIV/AIDS.
- There are concerns that the Global Fund may not have sufficient money to fund all Round 6 proposals that it feels are worthy of support. For a discussion of this issue, please see the last section of Chapter 2.

The primary target audiences of this *Guide* are Country Coordinating Mechanisms (CCMs) and institutions supporting CCMs; national AIDS committees; and national committees, task forces and organisations working on issues concerning children affected by HIV/AIDS – in countries where some specific strategic planning in this area has already occurred. The rationale for making this the primary audience is that proposals to Global Fund will have a far greater chance of success if, now that the Call for Proposals for Round 6 has been issued, considerable work has already been done to identify the needs and to design the projects that will form the basis of the proposals.

Secondary target audiences include CCMs and institutions supporting CCMs; national AIDS committees; and national committees, task forces and organisations working on issues concerning children affected by HIV/AIDS – in countries where specific strategic planning in this area has not yet begun or is just getting underway. In these countries, the *Guide* can

serve as one source for the kind of preparatory work that might be necessary for national strategic and programme planning.

Because this *Guide* is being released right after the Global Fund issued its Call for Proposals for the sixth round of funding, there are a number of references to Round 6 in the text of the *Guide*. However, the bulk of the information in the *Guide* applies to any future round of funding, not just Round 6.

How this *Guide* Was Put Together

An Editorial Committee was established to provide advice on the preparation of this *Guide*. (See the Preface for a list of the committee members.) Members of the committee provided input on the development of an outline for the *Guide*; assisted the author in the research phase; and commented on an initial draft of the *Guide*.

The author conducted the following research:

- a review of the literature;
- a review of the OVC National Plans of Action that have been prepared in several countries;
- a review of Global Fund proposals that address the needs of children affected by HIV/AIDS and that have been approved for funding;
- a review of the comments of the Global Fund's Technical Review Panel (TRP) on approved children-related proposals;
- a review of other relevant AidsSpan guides (see Preface)

Notes on Terminology

This *Guide* uses the term “children affected by HIV/AIDS” to describe children who have been orphaned or made vulnerable because of HIV/AIDS. The term “orphans and other vulnerable children (OVC)” is used to denote children who have been orphaned or made vulnerable because of any cause including, but not limited to, HIV/AIDS.

Except where otherwise noted, a “child” is defined in this *Guide* as anyone under the age of 18. For the purposes of this *Guide*, “orphan” refers to any child under the age 18 who has lost one or both parents.

This *Guide* uses the following definition for a “child made vulnerable by HIV/AIDS.”

A **child** made vulnerable by HIV/AIDS is below the age of 18 and:

- i.) has lost one or both parents, or
- ii.) has a chronically ill parent (regardless of whether the parent lives in the same household as the child), or
- iii.) lives in a household where in the past 12 months at least one adult died and was sick for three of the 12 months before he/she died, or
- iv.) lives in a household where at least one adult was seriously ill for at least three months in the past 12 months, or
- v.) lives outside of family care (i.e., lives in an institution or on the streets).¹

¹ This definition is taken from the *Guide to Monitoring and Evaluation of the National Response for Children Made Vulnerable by HIV/AIDS* (UNAIDS, UNICEF et al.). See Chapter 6 for information on how to obtain a copy.

It should be noted, however, that “vulnerability” is locally defined, sometimes by national policies and practices, sometimes by local communities, and that there are therefore wide variations in how the term is defined.

This *Guide* uses the term “OVC-related organisation” to refer to any organisation that provides services to OVC or that works on OVC issues.

This *Guide* uses the term “proposal” to designate applications to the Global Fund from CCMs or other sources. It uses the term “submission” to designate in-country proposals (sometimes called “mini-proposals”) prepared by stakeholders and submitted to CCMs for possible inclusion in the CCM proposal to the Global Fund. Such stakeholders can include national committees, task forces and organisations working on issues concerning children affected by HIV/AIDS.

How to Use this Guide

The rest of this chapter describes the situation of children and HIV/AIDS; discusses the response to the needs of these children; provides a list of the services currently being provided to the children; and outlines the role of the Global Fund in this area.

Chapter 2 describes how the Global Fund works. This chapter will be of interest to organisations providing services to OVC and working on OVC issues (hereinafter referred to as “OVC-related organisations”). These organisations have to know how the Global Fund works if they are going to be successful in generating more Global Fund proposals targeting children affected by HIV/AIDS. Chapter 2 describes the structure of the Fund; outlines the role, structure and responsibilities of CCMs, including the role CCMs play in proposal development; discusses sources of proposals other than the CCMs; describes the proposal development and review processes; discusses the types of programmes that the Global Fund is prepared to support; and examines the issue of whether the Global Fund will be able to fully fund Round 6.

Chapter 3 describes the OVC National Plans of Action (i.e., national strategies) that have been developed in a number of countries in sub-Saharan Africa. This chapter will be of interest primarily to members of CCMs who want to learn more about the OVC-related strategic planning work that has already been done. It will also be of interest to people from OVC-related organisations in countries that have not initiated or completed OVC-specific strategic planning. Chapter 3 describes the process that led to the creation of the Plans of Action, and provides some examples of how these plans are structured. (See Appendix I for additional information on each of the Plans of Action.)

Chapter 4 provides information on approved Global Fund proposals that contain activities benefiting OVC. As with Chapter 3, this chapter will primarily interest CCM members who want to learn more about how to address the needs of these children, but could also be a useful source of information for people from OVC-related organisations that need to do more strategic planning. Chapter 4 provides some examples of OVC-related objectives and activities contained in the proposals. It also presents information on the comments made by the Global Fund’s Technical Review Panel (TRP) on proposals generally and on the approved OVC-related proposals specifically. (See Appendix II for more information on the OVC-related proposals.)

Chapter 5 provides guidance concerning how to develop and promote Global Fund proposals that are responsive to the priority needs of children affected by HIV/AIDS. This chapter should be read by both CCM members and people from OVC-related organisations.

Chapter 5 discusses what CCMs can do to ensure that CCM proposals address the needs of children affected by HIV/AIDS; describes what OVC-related organisations can do to promote more children-related content in CCM proposals and how these organisations can contribute to the development of proposals; and provides some guidance on including children-related content in proposals from sources other than CCMs.

Chapter 6 provides an annotated bibliography of some key reports and websites related to children affected by HIV/AIDS and/or OVC. It also lists some key Global Fund documents and Aidspan documents and indicates where copies of the documents can be obtained.

Appendix I contains summary information for each of the 16 OVC National Plans of Action developed in sub-Saharan Africa.

Appendix II provides summary information for each of the 22 children-related proposals already approved by the Global Fund.

Children and HIV/AIDS²

The increasing scale of the HIV/AIDS pandemic is becoming a rapidly escalating disaster for children. The HIV pandemic is colliding with ineffective HIV prevention, infringements on women and children's human rights, deepening poverty, and crippled public infrastructures. These conditions are unravelling family and community safety nets and are causing multiple burdens of grief, economic insecurity, and caregiver overload and burnout.

At the end of 2005, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that there were 2.3 million children under 15 living with HIV/AIDS, 5.7 percent of the total number of persons living with HIV/AIDS. In 2005, an estimated 700,000 children under 15 were newly infected (14.3 percent of the total) and 570,000 children died from AIDS (18.4 percent of the total). Every day, about 1,900 children under 15 become infected with HIV.

An estimated 15 million children under 18 have been orphaned by AIDS (defined as losing one or both parents). This number is expected to exceed 25 million by 2010. Adolescents make up the majority of orphans.

Sub-Saharan Africa is disproportionately affected. Home to 60 percent of the persons living with HIV/AIDS in the world, sub-Saharan Africa has 90 percent of the children living with HIV/AIDS and 80 percent of the children orphaned by HIV/AIDS.

Becoming HIV-infected and becoming an orphan are not the only ways that children may be affected by HIV/AIDS. Other children made vulnerable by HIV/AIDS include those who have an ill parent, are in poor households that have taken in orphans, or who experience discrimination because of a family member's HIV status. In addition, children are made vulnerable due to poverty, hunger, armed conflict and harmful child labour threats – all of which are fuelled by the HIV/AIDS epidemic. These children may be especially vulnerable to the risk of HIV infection, thus highlighting the need to reduce child vulnerability in order to break the cycle of infections.

² The information in this section is taken from (a) *Executive Summary: OVC RAAAP Initiative Final Report* (POLICY Project); (b) *AIDS Epidemic Update – December 2005* (UNAIDS); *Children on the Brink 2004* (UNICEF); and (c) *A Framework for the Protection , Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*. See the list of reports in Chapter 6 for more information.

To date, no standardized methodology is available to measure the numbers of other children made vulnerable by HIV/AIDS, largely because of the varying definitions of what constitutes "vulnerability."

The large majority of orphans and other children made vulnerable by HIV/AIDS live with a surviving parent and siblings, or within their extended family. Of those living with family members other than parents, most children affected by HIV/AIDS live with elderly grandparents or caregivers whose income and economic resources are limited.

Responses to the Crisis of Children Affected by HIV/AIDS and Other Orphans and Vulnerable Children

As the recognition of the crisis involving children affected by HIV/AIDS and OVC grew, a number of initiatives were launched at global, regional and national levels. The following is a summary of some of the key initiatives:

UNGASS Declaration of Commitment. In June 2001, at the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, leaders from 189 countries endorsed the Declaration of Commitment on HIV/AIDS. The countries undertook to develop and implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS. These national policies and strategies were to have been developed by 2003 and implementation of the policies and strategies was to have been underway by 2005.

Inter-Agency Task Team and the Global Partners' Forum. The United Nations Children's Fund (UNICEF) convenes the Inter-Agency Task Team on Children Affected by HIV/AIDS to bring together a broad coalition of stakeholders to develop strategies and indicators towards improving the welfare of OVC. Inter-agency efforts were given a strong boost by the convening of the first ever Global Partners Forum on Orphans and Vulnerable Children in 2003, and the subsequent endorsement of a global framework (see below). Global agreement was reached to collaborate in order to rapidly scale up and improve the quality of the response to OVC. A second Global Partners' Forum was held in December 2004, and a third in February 2006. Inter-Agency Task Team meetings are scheduled to be held twice a year to carry out and monitor the recommendations decided upon at each Global Partners Forum.

PEPFAR. On January 28, 2003, US President George Bush announced a \$15 billion President's Emergency Plan for AIDS Relief (PEPFAR), the largest commitment ever by a single nation for an international health initiative. PEPFAR focuses its efforts on 15 countries. The PEPFAR goals include supporting treatment for two million HIV-infected people, preventing seven million new HIV infections, and supporting care for 10 million people infected with HIV and affected by AIDS, including orphans and vulnerable children. Ten percent of PEPFAR's funds are allotted to children affected by HIV/AIDS.

Framework Document. In 2003, the United States Agency for International Development (USAID), UNICEF, UNAIDS and a number of other agencies, faith-based and non-governmental organisations, academic institutions, the private sector, civil society and concerned individuals collaborated to develop *A Framework for The Protection, Care, and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (hereinafter referred to as the *Framework Document*). Based on the UNGASS Declaration of Commitment on HIV/AIDS, the findings of the RAAAP

Initiative (see below), and a publication entitled *Children on the Brink*,³ the *Framework Document* established five strategies to guide response to the OVC crisis, which have been widely accepted. The five strategies are as follows:

- Strengthen the capacity of families to protect and care for orphans and other vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support.
- Mobilise and support community-based responses.
- Ensure access for orphans and other vulnerable children to essential services, including education, health care and birth registration.
- Ensure that governments protect the most vulnerable children through improved policy and legislation, and by channelling resources to families and communities.
- Raise awareness at all levels through advocacy and social mobilisation to create a supportive environment for children and families affected by HIV/AIDS.

OVC RAAAP Initiative. In November 2003, arising from the first Global Partners' Forum, USAID, UNICEF, UNAIDS and the World Food Programme, in partnership with the Futures Group and other international and in-country stakeholders, launched the OVC Rapid Assessment, Analysis and Action Planning (RAAAP) Initiative. The Initiative was an unprecedented effort to identify and analyse the range of services being provided for OVC in 17 sub-Saharan African countries – Botswana, Central African Republic, Côte d'Ivoire, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. Analysis of the RAAAP data by national OVC steering committees and task forces helped to initiate national OVC-related strategic planning efforts in some of the RAAAP countries, and helped to support strategic planning efforts already underway in other RAAAP countries (see below).⁴

In-Country Strategic Planning. Sixteen of the 17 countries RAAAP countries have undertaken a strategic planning process to develop a coordinated response to the needs of OVC. This has led to the establishment of National OVC Steering Committees and the development of OVC National Plans of Action in all of these countries (see Chapter 3 and Appendix I for details on the Plans of Action). As of May 2006, most of the National Plans of Action have been costed. Most of them have developed monitoring and evaluation (M&E) plans. Many National Plans of Action have been finalized and ratified by government.

Global Advocacy Campaigns. In October 2005, UNICEF, UNAIDS and other partners launched the Unite for Children, Unite Against AIDS Campaign to advocate for placing children at the centre of the HIV/AIDS response.⁵ In February 2006, the Global AIDS Alliance and other partners launched a Treat the Children Campaign, and formed the Global Action for Children Coalition to urge the Global Fund to focus its Round 6 grants on providing support for OVC in developing countries.⁶

³ See Chapter 6 for details on how to obtain copies of the 2004 version of this publication, produced by UNAIDS, UNICEF and USAID. This reference is to an earlier version of this publication.

⁴ In 2005, a second phase of RAAAP was initiated. The countries involved in RAAAP II are Angola, Benin, Burkina Faso, Burundi, Djibouti, Democratic Republic of Congo, Madagascar and Somalia.

⁵ See www.unicef.org/uniteforchildren/index.html for more information.

⁶ See www.globalaidsalliance.org for more information.

Services Currently Being Provided to Orphans and Other Vulnerable Children

Globally, a wide range of services are currently being provided for OVC. Unfortunately, coverage is often extremely low and programme quality poor.

The following is a list of some of the types of services being provided, by category. Please note that (a) this is not an exhaustive list; (b) there is no one right way to categorise the different types of services; (c) there is sometimes overlap among the services (and categories) shown; and (d) the list includes some policy, administrative and management measures which may not be services per se, but which are nevertheless vital to the response.

The purpose of this list is to give the reader a sense of the broad range of services involved. In developing this list, we have not tried to indicate which services may be more important than others. Nor do we make any judgments concerning which are "good" or "poor" services.

Policy and Programme Management

- Identifying orphans and vulnerable children (including conducting OVC censuses)
- Establishing databases to help provide services and monitor trends in this population
- Drafting national policies and guidelines on the management of OVC
- Establishing or strengthening case management structures
- Recruiting volunteers or paying community caregivers to provide services
- Establishing OVC committees and networks
- Developing OVC-related M&E plans and systems
- Organising periodic OVC stakeholder meetings
- Providing support to community-based organisations (CBOs) providing services to OVC
- Documenting and disseminating best practices
- Creating multi-sectoral national OVC steering committees or task forces
- Creating local advocacy committees
- Implementing OVC advocacy campaigns
- Conducting needs analyses and assessments
- Operating a national child-friendly toll-free line

A note to readers who would like more information on any of the services listed in this section

There is no directory of service providers with contact information. If one were to try and establish one, it would be out of date before it was completed. However, readers can refer to the contact information provided in this guide for (a) the list of countries with formal national policies and plans on OVC (see Appendix I); and (b) the list of Global Fund-approved proposals that focus on OVC (see Appendix II). The contacts shown may be able to provide information on many of the services listed in this chapter.

Readers can also consult the list of resources provided in Chapter 6. Finally, readers can attempt to identify people in their communities (or in other communities or countries) who are providing services to OVC.

Community Mobilisation

- Organising community meetings and workshops
- Sensitising communities to OVC-related issues
- Mobilising communities to take action
- Utilising community care initiatives as a platform for delivery of a range of services, typically through trained volunteer caregivers

General Care and Housing

- Providing foster care
- Providing families with the tools they need to provide care to OVC
- Arranging for adoption
- Operating day care centres
- Conducting home visits to ensure that the needs of OVC are being adequately met
- Establishing independent living programmes
- Providing short-term shelter and care centres
- Providing institutional care (including orphanages)

Formal Education and School-Based Programmes

- Encouraging school enrolment (particularly for girls, who are most at risk of leaving school in order to care for sick family members)
- Waiving or subsidising school fees (and/or lobbying for same)
- Providing free uniforms and other clothing
- Providing school supplies
- Organising professional development programmes
- Upgrading schools and establishing new schools
- Providing apprenticeships and vocational training

Health Care

- Providing ARVs and treatments for opportunistic infections (i.e., paediatric treatment) for HIV-positive children
- Prevention of mother-to-child transmission (PMTCT) of HIV
- Providing routine health care
- Providing immunizations
- Providing equipment and medical supplies

Food and Nutrition

- Establishing feeding programmes (including feeding centres and food baskets)
- Providing nutritional supplementation programmes
- Providing seeds and other materials so that families with OVC can grow their own food (and income-generating crops)

Psychosocial Support

- Providing counselling to OVC and their caregivers
- Organising support groups
- Providing entertainment (e.g., songs, plays)
- Organising community activities

- Providing spiritual support
- Preparing Memory Books⁷

Financial

- Providing orphan allowances
- Providing child support grants and foster grants to caregivers
- Organising income-generating programmes
- Organising micro-finance and micro-credit programmes for caregivers and OVC of working age
- Providing clothing, shoes, uniforms and other donations
- Providing subsidies and cash grants to families or households with OVC
- Providing financial incentives to community child protection workers and others caring for OVC

Prevention and General Awareness and Education

- Delivering HIV and STI prevention programmes
- Providing sexual and reproductive health education
- Organising anti-stigma education and awareness campaigns
- Conducting life skills education
- Developing basic language materials describing OVC issues and services

Protection

- Establishing or reinforcing child protection programmes, including interventions in cases of child abuse
- Providing programmes on inheritance and succession planning
- Drafting or strengthening legislation for the protection of OVC
- Strengthening child-friendly judicial systems
- Providing legal services

Training and Capacity Building

- Training officials and others on OVC programme management
- Training law and policy makers on OVC issues
- Training OVC guardians
- Training caregivers on OVC service provision
- Training social workers and child protection workers on child protection issues
- Training families and community members on income generation
- Preparing OVC to represent their own needs and concerns and to participate in national strategic planning and implementation
- Improving the capacity of lead government agencies responsible for implementing national OVC strategies
- Improving the capacity of NGOs and CBOs to better coordinate and scale up the provision of services to OVC

It is possible to distinguish between “direct” and “indirect” services. Direct services are services provided directly to OVC. Indirect services are those provided to families,

⁷ A Memory Book is a journal of facts and memories for children who are facing loss or separation from a parent, including divorce, terminal illness or adoption.

caregivers and service providers in order to improve the quality, timeliness and effectiveness of services to OVC.

Role of the Global Fund in Addressing the Needs of Children Affected by HIV/AIDS

The Global Fund has established criteria concerning the types of proposals it is prepared to fund. Generally speaking, these criteria are based on principles such as local ownership and multi-sectoral partnerships. The Fund will consider any proposal that prevents the further spread of the HIV/AIDS (or tuberculosis, or malaria), treats people who are ill, and provides care and support for affected people and communities.

Under the principle of local ownership, the Global Fund does not dictate the content of proposals. Although the Fund strongly encourages applicants to address the needs of vulnerable populations in their proposals, it does not set any requirements or priorities concerning which vulnerable populations should be targeted.

Thus, it is up to applicants to determine the content of their proposals, including which vulnerable populations will be addressed and how much emphasis to place on the various populations.

The next chapter contains a more detailed discussion of how the Global Fund operates.

In the first five rounds of funding from the Global Fund, 359 proposals were approved, of which about 43 percent (153 proposals) specifically addressed HIV/AIDS. In terms of the amount of funding approved, the HIV/AIDS proposals represented about 60 percent of the total. (Note that some of the other proposals jointly addressed HIV/AIDS and tuberculosis.)

Of the 153 HIV/AIDS proposals that were approved, only three were entirely devoted to addressing the care, support and protection needs of children affected by HIV/AIDS (or contained an entire component addressing the care, support and protection needs of these children).⁸ An additional four proposals contained a significant portion⁹ addressing these needs. A further 15 proposals addressed these needs to some extent. Of the 22 proposals (from 20 countries) that addressed the care, support and protection needs of children affected by HIV/AIDS to one degree or another, one was from Round 1, four were from Round 2, three were from Round 3, five were from Round 4, and nine were from Round 5 (which is an encouraging trend).¹⁰ The 22 proposals are further described in Chapter 4 and Appendix II.

⁸ The three proposals in question were submitted by Uganda (Round 3), the Central African Republic (Round 4) and Malawi (Round 5).

⁹ Defined as at least 20 percent of the proposal.

¹⁰ This analysis does not include proposals that included programmes for the Prevention of Mother-to-Child Transmission (PMTCT) of HIV, or programmes that provided antiretroviral (ARV) treatment to HIV-positive children (as part of larger ARV programmes).

Chapter 2: Description of the Global Fund

This chapter provides an overview of how the Global Fund works and briefly describes the structure of the Fund. The chapter provides a description of the operation of CCMs, including the role CCMs play in proposal development; identifies sources of proposals other than CCMs; describes the proposal development and review processes; and discusses the types of programming that the Global Fund will support. Finally, the chapter examines the issue of whether the Global Fund will be able to fully fund the sixth round of funding (recently launched).

Overview

The Global Fund is a multi-billion-dollar international financing mechanism intended to help countries advance the fight against HIV/AIDS, tuberculosis and malaria by dramatically increasing the availability of funding for practical health initiatives.

Beyond its significant role in securing and channelling new funding commitments, the Global Fund also acts as a catalyst for improvements in the way that countries and the world finance and implement programmes for public health.

Funding is allocated to disease prevention, treatment, care and support. Funded activities include both the piloting of new and innovative programmes and the scaling up of existing interventions. The objective is to make it easier for countries to improve the availability of health services, build national capacity, provide treatment and care, promote behaviour change and conduct operational research.

The Global Fund only finances programmes when it is assured that its assistance does not replace or reduce other sources of funding, either those for the fight against AIDS, tuberculosis and malaria or those that support public health more broadly. The Global Fund actively seeks to complement the financing of other donors and to use its own grants to catalyze additional investments by donors and by recipients themselves.

In its first five rounds of funding, the Global Fund approved 359 proposals, involving potential expenditures of over US\$3.8 billion over two years.

A founding principle of the Global Fund is to “put the country in the driving seat,” so that programmes can be country-led and executed without undue outside interference or conditions, and so that countries can monitor and evaluate performance against targets that are country-set. In return, the Global Fund asks that countries share responsibilities for monitoring performance, transparency and accountability in the implementation of Global Fund grants.

The Global Fund's fiduciary principles

The Global Fund is a financial instrument, not an implementing entity, and provides performance-based grant funding to country-level recipients to fight HIV/AIDS, tuberculosis and malaria. The Fund will:

- rely on local stakeholders at the country-level to implement programmes and manage grant proceeds;
- promote rapid release of funds to assist target populations; monitor and evaluate programme effectiveness and make decisions on future funding based on programme performance and financial accountability; and
- as far as possible, encourage the use of existing standards and processes in grant recipient countries

– from *Fiduciary Arrangements for Grant Recipients*
(Global Fund)

The Global Fund is a results-oriented organisation. The Fund is interested in tangible results, such as the number of people treated by a programme in a given year, and the impact of a programme on mitigating the spread of a disease. If the Global Fund (a) believes that a proposal is technically sound, can achieve the promised results and represents good value; (b) concludes that the applicant and the host country meet all of the Fund's eligibility criteria; and (c) has enough money – it will approve the proposal and give the applicant a grant.

The Global Fund is designed to work through existing or new national multi-sectoral partnerships in developing countries – partnerships known as “Country Coordinating Mechanisms (CCMs).” The CCMs develop and submit grant proposals to the Global Fund. (The CCM process and the proposal development process are described below.) The proposals are reviewed by an independent team of experts, the Technical Review Panel (TRP), which makes recommendations to the Global Fund Board. The final decisions as to which proposals are funded rest with the Board.

In its proposal to the Global Fund, the CCM normally nominates a public or private organisation to serve as Principal Recipient (PR). PRs can be government agencies. They can also be NGOs. Once a Grant Agreement is signed (see below), the PR becomes legally responsible for implementation of the programme. The Global Fund channels funding for the programme through the PR. The PR may disburse some of this funding to Sub-Recipients (SRs) who will implement programme activities. The CCM oversees the PR's progress in the implementation of the programmes financed by the grant.

(Note that there can be more than one PR nominated in a proposal. If a proposal with more than one PR is approved, then each PR obtains a separate grant and signs a separate Grant Agreement.)

Most grants are for a five-year period, divided into two phases – Phase 1 (the first two years) and Phase 2 (the last three years). Once a grant is approved, the Global Fund Secretariat negotiates a Grant Agreement with the PR for Phase 1. The Grant Agreement identifies actions to be taken, costs to be incurred, results to be achieved over time, and other obligations of the PR.

Initial funding is usually provided to the PR immediately after the signing of the Grant Agreement. Over the course of the Grant Agreement, the PR requests additional disbursements according to an agreed schedule and based on demonstrated progress towards agreed targets. This performance-based system of grant-making is key to the Global Fund's commitment to results.

Towards the end of Phase I, the CCM must formally apply to the Global Fund for Phase II renewal (also known as the “Request for Continued Funding”). If the request is approved, an amendment to the original Grant Agreement is made, which increases the grant amount and extends the programme term to five years.

Technical Review Panel (TRP)

The TRP is an independent team of experts appointed by the Global Fund Board to objectively review proposals. Currently, the TRP is made up of 26 physicians, scientists and public health experts with a mixture of expertise in HIV/AIDS, tuberculosis, malaria and health systems strengthening. Each person is appointed for a period of four rounds of funding. TRP members are selected from hundreds of nominees submitted from around the world. Members are drawn from governmental and non-governmental organisations, from the developed and developing worlds, and from the public and private sectors.

When the TRP members review the proposals, they do so in their personal capacities – they do not share the information with, or accept any instructions from, their employers or national governments, or the Secretariat or Board of the Global Fund.

The Global Fund also contracts with a Local Fund Agent (LFA) in each country. The role of the LFA is to serve as the Fund's "eyes and ears" within the country, evaluating the financial management and administrative capacity of the nominated PR(s). The LFA also monitors progress in the implementation of the grant to some degree.

Structure of the Global Fund

The main components of the Global Fund structure are the Board and the Geneva-based Secretariat, backed by the network of LFAs contracted to represent the Fund in-country. The Secretariat is the administrative arm of the Fund. It is responsible for day-to-day operations, including mobilising resources from the public and private sectors, managing grants, providing financial, legal and administrative support, and reporting information on the Global Fund's activities to the Board and the public.

The Secretariat is headed by an Executive Director. There are four divisions reporting to the Executive Director: the Operations Division, the Strategic Information & Evaluation Division, the External Relations Division and the Business Services Division. The Operations Division is the core of the Secretariat. The Operations Division is made up of three teams:

- the **Portfolio Management Team**, which looks after the day-to-day management and service of grants, including grant renewals; and which has primary contact with PRs, LFAs and CCMs;¹¹
- the **Operational Partnerships and Country Support Team**, which works with the Portfolio Management Team to support the implementation of programmes supported by Global Fund grants; which develops and maintains relationships with partners; which supports CCMs; and which coordinates the Early Alert and Response System (for grants that may be in trouble); and
- the **Portfolio Services and Projects Team**, which provides support to the Fund's core operations, including procurement, LFAs, finance, TRPs and the proposals process.

Country Coordinating Mechanisms (CCMs)

The Global Fund recognizes that only through a country-driven, coordinated and multi-sector approach involving all relevant partners will additional resources have a significant impact on the reduction of infections, illness and death from the three diseases. Thus, a variety of actors, each with unique skills, background and experience, must be involved in the development of proposals and decisions on the allocation and utilization of Global Fund financial resources. To achieve this, the Global Fund expects grant proposals to be coordinated among a broad range of stakeholders through a Country Coordinating Mechanism....

The above quote is taken from the Global Fund's *Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility* (hereinafter referred to as the *CCM Guidelines*). The *CCM Guidelines* outline the principles by which CCMs must abide and the roles and responsibilities of CCMs in proposal development, and in the implementation, monitoring and evaluation of Global Fund-approved programmes. In the balance of this chapter, we summarize the main elements of the *CCM Guidelines*. The full *CCM Guidelines* are available on the Global Fund's website via www.theglobalfund.org/en/apply/mechanisms.

¹¹ Fund Portfolio Managers (FPMs) are part of the Portfolio Management Team. Once a proposal is approved, the FPMs become the key contact persons at the Global Fund for CCMs and PRs.

CCMs play a critical role in the Global Fund process. The vast majority of proposals to the Global Fund are generated by CCMs. (See the next section for a discussion of proposals from other sources.) CCMs also play a role in overseeing and monitoring the implementation of programmes financed by Global Fund grants.

The *CCM Guidelines* describe the role of the CCM as follows:

- to coordinate the submission of national proposals for grant funding;
- to select one or more appropriate organisation(s) to act as the PR(s) for each Global Fund grant;
- to monitor the implementation of activities under programmes financed by a Global Fund grant, including approving major changes in implementation plans as necessary;
- to evaluate the performance of these programmes;
- to evaluate the performance of the PR(s);
- to submit a request for continued funding prior to the end of the two years of initially approved financing from the Global Fund; and
- to ensure linkages and consistency between Global Fund assistance and other development and health assistance programmes.

CCMs are expected to include representation from a wide variety of sectors – specifically, governmental; non-governmental and community-based organisations; academic and educational institutions; people living with the diseases (and related patient and consumer groups); private companies; religious and faith-based organisations (FBOs); and in-country multilateral and bilateral development partners.

The *CCM Guidelines* recommend that at least 40 percent of the CCM membership be comprised of representation from civil society (i.e., NGOs and CBOs, people living with the diseases, private companies, religious and faith-based organisations, and academic and educational institutions). The *Guidelines* require that CCMs show evidence of membership of people living with and/or affected by the diseases.¹²

The *CCM Guidelines* require that CCM members representing the non-government sectors must be selected or elected by their own sectors, based on a documented, transparent process, developed within each sector.

With respect to the structure and operations of the CCM, the *CCM Guidelines* state that the CCM should elect a Chair and a Vice-Chair. The *Guidelines* recommend that the Chair and Vice-Chair come from different sectors and from domestic organisations. The *Guidelines* say that the CCM should be of a "manageable size in order to work and discharge responsibilities effectively." Beyond that, the *Guidelines* say only that the CCM should determine the details of its organisational structure, election procedures, frequency of meetings and terms of reference; and that decision-making should be by consensus and should involve all members of the CCM. In practice, the size, composition and structure of CCMs vary widely among countries.

The CCM should be responsive to all national stakeholders. To help achieve this, individual CCM members are expected to hold regular meetings with their constituents. Information related to the Global Fund – such as Calls for Proposals, decisions taken by the CCM, and

¹² In practice, this has been interpreted to mean that there must be representation from people living with the diseases.

detailed information on approved proposals for funding – should be disseminated widely to all stakeholders.

CCM Role in proposal development

One of the main responsibilities of the CCM is to prepare and submit proposals to the Global Fund.

The *CCM Guidelines* now require that CCMs have a transparent, documented process to solicit and review submissions for possible integration into the CCM's Global Fund proposal. The *Guidelines* also require that CCMs ensure that a broad range of stakeholders, both within and outside the CCM, is included in the proposal development process. These requirements were adopted in November 2004, a few months before the Call for Proposals was issued for the fifth round of funding. The *Guidelines* state that as part of the eligibility screening process for proposals, the Global Fund Secretariat will review supporting documentation setting out the CCM's proposal development and submission review processes, as well as the minutes of the meeting where the CCM decided on the elements to be included in a proposal.

Prior to Round 5, the CCM proposals were developed in various ways. Some CCMs issued a country-wide call for submissions and may have integrated some of the submissions, or elements of the submissions, into the final CCM proposal. The process for soliciting and reviewing the submissions may or may not have been documented or transparent. Other CCMs established a proposal writing team. The team was usually comprised of CCM members, but may or may not have included representation from all stakeholders. Still other CCMs assigned the responsibility for the preparation of the proposal to one or two members of the CCM (without formally establishing a team).

We are not aware of whether all proposals from CCMs for Round 5 met the new requirements. We suspect that many did not, but that the Global Fund Secretariat overlooked some deficiencies because the new requirements were announced only a few months prior to the Round 5 Call for Proposals. The Secretariat will not likely be as lenient in Round 6 and beyond.

Proposals from Sources Other than CCMs

As indicated above, the vast majority of proposals to the Global Fund come from CCMs. The Global Fund also accepts proposals from the following sources:

- **Sub-National CCMs (Sub-CCMs).** In very large countries, a Sub-CCM may be formed and may submit a proposal (and fulfil the other roles and responsibilities of a CCM). Sub-CCMs must conform to the same guiding principles and meet the same requirements as CCMs. Proposals from Sub-CCMs should be consistent with national-level policies and strategies, and must be accompanied either by the endorsement of the CCM or by a statement of the competent national authority affirming or other evidence that demonstrates the independent authority of the Sub-CCM.
- **Regional Coordinating Mechanism (RCMs).** Multiple countries may form an RCM and may submit a coordinated regional proposal. This often happens in regions of the world where there are many Small Island States, such as the South Pacific and the Caribbean. An RCM proposal must demonstrate that it adds value to and complements existing initiatives in each beneficiary country. If there are CCMs in the beneficiary countries, they must endorse the proposal. For RCMs whose territory

covers Small Island States, the Global Fund requires that the RCM include at least one government representative and one member of civil society from each beneficiary country

- **Regional Organisations ROs).** ROs (such as intergovernmental organisations and international NGOs) may submit a coordinated proposal to address cross-border or regional issues. As with RCM proposals, a proposal from a RO must demonstrate that it adds value to and complements existing initiatives in each beneficiary country; and must be endorsed by the CCM in each beneficiary country.
- **Non-CCMs.** NGOs and other organisations from countries in which a CCM does not exist may submit a proposal directly to the Global Fund. (Note, however, that almost every country now has a CCM.) The proposal must provide evidence that it is consistent with, and complements, national policies and strategies. For countries that have CCMs, NGOs and other organisations may submit a proposal directly to the Global Fund, but only in exceptional circumstances. The Global Fund says that that proposals from Non-CCMs are not eligible unless they satisfactorily explain that they originate from one of the following:
 - countries without legitimate governments (such as governments not recognised by the United Nations);
 - countries in conflict, facing natural disasters, or in complex emergency situations; or
 - countries that suppress or have not established partnerships with civil society and NGOs.

The Global Fund says that a proposal from a non-CCM must demonstrate clearly why it could not be considered under the CCM process, and provide documentation of these reasons. The Fund also says that if a proposal from a non-CCM was provided to a CCM for its consideration, but the CCM either did not review it in a timely fashion or refused to endorse it, the steps taken to obtain CCM approval should be described; and arguments in support of the CCM endorsement, as well as documentary evidence of the attempts to obtain CCM approval, should be provided.

As can be seen, the Global Fund prefers that applications come from CCMs, and strongly discourages applications directly from NGOs. One of the reasons for this is that the Global Fund wants to promote partnerships among the stakeholders. Another reason is that the Fund does not want to be swamped with multiple applications from one country, with objectives pointing in different directions.

A very limited number of proposals received directly from NGOs have been funded in the first five rounds. In almost every case, either there was no CCM in existence in the country, or the country or region was in conflict due to war. In general, NGOs are best advised to work through the CCM.

For more information on the requirements for proposals from sources other than CCMs, consult:

- The Global Fund's *Guidelines for Proposals*. The Fund produces *Guidelines* for each new round of funding. The latest *Guidelines* can be found on the Policies and Guidelines page on the Global Fund's website at www.theglobalfund.org/en/about/policies_guidelines/ or at www.theglobalfund.org/en/apply/call/.
- *The AidsSpan Guide to Round 6 Applications to the Global Fund*, available on the AidsSpan website via www.aidspan.org/guides. (AidsSpan produces a *Guide* for each new round of funding.)

The Proposal Development Process

(The information in this section applies to Global Fund proposals generated by CCMs. However, almost everything in this section also applies to proposals from Sub-CCMs and RCMs. The process followed by ROs and Non-CCMs submitting proposals directly to the Global Fund is somewhat different.)

Technically, the process starts when the Global Fund issues a Call for Proposals. The Fund typically gives applicants about 12 weeks to complete their proposals.

The Call for Proposals for Round 6 was issued on 5 May 2006. The deadline date for applications is 3 August 2006.

Aidspan believes that ideally the proposal development process should start well before the Call for Proposals. Aidspan believes that logically speaking, things should happen in the following order:

- (a) A national strategy for tackling HIV/AIDS (or tuberculosis or malaria), or a major component of one of these diseases, is developed first.
- (b) The country then designs one or more *programmes* designed to implement that strategy.
- (c) The country then submits *proposals* (to places such as the Global Fund) seeking financial support for one of those programmes.

The Global Fund's *Proposal Form* is complex. Significant effort is required to fill out the form and obtain the necessary signatures. Aidspan believes that CCMs will need most of the 12-week period to perform these tasks, and that CCMs should therefore not be using this time to design their programmes. It follows, therefore, that CCMs should start to design their programmes *before* the Call for Proposals is issued. Obviously, in the real world, this will not always be possible. However, in the case of proposals addressing the needs of children affected by HIV/AIDS, those countries that have already developed National Action Plans on OVC have an advantage because they have effectively already started the programme design process.

In light of the new requirements adopted by the Global Fund in November 2004, as outlined earlier in this chapter, the proposal development process ought to happen as follows:

- The CCM issues a call for submissions for possible integration into the CCM proposal to the Global Fund.
- The CCM ensures that this call goes out to a broad range of stakeholders, including CCM members and non-members.
- Stakeholders prepare submissions and send them to the CCM.
- The CCM reviews the submissions and decides which ones will be incorporated into the CCM proposal. (The CCM may decide to incorporate only portions of the submissions received.)
- The CCM prepares the CCM proposal and submits it to the Global Fund.

Note that in any given round of funding, the CCM (or any other applicant) may only submit one proposal. However, each proposal can contain up to three components, one for each of the three diseases. When the proposals are reviewed, proposals with more than one component are split up. In effect, each component becomes a separate proposal (which can create a bit of confusion with respect to terminology).

The Global Fund requires that CCMs document the process that they are using to solicit and review submissions. Readers may want to verify whether this is the case in their countries and whether the documented process is similar to what is described above.

The Global Fund does not prescribe the process that CCMs should follow for the actual writing of the proposal. In *The Aidspan Guide to Round 6 Applications to the Global Fund*, Aidspan recommends that the CCM establish a strong proposal-writing team with a clear sense of national priorities, or at least of the priorities articulated within the CCM. The CCM could use the same team (or an expanded team) to oversee the process of soliciting and reviewing submissions.

The Proposal Review Process

The Global Fund Secretariat screens all proposals to determine if they are eligible.¹³ Then, the TRP performs a rigorous, in-depth review of eligible proposals. The review takes place at a marathon meeting of the TRP which is held at predetermined dates following the deadline for each Call for Proposals issued by the Global Fund.

The TRP then prepares recommendations to the Global Fund Board concerning whether or not the application should be approved. (The Board makes the final decision.) The TRP assigns each proposal a rating in one of the following categories:

- **Recommended (Category 1):** Proposals recommended by the TRP for approval, for which the TRP seeks no clarifications or only minor ones.
- **Recommended (Category 2):** Proposals recommended by the TRP for approval subject to the applicant satisfactorily responding to a number of requests by the TRP for clarification. (When the Global Fund faces financial shortfalls, it may divide Category 2 into Categories 2A and 2B. A “2B” ranking means that the applicant must provide a large number of clarifications.)
- **Not Recommended (Category 3):** Proposals not recommended by the TRP in their present form, but regarding which applicants are encouraged to submit improved applications in future rounds.
- **Not Recommended (Category 4):** Proposals not recommended by the TRP for funding, and regarding which the TRP provides no encouragement to re-apply in future rounds. (In other words, the proposal is so weak that applicants are best advised to start from scratch to prepare a proposal for a future round of funding.)

In allocating proposals to one of the above categories, the TRP takes into consideration only technical factors, such as whether the programme described in the proposal is technically sound and internally coherent, whether it fills an unmet need, whether it is one that the specified organisations are capable of implementing, whether it represents good use of the money, and whether it can be sustained at the end of the grant. The TRP is required to ignore the question of whether it believes the Global Fund has enough money to pay for all of the proposals that it is recommending.

¹³ To be eligible, proposals must come from organisations in countries classified by the World Bank as “low income,” “lower-middle income,” or “upper-middle income.” All proposals have to meet certain conditions concerning the structure and functioning of the CCM. Proposals from lower-middle income countries and upper-middle income countries have to meet certain additional conditions. These conditions are described in detail in the *Guidelines for Proposals* that the Global Fund issues for each round of funding. The *Guidelines* for the latest round of funding are available at www.theglobalfund.org/en/apply/call.

The TRP provides feedback to applicants regarding the quality of their proposals. Results of the TRP review are communicated to the CCM via the FPM, once the Board has decided which applications are approved.

The following table shows the number of eligible proposals¹⁴ submitted in each of the first five rounds of funding, and the number recommended for approval by the TRP. (To date, the Global Fund Board has approved all proposals that the TRP recommended for approval.)

Recommendation Rates in Rounds 1-5

Round		No. of eligible proposals	% Recommended
1	Submitted Recommended for approval	204 58	28%
2	Submitted Recommended for approval	229 98	43%
3	Submitted Recommended for approval	180 71	39%
4	Submitted Recommended for approval	173 69	39%
5	Submitted Recommended for approval	199 63	32%
Total	Submitted Recommended for approval	985 359	36%

What Kinds of Programmes Will the Global Fund Support?

The Global Fund provides only general guidance concerning what kinds of programmes it is prepared to fund. It is up to each applicant to determine the content of the proposals. The Global Fund expects that proposals will address the needs of vulnerable populations – in fact, this is a requirement for proposals from lower- and upper-middle income countries – but the Fund does not specify which populations should be targeted. There is no list of priorities. Rather, each proposal is judged on its merits – i.e., how technically sound it is and whether the Fund considers that the proposal represents a good investment.

In its *Guidelines for Proposals* (for Round 6), the Global Fund says that

[r]esources from the Global Fund may be used to support activities for the prevention, treatment, care and support of people and communities living with and/or affected by the three diseases. Activities to be funded may scale up proven and effective interventions to attain greater coverage in a country or region and/or may be new and innovative activities, including activities that impact the supportive environment.

The *Guidelines for Proposals* provide examples of the types of activities the Global Fund will support. The examples include programmes that target OVC. The full list of examples is as follows:

- behaviour change interventions, such as peer education and community outreach;
- provision of prevention services and tools, such as the ABC model (including abstinence and/or delayed sexual debut; partner reduction and/or faithfulness; and

¹⁴ The number of eligible proposals is not the same as the number of proposals submitted. Many proposals are screened out by the Global Fund Secretariat because they do not meet the eligibility criteria.

consistent condom use), interventions targeting populations at high risk (such as commercial sex workers, men who have sex with men, and injecting drug users), and safe injection supplies to prevent medical transmission;

- community-based programmes aimed at alleviating the impact of the diseases, including programmes directed at orphans and vulnerable children, and adolescents;
- home and palliative care programmes;
- provision of critical health products (such as drugs and laboratory tests) to prevent, diagnose, and treat the three diseases, including the introduction of previously unavailable treatments (such as antiretroviral therapy for HIV infection, pediatric antiretroviral treatment, treatment for multi-drug resistant tuberculosis, or artemisinin-containing combination therapy for malaria);
- workplace programmes for prevention, and to care for and/or treat employees, including policy development in regard to such programmes;
- co-investment schemes to expand private sector programmes to surrounding communities; and
- activities implemented by people living with and/or affected by HIV/AIDS, tuberculosis and/or malaria, such as support groups, treatment literacy programmes, and risk-reduction programmes.

Resources from the Global Fund can be used to support strengthening of health systems linked to reducing the impact and spread of any or all of the three diseases. (This is important information for countries that need to improve treatment for HIV-positive children.) The *Guidelines for Proposals* provide the following information on what kinds of health systems strengthening interventions the Global Fund is prepared to support:

Activities to strengthen health systems may include, but are not limited to the following:

- Health workforce mobilization, training and management capacity development;
- Local management and planning capacity in general, including financial management;
- Health infrastructure renovation and enhancement, equipment, and strengthening maintenance capacity (this does not include large-scale investments, such as building hospitals and clinics);
- Laboratory capacity;
- Health information systems, inclusive of monitoring and evaluation;
- Supply chain management, especially drug procurement, distribution, and quality assurance;
- Innovative health financing strategies to respond to financial access barriers
- High level management and planning capacity;
- Engagement of community and non state providers;
- Quality of care management; and
- Operations research.

Health system strengthening activities are not limited to health sector-related activities and may also target other sectors including education, the workplace and social services, provided that these activities are directly related to reducing the spread and impact of HIV/AIDS, tuberculosis and/or malaria. Proposals should also, when appropriate, seek to establish mechanisms for civil society and other stakeholders in the health system to have a voice in developing policies to strengthen health systems, and to take part in activities to this effect.

As indicated earlier in this *Guide*, the Global Fund has already approved 22 proposals that contain activities related to children affected by HIV/AIDS. The Global Fund is already a significant source of funding for the implementation of the OVC National Plans of Action. An

informal survey conducted by UNICEF of 11 countries with OVC National Plans of Action indicated that the funds from the Global Fund accounted for 15-20% of total funding for the Plans of Action.

The Global Fund requires that the funds being requested be additional to existing efforts to combat the three diseases, rather than replacing them. The Fund encourages proposals that build upon existing systems for programme implementation, financial reporting, procurement and supply management, and monitoring and evaluation.

The *Guidelines for Proposals* outline the criteria that the TRP uses to review proposals. The following is a summary of these criteria. Readers should refer to the *Guidelines for Proposals* for the full text.

- Proposals should demonstrate a **sound approach**, which means that they should:
 - be consistent with international best practices;
 - demonstrate a potential to achieve impact;
 - give priority to groups and communities most affected or at risk;
 - involve a broad range of stakeholders in the implementation of the programme;
 - address issues of human rights and gender equality, including contributing to the elimination of stigmatisation of and discrimination against children and others affected by HIV/AIDS; and
 - be consistent with national law and international obligations.
- Proposals should demonstrate **feasibility**, which means that they should:
 - provide strong evidence of the technical and programmatic feasibility of implementation arrangements;
 - demonstrate that interventions are evidence-based and represent good value for money;
 - build on, complement, and coordinate with existing programmes and with any existing Global Fund grants;
 - use innovative approaches to scaling up programmes;
 - link resources to the achievement of clear, measurable and sustainable results;
 - demonstrate how the proposed interventions are appropriate to the stage of the epidemic and to the specific epidemiological situation in the country; and
 - identify where technical assistance is required.
- Proposals should demonstrate **potential for sustainability**, which means that they should:
 - reflect high-level, sustained political involvement and commitment;
 - demonstrate that Global Fund financing will be additional to existing efforts;
 - demonstrate how sustainability may be achieved; and
 - coordinate with multilateral and bilateral initiatives and partnerships.

The *Guidelines for Proposals* describe the applications and proposal review processes, and outline the eligibility criteria. Much of this information can also be found in Chapter 1 of this *Guide*. The *Guidelines for Proposals* also provide guidance on how to fill out each section of the Proposals Form. Additional guidance for all of these areas can be found in *The Aidspan Guide to Round 6 Applications to the Global Fund*.

Note that for any given round of funding, including Round 6, each applicant is allowed to submit only one proposal to the Global Fund. The proposal can include up to three components, one for each of the three diseases (AIDS, tuberculosis and malaria).

Will the Global Fund Be Able to Fund Round 6?

There is no guarantee that the Global Fund will have enough money to fund all of the proposals submitted in Round 6 that it considers to be worthy of approval.

In the first five rounds of funding, there was sufficient funding available to enable the Global Fund Board to approve all proposals recommended by the TRP. In Rounds 1 and 2, this process was rendered easier by the fact that the Fund had plenty of "start-up" funds available. However, in Rounds 3 and 4 there was only just enough money available. In Round 5, it was far from certain that there would be enough money available to pay for all recommended proposals (and, indeed, approval of some proposals was delayed for a short time).

As contributions and pledges to the Fund currently stand, there is no money at all for Round 6. This is because all current commitments to the Fund are required to cover Phase 2 renewals of grants that were approved in earlier rounds. Thus, the amount of money that will be available for Round 6 will depend entirely upon the extent to which new pledges for 2006 and the first part of 2007 are received from donors to the Fund between now and November 2006. The cost of the first two years of proposals approved in each of the earlier rounds ranged from \$576 million to just over \$1 billion.¹⁵ On the first page of the Proposal Form, the Global Fund says that amount of funding available for Round 6 is forecast to be in the range of \$0 to \$565 million, depending mainly on the amount and timing of new pledges.

The Board has issued an urgent appeal to current and potential donors to expedite and increase their pledges for 2006 and 2007 so that Round 6 can be adequately funded. The Fund says that it will provide updates on its website (www.theglobalfund.org) concerning the amount of funding available.

What does this mean for potential applicants? Should you put a lot of energy into developing submissions to the CCM or proposals to the Global Fund if there may not be enough money to pay for the successful proposals? Aidspan believes that you should put in the energy. We say that for three reasons. First, we do not think that the Global Fund would have launched Round 6 if it were not confident of raising at least a good portion of the funds that will be required. Second, if your proposal was recommended by the TRP but could not be funded immediately due to a shortage of funds, the policies of the Global Fund allow the Board to provisionally approve the proposal pending the arrival of more donor funding. In other words, the proposal would be on hold for a few months until enough new funding came in, and then it would be formally approved. Finally, in the event (hopefully unlikely) that your proposal is recommended by the TRP but has to be turned down by the Global Fund Board due to lack of funding, your work would not be in vain. You could submit the proposal to other funders, or even re-submit it to the Global Fund in the next round of funding.

¹⁵ Initially, the Global Fund approves funding for only the first two years of a proposal (Phase 1). Phase II funding is approved later, providing that the programme is performing well.

Chapter 3: National Policies and Plans Concerning Orphans and Other Vulnerable Children

This chapter briefly describes the process that led to the creation of OVC National Plans of Action in a number of countries, and provides a few examples of how these plans are structured. (Summary information on each National Plan of Action is provided in Appendix I).

This chapter will be of interest primarily to members of CCMs who want to learn more about the OVC-related strategic planning work that has already been done. It will also be of interest to people from OVC-related organisations in countries that have not yet initiated or completed OVC-specific strategic planning.

Either before, or as part of, the RAAAP Initiative (see Chapter 1), 16 sub-Saharan African countries undertook OVC-related strategic planning processes involving consultations with various in-country stakeholders. The outcome of these processes was the development of OVC National Plans of Action. Some of these plans have been completed, while others are still being developed. The completed plans will be updated as time goes on and as the needs of OVC evolve. The 16 countries are Central African Republic, Côte d'Ivoire, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.¹⁶

For CCMs and other organisations interested in preparing, or assisting with the development of, Global Fund proposals responding to the needs of OVC, the National Plans of Action can inform the priorities and content of such proposals.

Each National Plan of Action is structured differently. However, they all contain most or all of the following elements:

- goals and/or objectives
- activities
- timelines
- implementing agencies
- budget and budget rationale
- indicators and an M&E plan

In terms of how they are organised, many national plans of action reflect the strategies in the *Framework Document* and/or a rights-based approach to programming the national response for OVC.

For example, Kenya's National Plan of Action is divided into seven key strategic areas, as follows:

- Strengthen the capacity of families to protect and care for orphans and other vulnerable children.
- Mobilise and support community based responses.
- Ensure access for orphans and other vulnerable children to essential services including education, health care, birth registration and others.

¹⁶ As noted in Chapter 2, in 2005 a second phase of RAAAP was initiated. The countries involved in RAAAP II are: Angola, Benin, Burkina Faso, Burundi, Djibouti, Democratic Republic of Congo, Madagascar and Somalia. As of April 2006, Burundi, Somalia and Angola had made good progress in completing the process.

- Ensure that governments protect the most vulnerable children through improved policy and legislation.
 - Raise awareness at all levels through advocacy and social mobilisation to create a supportive environment for children and families affected by HIV/AIDS.
 - Strengthen and expand capacity to monitor and evaluate programme effectiveness and quality.
 - Strengthen and support coordination and institutional structures.

Each strategic area contains several objectives. For each objective, there are one or more indicators, as well as a series of activities. For each activity, the plan shows the target group, a timeline, who is responsible for carrying out the activity, and the cost.

Malawi's National Plan of Action consists of six strategic areas, written as goals, as follows:

- to enhance access for OVC to essential quality services such education, health, nutrition, water and sanitation and birth registration with increased support from social safety nets;
 - to strengthen the capacity of families and communities to care for OVC by providing support to enhance their economic security, social and emotional well-being and to protect OVC from abuse, exploitation, property dispossession, stigma and discrimination in respect of gender equality;
 - to protect the most vulnerable children through improved policy and legislation, provision of leadership, efficient coordination at all levels and through equal and meaningful child participation by both boys and girls;
 - to strengthen and build the technical, institutional and human resource capacity of key OVC service providers;
 - to raise awareness at all levels (community, district, national) through advocacy and social mobilisation to create a supportive environment for children and families affected by poverty and HIV/AIDS; and
 - to continuously monitor and assess the situation of OVC and measure the gaps between what is being done and what must be done to adequately fulfil the rights and needs of OVC.

Under each objective, the plan contains information under headings which are similar to those in the Kenyan plan.

Please see Appendix I for more information on the OVC National Plans of Action.

Chapter 4: Global Fund-Approved Proposals Related to Orphans and Other Vulnerable Children

This chapter contains information on approved Global Fund proposals that contain activities targeting OVC. Some examples of the objectives and activities contained in these proposals are provided. The chapter also summarizes comments made by the TRP on (a) all proposals submitted to the Global Fund, and (b) the approved OVC-related proposals. (Summary information on each OVC-related proposal can be found in Appendix II.)

This chapter will primarily interest CCM members who want to learn more about the children-related activities that the Global Fund has supported in the past, and may also be a useful source of information for people from OVC-related organisations that need to do more strategic planning.

As indicated in Chapter 1, in the first five rounds of funding from the Global Fund, 22 approved proposals¹⁷ from 20 countries addressed the care, support and protection needs of OVC to one degree or another. The 20 countries involved were Benin, Cambodia, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Eritrea, Ethiopia, Haiti, Lesotho, Malawi, Mauritania, Mozambique, Nigeria, Peru, Republic of Congo, South Africa, Swaziland, Tanzania and Uganda.¹⁸

Of the 20 countries, 10 were sub-Saharan African countries that were involved in the RAAAP Initiative and that subsequently developed OVC National Plans of Action. However, in most cases, the Global Fund proposals were submitted before work had begun on the development of the National Plans of Action.

Of the 22 proposals that addressed the care, support and protection needs of OVC, three were entirely devoted to this topic (proposals from Central African Republic, Malawi and Uganda), and another four contained a significant children-related component. The remaining 15 proposals addressed the needs of OVC to a lesser extent.

The proposals included a wide range of services. The proposals were structured according to the requirements of the Global Fund, which means that they included goals and/or objectives, activities, indicators, timelines, budgets, and plans for monitoring and evaluation.

Pediatric AIDS treatment

The information in this section on approved proposals addressing the care, support and protection needs of OVC was prepared by the author based on research conducted by the author and by others. The methodology employed for this research did not attempt to identify approved Global Fund proposals that included PMTCT and pediatric treatment programmes.

However, the Global AIDS Alliance (GAA) has prepared a report which concludes that the global community has failed to adequately prevent or treat pediatric HIV/AIDS. The GAA says that initiatives to treat children were not included in Global Fund proposals until Round 4. See *Children Left Behind* in the resources listings in Chapter 6.

Note also that when paediatric AIDS treatment was omitted from proposals that included programmes to provide ARVs, the TRP characterized this as a weakness.

¹⁷ Little information is available on proposals that were not approved because these proposals are not made public.

¹⁸ This analysis does not include proposals that included programmes for the Prevention of Mother-to-Child Transmission (PMTCT) of HIV, or programmes that provided antiretroviral (ARV) treatment to HIV-positive children (as part of larger ARV programmes).

For example, the Round 3 proposal from Uganda contained the following objectives:

- to provide direct care and support for the neediest of OVC and OVC families;
- to provide a foundation for the long term economic security of OVC households;
- to ensure that OVC, identified by members of the community, local leaders, CBOs, NGOs, FBOs and religious institutions, either return to school at the earliest opportunity and/or stay in school
- to provide psychosocial care and support to OVC and OVC households coping with adults or children in their care living with HIV/AIDS or having recently lost a household member or guardian to HIV/AIDS;
- to ensure that OVC and members of OVC households impacted by HIV/AIDS have access to health care;
- to ensure the legal protection of the rights of OVC and OVC households; and
- to strengthen the capacity of CBOs, NGOs, religious institutions, FBOs, district offices and Local Councils working at the front-lines of the HIV/AIDS epidemic in rural resource poor settings to increase their organisational ability to support more OVC and OVC households.

And the Round 5 proposal from Malawi included the following activities:

- review, amend and draft laws to ensure they are compliant with the Convention on the Rights of the Child;
- develop information, education and communications (IEC) materials for social mobilisation and awareness raising ;
- train law and policy enforcers on the use and interpretation of key OVC policy and legal frameworks;
- develop easy reader guidelines on key policy and legal documents;
- strengthen child-friendly justice systems;
- train social work officers, social work assistants and community child protection workers on child protection issues (including early identification of child sexual abuse);
- provide incentives to community child protection workers;
- train foster parents and other caregivers on child care, child protection and psychosocial support;
- second nine professionals to District Assemblies to assist in the management of the scaled-up response to OVC;
- develop an M&E database and conduct training on the use of the database;
- organise annual OVC stakeholder meetings to coordinate phases of a scaled-up national OVC response;
- implement training courses on management of safety net systems; and
- provide financial resources to the District Assemblies to issue cash grants or conditional cash grants to households caring for OVC.

Please see Appendix II for summary information in table format for each of the 22 approved proposals.

TRP Comments

As indicated in Chapter 1, the TRP provides feedback to applicants regarding the quality of their proposals (whether or not the proposals are approved for funding). In its comments, the TRP identifies what it considers to be the strengths and weakness of each proposal.

Aidspan has reviewed the TRP comments for the 22 approved proposals that respond to one degree or another to the care, support and protection needs of OVC. For the most part, the TRP comments are general in nature, and do not relate specifically to the children-related content of the proposals.

General comments

The general comments made by the TRP on the 22 approved proposals mirror the comments made by the TRP on all proposals. Below, we list the major strengths and weaknesses identified by the TRP for all proposals submitted during the third, fourth and fifth rounds of funding.¹⁹ The TRP comments are a valuable source of information. CCMs or organisations that are planning to submit or promote applications to the Global Fund can review the strengths identified by the TRP in order to get a sense of what constitutes a solid proposal. And, of course, they can examine the weaknesses identified by the TRP to ensure that they know what problems to avoid.

Strengths

The strengths identified most often in the TRP comments on the proposals submitted during Rounds 3-5 were as follows:

1. The proposal was clear and well-documented; the strategy was sound.
2. There was good involvement of partners (including NGOs and other sectors) in the implementation plan.
3. There was a strong political commitment to implement the programme.
4. The proposal demonstrated complementarity – i.e., it built on existing activities, including national strategic plans, and/or it built on earlier programmes financed by the Global Fund.

Other strengths identified fairly frequently were as follows:

5. The programme targeted high-risk groups and vulnerable populations.
6. The proposal demonstrated sustainability – i.e., national budgets were identified to help sustain the activities once Global Fund support terminated.
7. The monitoring and evaluation (M&E) plan was solid.
8. The budget was well detailed.
9. There was good collaboration among programmes addressing the three diseases.
10. The proposal contained a good situational analysis.
11. The proposal reflected comments made by the TRP during earlier rounds of funding.
12. The goals, objectives, activities, outcomes and budgets were well aligned.
13. The CCM was strong and had wide sectoral representation.

¹⁹ This information is taken from *The Aidspan Guide to Round 6 Applications to the Global Fund*. Copies of this Guide can be downloaded from the Aidspan website via www.aidspan.org/guides.

14. The programme was realistic with respect to what could be accomplished and/or had a limited and concentrated focus.
15. The proposal demonstrated good co-funding.
16. The PR is a strong organisation, with experience managing similar programmes.
17. The proposal contained innovative strategies, some of which could lead to best practices.
18. The proposal built on lessons learned and best practices.
19. The proposal included capacity building measures and identified technical support needs.
20. The proposal had a strong human rights focus.
21. The proposal contained a strong gender analysis and strategy.

Weaknesses

The weaknesses identified most often in the TRP comments on the proposals submitted during Rounds 3-5 were as follows:

1. The workplan was inadequate. There was insufficient, unclear or questionable information on one or more of the following: the rationale, the strategic approach, the objectives, the activities and the expected outcomes.
2. The budget information was inaccurate, questionable and/or not sufficiently detailed.

Other weaknesses identified frequently were as follows:

3. The proposal did not demonstrate complementarity or additionality; it was not clear how the programme related or added to existing programmes, including programmes funded by the Global Fund.
4. The proposal did not contain a good situational (i.e., gap) analysis.
5. There were problems concerning the PR.
6. The various sections of the proposal were not well aligned.
7. The M&E plan was either missing or inadequate.
8. In HIV/AIDS and TB proposals, there were either no joint activities or insufficient joint activities involving both diseases.
9. The programme was too ambitious; some or all of the goals and objectives were not realistic.
10. The use of partners (including NGOs) in the implementation of the programme was inadequate or unclear.
11. The impact and/or outcome indicators were inappropriate or poorly defined.
12. The programme did not focus sufficiently on vulnerable groups.
13. The plan for procurement and supply chain management was inadequate.
14. There were problems with the structure or functioning of the CCM.
15. The proposal did not adequately explain the roles and responsibilities of the various players.
16. The proposal failed to adequately address issues of capacity building and technical assistance.

17. Some of the proposed approaches or activities were inappropriate.
18. The proposal development process was not sufficiently transparent or inclusive.
19. The proposal demonstrated insufficient co-funding.
20. The proposal failed to address weakness identified by the TRP for proposals submitted in earlier rounds of funding.
21. Insufficient attention was paid to human rights issues.
22. The budget (and therefore the programme) was imbalanced; too much or too little was allocated to one or more sectors or activities.
23. The treatment, care and support component of the proposal was missing or inadequate.

The Aidspan Guide to Round 6 Applications to the Global Fund contains much more information on the strengths and weaknesses than what is shown here.

Comments specific to OVC-related content

As indicated above, most of the TRP comments on the 22 approved proposals that responded to the care, support and protection needs of OVC were general in nature. However, the TRP did make some comments that were specific to the OVC-related content.

The TRP applauded children-related initiatives that were consistent with national HIV/AIDS policies and strategies. It also commented favourably on OVC-related initiatives that were thoughtful, comprehensive and community-based. The TRP welcomed proposals that addressed paediatric AIDS and PMTCT, and was critical of proposals that failed to do so. The only other major weakness identified by the TRP concerning OVC -related content was that some proposals were short on details. All TRP comments on the OVC-related content are shown in the tables in Appendix II.

Chapter 5: Developing and Promoting Proposals Benefiting Children Affected by HIV/AIDS

This chapter provides guidance to two different target audiences – CCMs and OVC-related organisations – on how to develop and promote CCM proposals that address the needs of children affected by HIV/AIDS. The chapter also provides some guidance on including children-related content in proposals from sources other than CCMs.

Guidance for CCMs Concerning How to Go About Including Children-Related Content in Proposals

CCMs have an obligation to ensure that proposals submitted to the Global Fund include interventions addressing the needs of children affected by HIV/AIDS.

One way to help make this happen is to ensure that organisations providing services to OVC-related organisations are represented on the CCM. As indicated in Chapter 1, CCMs are expected to include representation from a wide variety of sectors. The Global Fund recommends that at least 40 percent of the CCM membership be comprised of representation from civil society (i.e., NGOs and CBOs, people living with the diseases, private companies, religious and faith-based organisations, and academic and educational institutions).

The Fund requires that there be representation from people living with the diseases. The *CCM Guidelines* do not specifically state that other vulnerable populations should be represented on the CCM. Aidspan believes that this is an unfortunate oversight. For CCMs to function effectively, vulnerable populations must be represented.

Precisely which vulnerable populations should be represented may depend on the epidemiology and the national priorities in a given country. In countries with high HIV infection rates among children and with large numbers of orphans, governmental and non-governmental OVC-related organisations ought to be represented on the CCM. However, it is likely that at present only a few CCMs include representation from this sector.

Another way to help make sure that proposals include children-related content is to ensure that CCM members are familiar with the issues of children affected by HIV/AIDS. This can be done in a variety of ways, including (a) having someone with expertise on the issues of children affected by HIV/AIDS address the CCM; (b) having CCM members review some of the excellent reports that have been written on children affected by HIV/AIDS and OVC (see Chapter 6 for details); and (c) having CCM members review the outcomes of national OVC-specific strategic planning processes, including OVC National Plans of Action (in countries where such planning has occurred).

Getting a head start

As we indicated in Chapter 1, Aidspan believes that the proposal development process should start well before the Global Fund issues its Call for Proposals. Most of the approximately 12 weeks provided by the Fund to submit proposals will be taken up by filling out the Proposal Form, reviewing the application, and obtaining the necessary signatures. CCMs would be well advised to solicit submissions from in-country stakeholders (including OVC stakeholders) prior to the Call for Proposals. There is usually some notice provided concerning when a call is going to be issued. It is not necessary to know exactly what the Proposal Form is going to look like in order to issue a call for submissions.

Whether or not OVC-related organisations are represented on the CCM, it is important to ensure that such organisations are involved in the CCM's proposal development process. Virtually all CCMs are already familiar with the process for developing and submitting proposals to the Global Fund, having already submitted proposals in one or more of the early rounds of funding. However, not all CCMs may be familiar with the new requirements introduced by the Global Fund in November 2004, or may not be yet fully compliant with the new requirements. The requirements are briefly described in Chapter 1 of this *Guide*, but they are worth reiterating here in light of the need for CCMs to ensure that OVC-related organisations are included in the proposal development process.

The Global Fund requires that CCMs (a) involve a broad range of stakeholders, both within and outside the CCM, in the proposal development process; (b) develop a transparent process to solicit and review submissions for possible integration into the CCM's Global Fund proposal; and (c) document that process. (If a CCM has not already developed and documented a process for proposal development, it should proceed to do so as soon as possible.)

The *Guidelines for Proposals* state that CCMs are expected to disseminate widely all information related to the proposal process to all stakeholders actively involved in the diseases, including the broad range of non-government stakeholders and constituencies in the community. These stakeholders should include OVC-related organisations. The lead government ministries dealing with children's issues should also receive the information.

The *Guidelines* state that the information to be disseminated should include:

- the timelines relevant to the Global Fund's Call for Proposals;
- how interested stakeholders may tender a submission to be considered for inclusion in the CCM's consolidated proposal to the Global Fund; and
- the criteria upon which individual proposals will be evaluated by the CCM for possible inclusion in the consolidated proposal.

The *Guidelines* also state that the proposal development process should allow all stakeholders enough time to provide input into the drafting of the proposal to be submitted to the Global Fund.

As indicated above, the proposal development process that the CCM is required to develop must include a process for reviewing the submissions received from stakeholders. The Global Fund does not provide any guidance concerning how the review should be carried out. In most countries, the reviews are probably carried out by the CCM itself or, more likely, a sub-set of the CCM. In *The AidsSpan Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)*,²⁰ AidsSpan recommended that the CCM establish a strong proposal-writing team with a clear sense of national priorities. This team could coordinate the process of soliciting and reviewing submissions. It is important to ensure that the team has sufficient expertise on the needs of the different vulnerable populations. To achieve this, the CCM may want to include representation on the team from stakeholders not currently represented on the CCM. Of course, care would have to be exercised to avoid or minimise any conflict of interest (i.e., members of the team being from the same organisations that tendered submissions)

The box on the next page summarizes the guidance provided in this section for CCMs.

²⁰ Copies of this Guide are available on the AidsSpan website via www.aidspan.org/guides.

SUGGESTIONS FOR CCMs

In summary, Aidspan advances the following suggestions to CCMs to help ensure that future proposals to the Global Fund incorporate OVC content:

- * Include a representative of organisations providing services to OVC (or working on OVC issues) on the CCM.
- * Ensure that CCM members are familiar with issues concerning children affected by HIV/AIDS. Invite someone with knowledge of these issues to make a presentation to the CCM. Review some of the reports that have been written on these issues. In countries where OVC-specific strategic planning has been done, review the outcomes of this process, including OVC National Plans of Action.
- * Ensure that OVC-related organisations and lead government ministries dealing with children's issues receive information concerning the CCM's proposal development process.
- * Ensure that OVC-related organisations and lead government ministries dealing with children's issues are included in the call for submissions for possible inclusion in the CCM's Global Fund proposal.
- * Consider including representation from OVC-related organisations on the team that reviews submissions from stakeholders.

Guidance for OVC-Related Organisations Concerning How to Promote the Inclusion of Children-Related Content in CCM Proposals

To some extent, the guidance provided in this section constitutes the “flip side” of the guidance provided in the preceding section. Thus we suggest that readers who may have skipped the previous section go back now and review it.

The first thing that you need to do is make sure that addressing the needs of children affected by HIV/AIDS is one of the priorities of the national AIDS strategy in your country. If it is not, then you will have a difficult time convincing the CCM to include issues concerning children affected by HIV/AIDS in its proposal (or persuading the Global Fund to support it).

Because most proposals to the Global Fund are generated by CCMs, it is critical that CCMs be educated about issues concerning children affected by HIV/AIDS and about the importance of including children-related content in their proposals. One way to do this is to push for a representative of OVC-related organisations or the lead government ministries dealing with children's issues to be included on the CCM. Having a representative from OVC-related organisations on the CCM would greatly increase the chances of children-related content being included in a CCM proposal.

If it is not possible to get a representative of OVC-related organisations or the lead government ministries on the CCM, then you may be able to persuade some existing members of the CCM – such as international and national NGOs – to raise children-related issues at the CCM.

Another way to educate the CCM is to approach it with an offer to make a presentation to the CCM on issues concerning children affected by HIV/AIDS. It is also important to push the CCM to ensure that it provides OVC-related organisations with information on the proposal development process and that it involves OVC-related organisations in the process. This is particularly important when there is no representation on the CCM from OVC-related organisations.

Being able to push the CCM on these issues means first becoming familiar with, and cultivating relationships with, individual members of the CCM. Many CCM members will be receptive to an approach; some may even have some knowledge of OVC issues.

You will need to be able to convince CCM members that the CCM proposal to the Global Fund ought to include activities targeting children affected by HIV/AIDS. Orphans are

How to locate your CCM?

You can identify who is on your country's CCM and how to contact them in a variety of ways. For example:

- Go to the CCM section of the Global Fund website at www.theglobalfund.org/en/apply/mechanisms/. On that page, there is a place where you can select your country and you will be taken to a page where a list of the CCM members appears. However, some of the country pages are blank. (It is up to each CCM to ensure that the information is entered and that it is current.)
- If your CCM has had a proposal recently approved by the Global Fund, you can find a copy of the proposal on the Fund's website via www.theglobalfund.org/programs/search.aspx?lang=en. The proposal should contain a list of CCM members with contact information.
- Contact the people in your Ministry of Health who work on HIV/AIDS, tuberculosis or malaria. They should be able to put you in contact with members of the CCM.

created and children are made vulnerable due to a number of causes, not all of which relate to HIV/AIDS (or tuberculosis and malaria). As a result, the OVC National Plans of Actions contain activities that are not directly related to the impact of these three diseases.

The *Framework Document*, which is the most broadly accepted guide for action, emphasises the fact that children orphaned and made vulnerable due to HIV/AIDS may *not* be the most vulnerable children in need of support. Consequently, the *Framework Document* advocates for two-tiered targeting: (a) work in areas that are heavily affected by HIV/AIDS, but (b) within communities, let community members describe who are the most vulnerable children in need of extra support. At least some of the countries that have attempted to get CCMs to "listen" to OVC issues have found this to be a barrier.

However, we know that HIV/AIDS, tuberculosis and malaria exacerbate existing vulnerabilities and, as a result, there is a large and growing pool of vulnerable children due to these diseases. Therefore, you need to make it clear to the CCMs that HIV/AIDS, tuberculosis and malaria are *dramatically* contributing to child vulnerability and, therefore, it is entirely appropriate for the resources of the Global Fund to be used to address these heightened vulnerabilities.

OVC-related organisations may also want to use the recently launched Unite for Children, Unite Against AIDS Campaign to advocate for placing children at the centre of the HIV/AIDS response. See the OVC-Related Websites section of Chapter 6 for more information.

The box below summarizes the guidance provided in this section for OVC-related organisations.

SUGGESTIONS FOR OVC-RELATED ORGANISATIONS (1)

In summary, Aidspan advances the following suggestions to OVC-related organisations to help ensure that future proposals to the Global Fund incorporate OVC content:

- * Make sure that addressing the needs of children affected by HIV/AIDS is one of the priorities of the national HIV/AIDS strategy.
- * Cultivate relationships with CCM members.
- * Attempt to convince the CCM to include a representative from OVC-related organisations or lead Government ministries dealing with children's issues on the CCM.
- * Attempt to educate CCM members about issues concerning children affected by HIV/AIDS. Use international and national NGOs already sitting on the CCM as a conduit.
- * Lobby the CCM to ensure that OVC-related organisations and lead Government ministries dealing with children's issues receive information about the proposal development process and are involved in the process.
- * Make the argument to the CCM that HIV/AIDS, tuberculosis and malaria are *dramatically* contributing to child vulnerability and, therefore, that it is entirely appropriate for the resources of the Global Fund to be used to address these heightened vulnerabilities.
- * Use the Unite for Children, Unite Against AIDS Campaign to advocate for placing children at the centre of the HIV/AIDS response.

Guidance for OVC-Related Organisations Concerning How to Contribute to the Development of Proposals

OVC-related organisations would be well advised to become very familiar with the entire proposals development process. We have described the process in this *Guide* (see Chapter 2). More detailed information is available in *The Aidspan Guide to Round 6 Applications to the Global Fund*.

Depending on what criteria the CCMs establishes for the proposal development process, it may be possible for several OVC-related organisations to tender submissions. However, we suggest that it would be much more effective if the OVC-related organisations coordinated one joint submission. In some countries, where there are national OVC steering committees or where some OVC-related strategic planning has already occurred, this may be easy to accomplish. In other countries, the OVC-related organisations may need to get together to work out a process.

A local consultant who is knowledgeable about the national OVC strategy might help to accelerate the process of preparing a joint submission.

OVC-related organisations should not wait for a call for submissions from the CCM in order to begin preparing their submissions. Usually, the time provided for tendering a submission is extremely limited, especially if the CCM has waited until the Global Fund has issued its Call for Proposals before initiating the in-country submission solicitation process. (Of course, for Round 6, the Call for Proposals has already been issued.)

It will be much easier to prepare submissions (and the submission will be more effective) if some OVC-related strategic planning has already taken place in-country, and the submissions can be based on the outcomes of the strategic planning process (including the OVC National Plans of Action).

OVC-related organisations in countries where no strategic planning has taken place may want to consider initiating an assessment and strategic planning process in their country before preparing submissions for consideration by the CCM. See Appendix I for contact information for those countries that have gone through the strategic planning process and have produced OVC National Plans of Action.

Which component?

Proposals to the Global Fund can contain up to three different components – one for each of the three diseases covered by the Fund: AIDS, tuberculosis and malaria. Each of these diseases can create orphans and can make children vulnerable.

As we indicated earlier, in the first five rounds of funding, the Global Fund approved 22 proposals that included activities addressing the needs of OVC. All of the activities in question were included in the HIV/AIDS components of the various proposals. This is probably due to two factors: (a) AIDS has had a greater impact on children than the other two diseases; and (b) we do not programme for “children affected by malaria” and “children affected by TB” in the same way as we do for “children affected by HIV/AIDS.” So, it may seem obvious that a CCM should include any OVC-related activities in the HIV/AIDS component of its proposal. But this is not a requirement. Depending on the situation in each country with respect to the factors that are producing orphans and vulnerable children, in some instances there may be reason to include OVC-related activities in the TB or Malaria components, in addition to the HIV/AIDS component.

Other factors you need to consider

If your submission to the CCM is based on your country's OVC National Plan of Action (assuming that your country has one), you will need to decide which parts of the Plan of Action should be included in the submission. Many of the Plans of Action contain long and variable lists of who constitutes "OVC most in need." Only some of these populations are orphans or children made vulnerable by HIV/AIDS, tuberculosis or malaria. If your submission is going to focus on the orphans and children made vulnerable by these three diseases, you may need to put some extra work into estimating the number of OVC caused by the three diseases.

As we indicated in Chapter 4, one of the things that the TRP looks for when reviewing proposals is evidence of sustainability – i.e., evidence that once the Global Fund grant ends, the programmes funded by the grant will be able to continue. (This applies particularly to countries classified by the World Bank as lower-middle income and upper-middle income.) The best way to demonstrate sustainability is show that the national government is devoting resources to the programme, and that these resources will grow over the period of the grant. Consequently, in your submission to the CCM, you should provide evidence that the government is prepared to devote the necessary resources to children-related activities. Your CCM should be familiar with this requirement. This issue is discussed in more detail in *The Aidspan Guide to Round 6 Applications to the Global Fund*.

Preparing your submission

In terms of what format to use for the submissions, the CCM may or may not dictate the format when it designs the process for soliciting and reviewing submissions. Usually, the submissions will follow a fairly basic format along the following lines:

- Goals
- Objectives
- Service delivery areas
- Indicators
- Activities
- Timelines
- Budget

or some variation of the above because this is the format that has to be used for the CCM proposal to the Global Fund. You should check the Global Fund's *Guidelines for Proposals* for an explanation of how some of these terms are defined and for what level of detail is required, particularly for the budget. Additional guidance can be found in *The Aidspan Guide to Round 6 Applications to the Global Fund*. The guidance in the *Guidelines for Proposals* and in the Aidspan Guide applies to proposals submitted to the Global Fund. It may not be necessary for your submissions to the CCM to be in exactly the same format. However, if they are in the same format, the CCM will have a much easier time integrating them into its consolidated proposal.

With respect to the indicators, we suggest that you consult the *Guide to Monitoring and Evaluation of the National Response for Children Made Vulnerable by HIV/AIDS* as well as the M&E section of the *OVC Support Toolkit* (see Chapter 6 for details on how to obtain copies). You can also consult the M&E sections of the OVC National Plans of Action already developed.

We suggest that in your submission, you explain that the activities contained in the submission were derived from the OVC National Plans of Action and/or the process of the

RAAAP Initiative, if that is indeed the case. We suggest that you also mention that the activities in the submission support existing national HIV/AIDS priorities and strategies (again, assuming that this is the case).

You can see what Global Fund proposals look like by reviewing some of the approved proposals from previous rounds of funding, particularly those with some OVC content. See Appendix II of this *Guide* for information on approved proposals with OVC content. Copies of all approved proposals are posted on the Global Fund website via www.theglobalfund.org/search/default.aspx?lang=en. Although the structure of proposals does vary somewhat from one round to the next, the changes are usually not major.

You may also want to review the Global Fund's *Proposal Form* and *Guidelines for Proposals*²¹ for the latest round of funding. The *Proposal Form* lays out how the programmes should be described, and the *Guidelines for Proposals* provide guidance on how to fill out the *Proposal Form*. Once again, additional guidance can be found in *The Aidspan Guide to Round 6 Applications to the Global Fund*.

Furthermore, you can review the OVC National Plans of Action that have already been prepared. Many of these plans use formats similar to that described above for submissions. See Appendix I for contact information for the people involved in the preparation of the National Plans of Action.

Finally, you may want to consult other organisations who have tendered submissions to the CCM in previous rounds of funding.

Although this applies to all submissions, and not just to those that are OVC-related, it is worth reiterating here that your submission should spell out what technical assistance is needed to enable organisations in your country to successfully implement your programme.

The box below summarizes the guidance provided in this section for OVC-related organisations.

SUGGESTIONS FOR OVC-RELATED ORGANISATIONS (2)

In summary, Aidspan advances the following additional suggestions to OVC-related organisations concerning how to contribute to the development of proposals:

- * Become familiar with the Global Fund proposals development process.
- * Develop a process to ensure that one joint submission is tendered to the CCM on behalf of all OVC-related organisations and lead Government ministries dealing with children's issues.
- * Do not wait for the call for submissions from the CCM to begin preparing your submission.
- * Wherever possible, base your submission on OVC-specific strategic planning that has already taken place in-country, including the OVC National Plans of Action.
- * Review previous submissions and proposals, OVC National Plans of Action, and guidance documents produced by the Global Fund and Aidspan, for guidance on the format to be used for your submissions.
- * Ensure that your submission describes any technical assistance that is required to successfully implement your programme.

²¹ Copies of the *Proposal Form* and the *Guidelines for Proposals* for the latest round of funding can be obtained on the Global Fund website via www.theglobalfund.org/en/apply/call6/documents.

Including OVC Content in Proposals from Sources Other Than CCMs

Sub-National CCMs (Sub-CCMs)

All of the guidance provided in the previous two sections concerning CCM proposals also applies to proposals from sub-CCMs.

Regional Coordinating Mechanisms (RCMs)

Generally speaking, the guidance provided in the previous two sections concerning CCM proposals also applies to proposals from RCMs. Some adjustments may be required to account for the fact that RCMs cover multiple countries (often Small Island States).

Regional Organisations (ROs)

As indicated in Chapter 1, ROs (such as intergovernmental organisations and international NGOs) may submit a coordinated proposal to address cross-border or regional issues. Proposals from ROs must demonstrate that they add value to, and complement, existing initiatives in each beneficiary country. The bar is set high for proposals from ROs, and few such proposals have been approved in the past.

If an RO is considering submitting a proposal addressing the needs of OVC, then the proposal would be submitted directly to the Global Fund. No CCM or RCM would be involved, so much of the guidance of the previous two sections would not apply. However, if you are from an RO and your organisation is considering submitting an OVC-related regional proposal, you will find other parts of this *Guide* useful. You should also consult *The Aidspan Guide to Round 6 Applications to the Global Fund*.

Non-CCMs

As we explained in Chapter 1, the Global Fund discourages applications from Non-CCMs. Usually, these non-CCMs are NGOs. A very limited number of proposals from NGOs have been funded in the first five rounds. In almost every case, either there was no CCM in existence in the country, or the country or region was torn apart by war. The Fund would much prefer that NGOs work through the CCM.

If an NGO is considering submitting a proposal addressing the needs of OVC, then the proposal would be submitted directly to the Global Fund. No CCM or RCM would be involved, so much of the guidance of the previous two sections would not apply. Nevertheless, if you are from an NGO that is considering submitting an OVC-related proposal, you will find other parts of this *Guide* useful. You should also consult *The Aidspan Guide to Round 6 Applications to the Global Fund*.

Chapter 6: Resources

This chapter provides an annotated bibliography of some key OVC-related reports and websites. It also lists some key Global Fund and Aidspan documents and indicates where copies of these documents can be obtained.

OVC-Related Reports

DeGennaro V. *Children Left Behind: Global Stakeholders Failing to Adequately Treat Pediatric HIV/AIDS*. Global AIDS Alliance. Advocacy Brief. February 2006.

This brief describes the problems with current efforts to prevent and treat paediatric HIV/AIDS. It also presents a series of recommendations in the form of a "Treat the Children Advocacy Agenda."

Available via www.globalaidsalliance.org/cd_reports_and_videos.cfm?which=gaa

Fleming K and Zeitz P. *Remember the Children: Global Fund Round 6 in 2006 – A Critical Opportunity to Scale Up Programs for Orphans and Other Vulnerable Children (OVC)*.

Global AIDS Alliance. Advocacy Brief. October 2005.

This brief describes what it terms the "failure of the Global Fund" to focus on the needs of OVC in its first four rounds of funding. It also presents a series of recommendations directed at the Global Fund and global OVC stakeholders.

Available via www.globalaidsalliance.org/Remember_the_Children.cfm

International HIV/AIDS Alliance and Family Health International. *Orphans and Other Vulnerable Children Support Toolkit*.

(See www.ovcsupport.net in the OVC-Related Websites section below.)

POLICY Project/Futures Group. *Executive Summary: OVC RAAAP Initiative Final Report*. January 2005.

This report outlines the rationale for the OVC Rapid Country Assessment, Analysis and Action Planning (RAAAP) Initiative carried out in 17 sub-Saharan countries. It describes the five assessment tools that were used, and it provides the findings of the OVC Desk Reviews, which was one of the assessment tools. The findings are structured according to the five key strategies identified in *A Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (see below).

Available at www.policyproject.com/pubs/countryreports/AFR_OVC_RAAAP.pdf

Smart R. *Policies for Orphans and Other Vulnerable Children: A Framework for Moving Ahead*. POLICY Project. July 2003.

This report outlines then current legal and policy frameworks for responses to the global OVC situation, and recommends a 12-point policy package.

Available at www.policyproject.com/pubs/generalreport/OVC_Policies.pdf

UNAIDS. *AIDS Epidemic Update – December 2005*

This report provides detailed information on the epidemiology of HIV/AIDS. It includes statistics on HIV-positive children.

Available via www.unaids.org/epi/2005/

UNAIDS, UNICEF and USAID. *Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action*. July 2004.

This report contains comprehensive statistics on children orphaned by HIV/AIDS and other causes. It also examines the changing developmental needs of OVC as they progress through childhood. Finally, the report provides a summary of *A Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (see below).

Available via www.ovcsupport.net

UNAIDS, UNICEF, USAID et al. *A Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*. July 2004.

This is a seminal document developed as a result of a collaboration among international agencies, faith-based and non-governmental organisations, academic institutions, the private sector and civil society. It is based on the findings of the RAAAP Initiative (see Chapter 1 and also above). The *Framework* outlines five key strategies to guide the response to the OVC crisis. For each strategy, a series of actions are identified. The *Framework* also includes: (a) guidelines for people developing OVC programming; (b) national level indicators to measure progress in implementing OVC programmes; and (c) a series of suggested actions for rapidly accelerating the response to OVC needs.

Available via www.ovcsupport.net

UNAIDS, UNICEF et al. *Guide to Monitoring and Evaluation of the National Response for Children Made Vulnerable by HIV/AIDS*. February 2005.

This guide provides recommended indicators for monitoring and evaluating national OVC programmes as well as guidance on how to use the indicators (including ways to measure achievement of targets).

Available at <http://synkronweb.aidsalliance.org/graphics/OVC/documents/0000300e00.pdf>

USAID. *USAID Project Profiles: Children Affected by HIV/AIDS*. Fourth Edition.

This report presents profiles of 114 OVC-related projects funded by USAID.

Available via www.usaid.gov/our_work/global_health/aids/TechAreas/ChildrenAffected/index.html

Williamson J. *Selected Resource Material Concerning Children and Families Affected by HIV/AIDS*. Displaced Children and Orphans Fund, USAID. August 2005.

A comprehensive annotated bibliography of OVC-related resources.

Available at <http://synkronweb.aidsalliance.org/graphics/OVC/documents/0000728e00.pdf>

World Vision International. *Guide to Mobilising and Strengthening Community-Led Care for Orphans and Vulnerable Children*. December 2005

This is a manual for use by field staff responsible for mobilising and building the capacity of community initiatives for OVC care. It includes step-by-step guidance and training activities covering how to mobilise community care coalitions and how to train volunteer caregivers to address the psychosocial, physical and protection needs of children.

Available at: www.worldvision.org/help/aids-lib.nsf

OVC-Related Websites

<http://info.worldbank.org/etools/docs/library/164047/index.htm>

World Bank. Contains an OVC Toolkit on how to support OVC in Sub-Saharan Africa. The Toolkit is primarily developed to support World Bank staff from different technical sectors, but other organisations and individuals should also find it useful.

www.futuresgroup.com/ovc

Futures Group. Contains reports from each of the 17 countries involved in the RAAAP Initiative.

www.globalaidsalliance.org/Remember_the_Children.cfm

Global AIDS Alliance. This site provides details on a campaign by the Global Action for Children Coalition to convince the Global Fund to focus its Round 6 grants on support for children. See also the OVC-Related Reports section above.

www.ovcsupport.net

International HIV/AIDS Alliance and Family Health International. Contains the *Orphans and Other Vulnerable Children Support Toolkit*, an extensive collection of practical resources. Topics covered include running a programme, health and nutrition, education, psychosocial support, economic strengthening, living environments, children's rights, and monitoring and evaluation. (The section on M&E can be found at www.ovcsupport.net/sw4799.asp.) Copies of many of the reports, manuals and guidelines that have been written about OVC can be found on this site.

www.synergyaids.com/caba/cabaindex.asp

Synergy Project. An online discussion forum hosted by the Synergy Project on behalf of USAID, designed to facilitate discussion and information exchange on efforts to mitigate the impact of HIV/AIDS on children, families, and the communities in which they live.

www.unicef.org

United Nations Children's Fund (UNICEF). Contains a section on the Unite for Children Unite Against AIDS Campaign (www.unicef.org/uniteforchildren/index.html).

www.worldvision.org//help/aids-lib.nsf

Contains a range of materials developed by World Vision International and partners to assist field staff facilitating community-led OVC care.

Global Fund Documents

Guidelines for Proposals: Sixth Call for Proposals

Available via www.theglobalfund.org/en/apply/call6/documents/

Proposal Form: Sixth Call for Proposals

Available via www.theglobalfund.org/en/apply/call6/documents/

Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility

Available via www.theglobalfund.org/en/apply/mechanisms

Aidspan Documents

The Aidspan Guide to Round 6 Applications to the Global Fund

Available via www.aidspan.org/guides

The Aidspan Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)

Available via www.aidspan.org/guides

Appendix I: Summary Information on the OVC National Plans of Action

This appendix contains summary information in table format for each of the 16 OVC National Plans of Action that were developed (or that are being developed) as a result of strategic planning processes that took place in 16 sub-Saharan African countries (Central African Republic, Côte d'Ivoire, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe).

This information has been included in this Guide to inform readers who are members of CCMs about the extent of the OVC-related strategic planning work that has already been done. The tables should also be of interest to people from OVC-related organisations in countries that have not initiated or completed OVC-specific strategic planning.

In the tables, details are provided on the structure of each plan, on related documents, and on who to contact for copies of the plan or to obtain more information. The contact persons that we have listed are from local offices of UNICEF. If necessary, they can direct you to others who were or are involved in the development of these plans.

Please note:

1. The information in the tables is based on the latest versions of the National Plans of Action available to AidsSpan at the time of writing. It is likely that many of these plans will have been updated by the time you read this.
2. The UNICEF ESARO office (the regional office for Eastern and Southern Africa) has information on each of the National Plans of Action which it attempts to keep current. You may be able to obtain a CD from ESARO containing the latest version of the Plans of Action. You can contact the ESARO office as follows: Tel.: +254 20 762-1234, Fax: +254 20 752-1913 or 762-2678 or 762-2679, Email: unicefesaro@unicef.org.
3. Under "Related Documents," in each of the tables, readers will find listed a document entitled National Plan of Action for Orphans and Other Vulnerable Children: A Summary. In most cases, this document is not a summary of the National Plan of Action. Rather, it appears to be a summary of the findings of the RAAAP Initiative (see Chapter 1), and it appears to have preceded the development of the National Plan of Action.

COUNTRY: Central African Republic	DATE: N/A
TITLE: N/A (The full National Plan of Action is not yet available.)	
STRUCTURE: N/A	
RELATED DOCUMENTS: <ul style="list-style-type: none">• <u>National Plan of Action for Orphans and Other Vulnerable Children: A Summary</u>	
CONTACT PERSON(S): Silvia Chiarucci, Protection Officer, UNICEF-CAR, Tel.: +236 612850, 236 054145 (cell), Fax: +236 613073, Email: schiarucci@unicef.org	

COUNTRY: Côte d'Ivoire	DATE: N/A
TITLE: <i>Plan d'action national – Orphelins et enfants rendus vulnerables du fait du VIH/sida 2004 - 2006</i>	
STRUCTURE:	
<p>The plan consists of a matrix. It is divided in 10 sections:</p> <ul style="list-style-type: none"> • Institutional framework and coordination • Resource mobilisation • Capacity building • Prevention of STIs and HIV • Fight against discrimination • Support for schooling and professional development • Provision of health care • Involvement of OVC • Legal framework for protection of OVC • Operational research 	
<p>Each section has information under the following headings:</p> <ul style="list-style-type: none"> • Goals • Objectives • Activities • Expected results • Timelines • Responsibility • Indicators • Cost • Partners 	
RELATED DOCUMENTS:	
<ul style="list-style-type: none"> • <i>National Plan of Action for Orphans and Other Vulnerable Children: A Summary</i> • Pétagatiénan JH and Blibolo DA. <i>PHIV/AIDS, Lagging Policy Response and Impact on Children: the Case of Côte d'Ivoire</i> 	
CONTACT PERSON(s):	
<p>Dr Konan Kouamé Jean, Assistant Project Officer HIV/AIDS, OVC/Youth and HIV-AIDS Focal Point, UNICEF-Côte d'Ivoire, Tel.: +225 21 21 18 50, 225 21 21 18 28 (direct line), 225 07 98 67 77 (cell), Fax: +225 21 2118 52, Email: kkonan@unicef.org or jeankkonan@yahoo.fr</p>	

COUNTRY: Ethiopia	DATE: N/A
TITLE: <i>Orphans and Vulnerable Children National Plan of Action 2004-2006</i>	
STRUCTURE:	
<p>The plan consists primarily of a matrix. The matrix is divided into five content sections:</p> <ul style="list-style-type: none"> • Situation analysis and planning • Advocacy and capacity building • Monitoring and evaluation • Legal and regulatory framework • Consultation and coordination 	
<p>Each section has information under the following headings:</p> <ul style="list-style-type: none"> • Activities • Responsibility / involvement • Implementation steps • Indicators • Resources required (human, technical and financial) • Timelines / Current Status • Follow-Up requirements 	
RELATED DOCUMENTS:	
<ul style="list-style-type: none"> • <i>National Plan of Action for Orphans and Other Vulnerable Children: A Summary</i> • <i>Draft Ethiopia National Action Plan (matrix format)</i> 	
CONTACT PERSON(s):	
<p>Alessandro Conticini, Child Protection Coordinator, Youth, Protection and HIV/AIDS UNICEF Ethiopia, Tel.: +251 11 544-4401, Fax: +251 11 551-1628, Email: acontinici@unicef.org</p>	

COUNTRY: Kenya	DATE: 22 July 2005
TITLE: <i>National Orphans and Vulnerable Children (OVC) Action Plan 2005-2009</i>	
STRUCTURE:	
<p>The plan is divided up into seven key strategic areas (called "strategic results"):</p> <ul style="list-style-type: none"> • Strengthen the capacity of families to protect and care for orphans and other vulnerable children. • Mobilise and support community based responses. • Ensure access for orphans and other vulnerable children to essential services including education, health care, birth registration and others. • Ensure that governments protect the most vulnerable children through improved policy and legislation. • Raise awareness at all levels through advocacy and social mobilisation to create a supportive environment for children and families affected by HIV/AIDS. • Strengthen and expand capacity to monitor and evaluate programme effectiveness and quality. • Strengthen and support coordination and institutional structures. 	
<p>Each strategic area contains objectives described as "outputs." For example, the first output for the first strategic area is "Improvement in household economic capacity." Each output is further broken down into activities. For example, the output shown above contains the following activities:</p> <ul style="list-style-type: none"> • Provide conditional cash subsidies. • Train caregivers in small business skills. • Implement youth apprenticeship programmes. 	
<p>For each output, the plan includes one or more output indicators. For each activity, the plan shows the geographic focus, or target group, a rough timeline, who is responsible for carrying out the activity, risks and assumptions, and the cost.</p>	
RELATED DOCUMENTS: <ul style="list-style-type: none"> • <i>National Plan of Action for Orphans and Other Vulnerable Children: A Summary</i> • <i>Action Plan For National Orphans and Vulnerable Children (OVC) 2005-2006</i> (matrix format) • <i>Huairou. Kenya AIDS Watch: How Grassroots Women's Groups in 12 Urban & Rural Communities Across Kenya Are Managing the HIV/AIDS Pandemic</i> 	
CONTACT PERSON(S): Roger Pearson, Senior Programme Officer, UNICEF Kenya, Tel.: +254 20 622137 (direct line), (+254 722-529714 (cell), Fax: +254 20 762-2746 or 762-622045. Email: rpearson@unicef.org	

COUNTRY: Lesotho	DATE: January 2006		
TITLE: <i>Costed Lesotho National Action Plan for Orphaned and Vulnerable Children</i>			
STRUCTURE:			
<p>The plan is divided into six theme areas:</p> <ul style="list-style-type: none"> • National consultation/coordination structure • Situational analysis • Policy/regulatory framework • Monitoring and evaluation • National Action Plan (launch and dissemination) • OVC access to essential services 			
<p>The last theme area is by far the largest. For each theme area, information is provided under the following headings:</p> <table border="0"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Accomplishments to date • Activities • Responsibility / involvement • Implementation steps • Type of resources required (human, technical or financial) </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Timelines • Follow-Up requirements • Budget • Progress status </td> </tr> </table>		<ul style="list-style-type: none"> • Accomplishments to date • Activities • Responsibility / involvement • Implementation steps • Type of resources required (human, technical or financial) 	<ul style="list-style-type: none"> • Timelines • Follow-Up requirements • Budget • Progress status
<ul style="list-style-type: none"> • Accomplishments to date • Activities • Responsibility / involvement • Implementation steps • Type of resources required (human, technical or financial) 	<ul style="list-style-type: none"> • Timelines • Follow-Up requirements • Budget • Progress status 		
<p>The plan also contains a budget breakdown by year and by theme area, as well as budget footnotes.</p>			
RELATED DOCUMENTS: <ul style="list-style-type: none"> • <i>National Plan of Action for Orphans and Other Vulnerable Children: A Summary</i> • <i>Monitoring and Evaluation Plan for the Lesotho OVC National Action Plan – Draft November 2005</i> 			
CONTACT PERSON(S): Anne Marie Fonseka, Senior Programme Officer, UNICEF Lesotho, Tel.: +266 22317905 (direct line), +266 58 852155 (cell), Fax: +266 58 22310248, Email: amfonseka@unicef.org			

COUNTRY: Malawi	DATE: 2 Dec. 2005
TITLE: <i>Draft National Plan of Action for Orphans and Other Vulnerable Children 2004-2009</i>	
STRUCTURE:	
The plan is divided into six strategic areas, written as goals:	
<ul style="list-style-type: none"> • To enhance access for OVC to essential quality services such education, health, nutrition, water and sanitation and birth registration with increased support from social safety nets. • To strengthen the capacity of families and communities to care for OVC by providing support to enhance their economic security, social and emotional well-being and to protect OVC from abuse, exploitation, property dispossession, stigma and discrimination in respect of gender equality. • To protect the most vulnerable children through improved policy and legislation, provision of leadership, efficient coordination at all levels and through equal and meaningful child participation by both boys and girls. • To strengthen and build the technical, institutional and human resource capacity of key OVC service providers. • To raise awareness at all levels (community, district, national) through advocacy and social mobilisation to create a supportive environment for children and families affected by poverty and HIV/AIDS; • To continuously monitor and assess the situation of OVC and measure the gaps between what is being done and what must be done to adequately fulfil the rights and needs of OVC. 	
For each strategic area, there are a series of objectives, each with its own indicator(s). For each objective, there are a series of activities. For each activity, the plan contains information under the following headings:	
<ul style="list-style-type: none"> • Outputs and target groups • Time frames • Responsible partners • Budget 	
The plan also contains a budget summary table.	
RELATED DOCUMENTS:	
<ul style="list-style-type: none"> • <i>National Plan of Action for Orphans and Other Vulnerable Children: A Summary</i> • <i>Malawi National Orphan Action Plan (costing spreadsheet)</i> 	
CONTACT PERSON(S):	
Aida Girma, UNICEF Representative, Malawi, Tel.: +265 1 770297 (direct line), +265 8 844561(cell), Fax: +265 1 762-360376, Email: agirma@unicef.org	

COUNTRY: Mozambique	DATE: 2005
TITLE: <i>National Action Plan for Orphaned and Other Vulnerable Children</i>	
STRUCTURE:	
The plan consists of four objectives:	
<ul style="list-style-type: none"> • Create a protective environment conducive to reducing the impact of HIV/AIDS on orphans and other vulnerable children. • Strengthen the institutional capacity of MMAS, MISAU, MEC and the other main partners at all levels. • Strengthen household and community capacity to seek local solutions for the care and protection of orphans and other children made vulnerable by HIV/AIDS. • Establish and strengthen data collection, analysis, and monitoring and evaluation systems. 	
For each objective, the plans includes a series of actions. The plan then identifies a series of urgent actions for 2005-2006. For each action, the plans shows the duration, the responsible entity and the cost.	
RELATED DOCUMENTS:	
<ul style="list-style-type: none"> • <i>National Plan of Action for Orphans and Other Vulnerable Children: A Summary</i> • <i>Annex I – Costing of the National Action Plan for OVC</i> • <i>Annex II – Orphans and other vulnerable children National Action Plan Monitoring and Evaluation Matrix</i> • <i>Resources Required for OVC Support (costing spreadsheet)</i> 	
CONTACT PERSON(S):	
Malathi Pillai, Special Protection Section, UNICEF Mozambique, Tel.: +258 21 481108, +258 82 3051990 (cell), Fax: +258 21 491679, Email: mpillai@unicef.org	

COUNTRY: Namibia	DATE: July 2004
TITLE: <i>National Plan of Action on Orphans and Vulnerable Children</i>	
STRUCTURE:	
The plan is divided into five strategic areas:	
<ul style="list-style-type: none"> • Rights and protection • Education • Health • Care and support • Management and networking 	
Under each strategic area, there is a series of activities. For each activity, the participating agencies are shown. The plan also contains an M&E Plan.	
RELATED DOCUMENTS:	
<ul style="list-style-type: none"> • <i>National Plan of Action for Orphans and Other Vulnerable Children: A Summary</i> • <i>Budget Footnotes – Namibia National Plan of Action for OVC</i> • Costing spreadsheet 	
CONTACT PERSON(S):	
Doris Roos, Project Officer: Child Protection, UNICEF Namibia, Tel.: +264 61 2046111, +264 61 2046252 (direct line), Fax: +264 61 2046206, Email: droos@unicef.org	

COUNTRY: Nigeria	DATE: Jan. 2006
TITLE: <i>OVC National Plan of Action – 2nd Draft</i>	
STRUCTURE:	
The plan is divided into five components:	
<ul style="list-style-type: none"> • Policy and service delivery • Education • Health care • Household level care and economic strengthening • Psychosocial support 	
Under each component, the plan includes one or more strategic objectives, worded as outputs. Under each strategic objective is a series of objectives. For each objective, there is a series of lower-level objectives. For each lower-level objective, there is a series of actions. For each action, the plan contains information under the following headings:	
<ul style="list-style-type: none"> • Actors / responsibility • Location / where the action takes place • Timeline • Output indicators 	
The plan also contains an M&E plan.	
RELATED DOCUMENTS:	
<ul style="list-style-type: none"> • <i>National Plan of Action for Orphans and Other Vulnerable Children: A Summary</i> 	
CONTACT PERSON(S):	
Joshua Emmanuel, Project Officer - HIV/AIDS & Youth, Protection and Participation Programme, UNICEF-Nigeria, Tel.: +234 803 815-0509, Fax: +234 9 461-8578, Email: jemmanuel@unicef.org	

COUNTRY: Rwanda	DATE: 2 Aug. 2005
TITLE: <i>Draft National Plan of Action for Orphans and Other Vulnerable Children</i>	
STRUCTURE:	
The plan contains seven strategic objectives:	
<ul style="list-style-type: none"> • Develop and implement gender-sensitive communication, social mobilisation and advocacy strategies to ensure that all duty-bearers feel responsible for the prevention of any kind of violence, exploitation and abuse against OVC. • Ensure that OVC have access to appropriate, child-friendly and age-specific basic health services. • Ensure the access of 300,000 children to free primary education as well as to continued education beyond basic primary education (including secondary and technical/vocational training). • Ensure the provision of psychosocial support to 40% of children in difficult circumstances. • Identify and strengthen the capacity of 40% of children, 100,000 families, communities and social service providers to care for and protect vulnerable children. • Strengthen economic resiliency of most vulnerable households with relevant and sustainable income generating activities and micro-credits schemes in order for households to meet immediate needs, ensure a steady income and maintain the integrity of their economic safety nets. • Enhance the coordination of all programmes and intervention concerning OVC in order to ensure a systematic monitoring and evaluation and a strengthened institutional and policy framework. 	
Under each strategic objective, there are a series of strategies. Under each strategy is a series of actions.	
RELATED DOCUMENTS:	
<ul style="list-style-type: none"> • <i>National Plan of Action for Orphans and Other Vulnerable Children: A Summary</i> 	
CONTACT PERSON(S):	
Alessandra Dentice, Head, Child Protection, UNICEF-Rwanda, Tel.: +250 57 87 18, +250 08 535 001 (cell), Fax: +250 57 30 24, Email: adentice@unicef.org	

COUNTRY: South Africa	DATE: N/A
TITLE: <i>National Action Plan for Orphans and Other Children Made Vulnerable by HIV and AIDS 2006-2008</i>	
STRUCTURE:	
The plan contains five strategies (or strategic areas):	
<ul style="list-style-type: none"> • Strengthen and support the capacity of families to protect and care of for orphans and other children made vulnerable by HIV and AIDS. • Normalise and strengthen community-based responses to the care, support and protection of orphans and other children made vulnerable by HIV and AIDS. • Ensure that legislation, policy, and strategies and programmes are in place to protect the most vulnerable children. • Ensure access for orphans and other children made vulnerable by HIV and AIDS to essential services. • Raise awareness and advocacy to create supportive environment for orphans and other children made vulnerable by HIV and AIDS. 	
Under each strategic area, the plan contains a series of objectives. For each objective, a series of activities is shown, as is the cost. For each activity, the plan contains information under the following headings:	
<ul style="list-style-type: none"> • Outcomes • Key responsible groups • Time frames • Indicators 	
RELATED DOCUMENTS:	
<ul style="list-style-type: none"> • <i>National Plan of Action for Orphans and Other Vulnerable Children made Vulnerable by HIV & AIDS 2006 – 2008: A Summary</i> • Meintjes H et al. <i>Social security for children in the context of AIDS: Questioning the State's response</i> • Costing spreadsheet 	
CONTACT PERSON(S):	
Heidi Loening-Voysey, Project Officer: Orphans and other Children made vulnerable by HIV and AIDS, UNICEF-South Africa, Tel.: +27 12 354-8200 or 354-8256, Fax: +27 12 354 8293 or 354-8294, +27 83 280-5582 (cell), Email: hloening@unicef.org	

COUNTRY: Swaziland	DATE: N/A
TITLE: <i>National Plan of Action for Orphans and Vulnerable Children 2006-2010</i>	
STRUCTURE:	
The plan contains five programme areas:	
<ul style="list-style-type: none"> • Right to Food • Right to Protection • Right to Education • Right to Basic Services • Right to Participation 	
Each programme area contains a goal, one or more objectives, and impact and outcome indicators, as well as a description of how the data will be collected and who is responsible for M&E. Each objective contains one or more strategies. The plan contains an extensive section on costing, including budget rationale.	
RELATED DOCUMENTS:	
<ul style="list-style-type: none"> • <i>National Plan of Action for Orphans and Other Vulnerable Children 2006-2010: A Summary</i> • <i>Swaziland 2006-2010 NPA Budget for OVCs</i> • <i>National Plan of Action for Orphans & Vulnerable Children (M&E plan)</i> • <i>Social Protection of Vulnerable Children including orphans. Project Implementation Manual. 2002-10</i> • Costing spreadsheet 	
CONTACT PERSON(S):	
Pelucy Ntambirweki, Senior Programme Officer, UNICEF-Swaziland, Tel.: +268 40 71032 (direct line), +268 60 24135 (Cell), Fax: +268 40 45202, Email: pntambirweki@unicef.org	

COUNTRY: Tanzania	DATE: Oct. 2005
TITLE: <i>The Costed MVC Actions Plan 2006-2010</i>	
STRUCTURE:	
The plan is divided into six focal areas:	
<ul style="list-style-type: none"> • Policy and service delivery environment • Household level care • Education • Health care • Social security and protection for the most vulnerable children • Psychosocial support 	
Under each component, the plan includes one or more strategic objectives, worded as outputs. Under each strategic objective is a series of objectives. For each objective, there is a series of lower-level objectives. For each lower-level objective, there is a series of actions. For each action, the plan contains information under the following headings:	
<ul style="list-style-type: none"> • Actors / responsibility • Location / where the action takes place • Timeline • Output indicators 	
The plan also contains an M&E plan.	
RELATED DOCUMENTS:	
<ul style="list-style-type: none"> • <i>National Plan of Action for Orphans and Other Vulnerable Children: A Summary</i> 	
CONTACT PERSON(S):	
Hamish Young, Senior Programme Officer, UNICEF-Tanzania, Tel.: +255 22 2196-603 (direct line), +255 787 600072 (cell), Fax: +255 22 2151-625, Email: hyoung@unicef.org	

COUNTRY: Uganda	DATE: 20 Jan. 2004
TITLE: <i>National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children – Fiscal Year 2004/5 – 2008/9</i>	
STRUCTURE:	
<p>The plan is divided into four building blocks:</p> <ul style="list-style-type: none"> • Sustaining livelihoods • Linking essential social sectors • Strengthening legal and policy frameworks • Enhancing the capacity to deliver 	
<p>Each building block contains one strategic programme plan objective. There are a total of 10 for programme areas under the four building blocks:</p> <ul style="list-style-type: none"> • Socio-economic security • Food security and nutrition • Care and support • Mitigation of the impact of conflict • Education • Psychosocial support • Health • Child protection • Legal support • Strengthening capacity and resource mobilisation 	
<p>The strategies themselves are described in the "strategic framework" which is divided into seven major categories:</p> <ul style="list-style-type: none"> • Leadership • Mobilisation, advocacy and promotion • Collaboration and linkages • Direct interventions • Gender and generations • Documentation and assessment 	
<p>The activities are listed in a separate section called the "implementation framework."</p>	
RELATED DOCUMENTS: <ul style="list-style-type: none"> • <i>National Plan of Action for Orphans and Other Vulnerable Children: A Summary</i> • <i>Orphans and Vulnerable Children: Rapid Assessment, Analysis and Action Planning Process (RAAAP)</i>. October 2004 • Butcher K. <i>Lessons Learned from Mainstreaming HIV into the Poverty Eradication Action Plan in Uganda</i>. October 2003 	
CONTACT PERSON(S): Sheila Marunga Coutinho, Project Officer HIV/AIDS (OVC), UNICEF-Uganda, Tel.: +256 41 234591 or 234592 or 259913, Fax: +256 41 235660, Email: scoutinho@unicef.org	

COUNTRY: Zambia	DATE: 2 Sept. 2005
TITLE: <i>National Plan of Action for Children (Version 2)</i>	
STRUCTURE:	
The plan is divided into eight sectors:	
<ul style="list-style-type: none"> • Agriculture • Education • Gender • Governance • Health • Law and order • Social protection • Water and sanitation 	
Under each sector is a series of actions. For each action, the plan contains information under the following headings:	
<ul style="list-style-type: none"> • Description • Target • Indicators 	
RELATED DOCUMENTS:	
<ul style="list-style-type: none"> • <i>National Plan of Action for Orphans and Other Vulnerable Children: A Summary</i> • <i>NPA Budget Year 1</i> • Costing spreadsheet 	
CONTACT PERSON(s):	
Gabriel Fernandez, Head Child Protection, UNICEF-Zambia, Tel.: +260 1 252055 or 252407 x231, Fax: +260 1 253380, Email: gfernandez@unicef.org	

COUNTRY: Zimbabwe	DATE: 2 July 2004
TITLE: <i>National Plan of Action for Orphans and Other Vulnerable Children</i>	
STRUCTURE:	
The plan is divided into seven strategic areas:	
<ul style="list-style-type: none"> • Coordination • Child participation • Identity / child birth registration • Education • Access to food, health services and wider and sanitation • Education are nutrition, health and hygiene • A healthy family environment and protection from abuse 	
For each strategic area, there is one objective. For each objective, there is a series of activities. For each activity, the plan contains information under the following headings:	
<ul style="list-style-type: none"> • Facilitating stakeholders • Indicators • Time frame • Expected results 	
The plan also contains a M&E Plan and a budget.	
RELATED DOCUMENTS:	
<ul style="list-style-type: none"> • <i>National Plan of Action for Orphans and Other Vulnerable Children: A Summary</i> • <i>National Plan of Action for Orphans and Other Vulnerable Children – Priority Actions for 2005</i> • <i>Zimbabwe's Children's Summit and the Launch of the National Plan of Action for Orphans and Other Vulnerable Children</i> • Children's Report to the Vice-President and the VP's Response • <i>Zimbabwe National Plan of Action for OVC (Budget)</i> • Costing spreadsheet • Budget footnotes • Revised costing (PowerPoint) 	
CONTACT PERSON(s):	
Jose Bergua, UNICEF, Tel.: +263 4 703 941 or 703 942 or 721 692 or 731 840 or 730 093 or 730 094, Fax: +263 4 731 849 or 727 661 or 727 662, Email: harare@unicef.org	

Appendix II: Summary Information on Approved Global Fund Proposals with OVC-Related Content

On the following pages, we provide summary information in table format for each of the 22 approved Global Fund proposals that contained activities targeting OVC and/or their caregivers.

This information should be of interest to CCM members who are interested in including OVC-related content in their proposal to the Global Fund and who may not know much about the OVC-related content that has been included in proposals already approved by the Fund. The information could inform the content of proposals that the CCM may develop. The information could also be useful for people from OVC-related organisations that want to do more strategic planning.

Each table provides a brief description of the OVC-related content. It also identifies the title of the proposal; the sponsor (i.e., CCM or otherwise); the name of the PR; contact information for the PR; where the OVC-related content is situated in the proposal; and contact information for the people who drafted the proposal. As well, each table provides comments made by the TRP concerning the OVC-related content (where such comments were made).

Please note:

1. Copies of all approved proposals are available on the Global Fund website via www.theglobalfund.org/search/default.aspx?lang=en.
2. The contact information shown in the tables was taken from the Global Fund website and the original proposals. Some of the contact information from the original proposals was out of date. We have done our best to confirm or update the contact information, but in the time available before we went to press we were not able to complete the process for all of the countries listed. As a result, some of the contact information is incomplete and/or may be out of date. We apologize for any inconvenience.

COUNTRY: Benin	ROUND: 2	DATE: Sept 2002
PROPOSAL TITLE: Intensification of the Fight Against HIV/AIDS and Tuberculosis		
SPONSOR: CCM		
PR: UNDP		
CONTACT INFORMATION FOR THE PR: Edith Gasana, Resident Representative of UNDP, Tel.: +229 31 30 45, Email: registry.bj@undp.org		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL: The OVC-related content is one of four objectives in the HIV/AIDS component.		
DESCRIPTION OF THE OVC-RELATED CONTENT: <ul style="list-style-type: none"> The objective is to reduce the social and economic impact of HIV/AIDS on AIDS orphans by providing community support. Services are to be provided to 10,000 orphans by the project's fifth year. The main activities are: (a) strengthen the capacity of NGOs to advocate for the placement of AIDS orphans in families; (b) strengthen families that need financial assistance to look after AIDS orphans; and (c) arrange for schooling or other professional development for AIDS orphans. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL: <i>Primary contact:</i> Yvette Céline Seignon Kandissounou, Minister of Public Health, Tel.: +229 33 04 64 <i>Secondary contact:</i> Alphonse Gbaguidi, Coordinator of the National AIDS Programme, Tel.: +229 31 78 48 or 31 54 88		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL: <ul style="list-style-type: none"> (Weakness) The proposal does not provide details on the orphan programmes currently being run by NGOs and supported by UNAIDS. (Weakness) The proposal fails to explain how a contribution from the Global Fund will add value to current orphan programmes. 		

COUNTRY: Benin	ROUND: 5	DATE: May 2005
PROPOSAL TITLE: Intensification and Improvement of the Fight Against HIV/AIDS in Benin		
SPONSOR: CCM		
PR: (designate) Ministry of Public Health		
CONTACT INFORMATION FOR THE PR: Prof. Dorothée Akoko Kinde Gazard, Minister of Health, Tel. 229 33 04 64 or 229 92 83 79, Fax: +229 33 04 64, Email: kindegazard@yahoo.fr		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL: The OVC-related content is one of 10 objectives in the proposal.		
DESCRIPTION OF THE OVC-RELATED CONTENT: <ul style="list-style-type: none"> The objective is two-fold: (a) to increase the number of children infected with HIV benefiting from treatment from 10,000 to 20,000 by 2010; and (b) to ensure the schooling and socio-professional integration of OVC. There are two service delivery areas: (a) enhancing the capability of NGOs and associations for the social integration of OVC; and (b) providing sites with social workers and enhancing their work capabilities. The main activities are: (a) update the directory of OVC; (b) provide support for OVC relating to school supplies and contributions, and increase this enrolment by 2000 new OVC per year for five years; (c) provide socio-professional training for 2500 OVC; (d) support the socio-professional enrolment of the 2500 training OVC; and (e) provide tools and work equipment to service providers to make home visits easier and to make it easier to store and process data. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL: <i>Primary contact:</i> Djimon Marcel Zannou, Coordinator of the National AIDS Programme, Tel.: +229 37 41 16 or +229 93 45 68, Email: djmzannou@yahoo.fr <i>Secondary contact:</i> Barthélémy Semeagan, Chef Service Suivi-Evaluation, Ministry of Public Health, Tel.: +229 37 41 16 or +229 01 96 30, Email: sembarth@yahoo.fr		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL: N/A		

COUNTRY: Cambodia	ROUND: 5	DATE: May 2005
PROPOSAL TITLE: HIV/AIDS: Increasing Coverage in Key Services		
SPONSOR: CCM		
PR: (designate) Ministry of Health		
CONTACT INFORMATION FOR THE PR:		
Dr. Sok Touch, Chairman of the PR, Tel. 012 856 848, Fax: +023 882 317, Email: touch358@online.com.kh		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL:		
The OVC-related content is one of the five goals in the proposal.		
DESCRIPTION OF THE OVC-RELATED CONTENT:		
<ul style="list-style-type: none"> The goal is to reduce the vulnerability and to mitigate the impacts of HIV/AIDS on OVC through targeted interventions. The project aims to achieve a substantial increase in coverage of comprehensive services for OVC. Up to 338 communes (20 percent of all the communes in the country) will have operational OVC support structures by the end of the project. There are three objectives: (a) to reduce the stigma and discrimination of OVC; (b) to facilitate access to health care and treatment for children and caregivers affected by HIV/AIDS; and (c) to provide social and socio-economic support to OVC, their families or extended families. The main activities are: (a) train key stakeholders in advocacy; (b) produce educational materials; (c) conduct community meetings and workshops; (d) facilitate the establishment and functioning of OVC committees; (e) provide income generation start-up support to OVC and their caregivers; (f) provide nutritional support to the most vulnerable OVC and their families; (g) provide support in inheritance and succession planning; and (h) conduct life skills and reproductive health training. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL:		
<i>Primary contact:</i> Dr. Tia Phalla, Secretary General, National AIDS Authority, Tel.: +855 12 900 091, Fax: +855 23 885 129 <i>Secondary contact:</i> Mean-Chhi Vun, NCHADS, Tel.: +855 16 830 241, Fax: +855 23 720 967		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL:		
<ul style="list-style-type: none"> (Weakness) The OVC programme is vague on some important details. For example, there is little information on how communes will be selected for OVC programming and how "most vulnerable" orphans will be identified and selected for support services to ensure that stigma is reduced. 		

COUNTRY: Cameroon	ROUND: 3	DATE: March 2003
PROPOSAL TITLE: Scaling Up the Fight Against AIDS, Tuberculosis and Malaria in Cameroon		
SPONSOR: CCM		
PR: Ministry of Public Health		
CONTACT INFORMATION FOR THE PR:		
Dr. Leopold Zekeng, Permanent Secretary, HIV/AIDS, National AIDS Control Program, Tel.: +237 997-7410, Email: leopold.zekeng@camnet.cm		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL:		
The OVC-related content is one of five objectives in the proposal.		
DESCRIPTION OF THE OVC-RELATED CONTENT:		
<ul style="list-style-type: none"> The objective is to provide economic, psychosocial and medical support to over 10,000 OVC in families and orphanages. The main activities are: (a) equip eight social centres with basic medical supplies for the provision of basic medical care to OVC; (b) provide eight social centres with essential drugs for the provision of basic medical care to OVC; (c) recruit and train 16 nurses for the social centres (2 per centre); (d) implement a direct support mechanism for OVC through NGOs with social service experience; (e) provide direct subsidies to six orphanages for nutritional supplementation for OVC; and (f) provide direct subsidies each year to 1,200 OVC families. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL:		
N/A		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL:		
<ul style="list-style-type: none"> (Strength) The proposal addresses paediatric AIDS as well as OVC. 		

COUNTRY: Central African Republic (CAR)	ROUND: 4	DATE: April 2004
PROPOSAL TITLE: Strengthening the Management of Orphans and Other People Made Vulnerable by HIV/AIDS		
SPONSOR: CCM		
PR: UNDP		
CONTACT INFORMATION FOR THE PR:		
Gilbert Aho, Representative a.i., UNDP, Tel.: +236 611977, +236 501249 (cell), Email: gilbert.aho@undp.org OR Maxime Mbringa-Takama, Programme Officer, UNDP, Tel.: +236 611977, +236 043644 (cell), Email: maxime.mbringa-takama@undp.org		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL:		
The entire focus of the proposal is on OVC.		
DESCRIPTION OF THE OVC-RELATED CONTENT:		
<ul style="list-style-type: none"> • The goal is to reduce the impact of HIV on OVC in CAR through improving their access to basic services: education, health, justice and socio-economic integration. • The main objectives are: (a) to ensure the medical management of 54,000 OVC by 2009; (b) to strengthen the legal protection framework and promote the rights of OVC; (c) to ensure the social reintegration of OVC (socio-professional, educational and familial); and (d) to strengthen the institutional management capacity of OVC. • The major activities are: (a) train health care staff on OVC management; (b) draft legislation for the protection and promotion of the rights of OVC; (c) train justice and social workers, and community NGO managers, on the legislation; (d) provide support to OVC for legal fees; (e) train social workers in the management and protection of OVC, prevention of HIV and substance abuse; (f) train managers of families and foster structures on the management of OVC; (g) provide support for school fees and supplies; (h) establish listening centres for OVC, including on the street; (i) support 70 NGOs for activities to prevent HIV among OVC; and (j) draft a national policy on the management of OVC. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL:		
<p><i>Primary contact:</i> Jean Willybiro Sako, Coordinator of the Technical Secretariat of the National Committee to combat HIV/AIDS, Tel.: +236 613665 or 61667 (direct line), +236 509315 (cell), Email: cnsca_st@yahoo.fr or wisaje@yahoo.fr (personal)</p> <p><i>Secondary contact:</i> Constantin Bria, Director of National Solidarity, Ministry of the Family, Social Affairs and National Solidarity, Tel.: +236 611113, +236 091254 (cell)</p> <p><i>Additional contact:</i> Dr Marcel Massanga, Specialist in Epidemiology, Technical Secretariat of the National Committee to combat HIV/AIDS, Tel.: +236 61 36 65 or +236 50 57 89, Fax: +236 61 36 94, Email: Cnlsca_st@yahoo.fr</p>		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL:		
<ul style="list-style-type: none"> • (Strength) Addressing OVC needs is a priority under the National Strategic Framework Plan. • (Strength) The activities appear to meet the needs of OVC as defined by several agencies. • (Strength) The proposal demonstrates an understanding of the need to involve OVC and their families in planning and carrying out the activities. 		

COUNTRY: Chad	ROUND: 3	DATE: May 2003
PROPOSAL TITLE: Project to Fight HIV/AIDS, Tuberculosis and Malaria		
SPONSOR: CCM		
PR: Population Activities Support Fund (FOSAP)		
CONTACT INFORMATION FOR THE PR: Habib Mahamat Abdel Aziz, Tel.: +235 52 23 17 or +235 52 23 24, Fax: +235 52 23 23 Email: hmaht@yahoo.fr or hmaht@yahoo.fr		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL: The OVC-related content is one of six objectives in the HIV/AIDS component.		
DESCRIPTION OF THE OVC-RELATED CONTENT: <ul style="list-style-type: none"> The objective is to improve comprehensive case management for HIV/AIDS orphans and other vulnerable children. The project aims to provide sustainable case management services each year to more than 1,000 AIDS orphans or other children in precarious situations until they reach adulthood; and, for children living with AIDS, to provide effective case management, and involve the private sector and civil society in case management of AIDS orphans and other children in precarious situations. The main activities are: (a) conduct six workshops on the case management of OVC; (b) review and strengthen laws to protect OVC; (c) actively promote interventions for OVC; (d) strengthen OVC case management structures; (e) develop income generating activities within case management structures, and for host families; (f) strengthen structures that provide educational training and occupational orientation for OVC; and (g) provide case management of paediatric AIDS cases (500 children in five years). 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL: <i>Primary contact:</i> Dr Saleh Younous Mahamat, Director General, Ministry of Public Health, Tel.: +235 51 48 21 or +235 841 26 37, Fax: +235 51 48 21 <i>Secondary contact:</i> Dr Jean Pierre Baptiste, Dean, College of Health Sciences, Tel.: +235 52 43 43, Fax: +235 52 06 28		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL: <ul style="list-style-type: none"> (Weakness) The targets for orphan children are low when compared to the amount of funding. (Weakness) More information is needed on the selection criteria for orphan children to receive services. 		

COUNTRY: Côte d'Ivoire	ROUND: 5	DATE: June 2005
PROPOSAL TITLE: Prevention and Management of HIV/AIDS in a Conflict Situation		
SPONSOR: CCM		
PR: CARE France		
CONTACT INFORMATION FOR THE PR: Aguettant Guillaume, Tel.: +225 22 41 97 25 to 29, Fax: +225 22 41 25 16, Email: careci@aviso.ci		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL: The OVC-related content is in a service delivery area under one of the two objectives.		
DESCRIPTION OF THE OVC-RELATED CONTENT: <ul style="list-style-type: none"> The objective that relates to OVC reads: "Over two years increase the number of persons who have access to complete HIV/AIDS care by 30%." The service delivery area is "care and support of orphans and other vulnerable children (OVC)." The OVC-related activities are integrated with care and support activities for chronic patients and families affected by HIV/AIDS, under the title "overall community care." The main activities are: (a) provide psychological support; (b) provide nutritional care and training; (c) provide grants for income generating activities; (d) conduct home visits; (e) train nursing assistants and NGOs on how to conduct home visits; (f) providing OVC with assistance with schooling and school materials; and (g) explore ways to reduce stigma. Some of the OVC-related targets are: (a) identify 1,200 OVC and foster families; (b) make 1,200 school kits available; (c) make 1,200 food kits available; and (d) finance 48 income generating activities. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL: <i>Primary contact:</i> David Bridier, CARE France, Tel.: +33 (0) 1 53 19 89 89, Fax: +33 (0) 1 53 19 89 90, Email: Bridier@carefrance.org <i>Secondary contact:</i> Guillaume Aguettant, CARE International in the Ivory Coast, Tel.: +225 22 41 97 25 to 29, Fax: +225 22 41 25 16, Email: careci@aviso.ci		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL: N/A		

COUNTRY: Eritrea	ROUND: 5	DATE: June 2005
PROPOSAL TITLE: An Expanded Response for High Impact: Going to Scale with Targeted Prevention, Treatment, Care and Support Interventions for Priority Diseases and Health Systems Strengthening in Eritrea		
SPONSOR: CCM		
PR: (designate) Ministry of Health		
CONTACT INFORMATION FOR THE PR:		
Hon. Mr. Saleh Meky, Minister of Health, Tel.: +291 1 202917, Fax: +291 1 122899, Email: smeky@gemel.com.er or ssmeky@yahoo.com		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL:		
The project has seven goals. The OVC-related content is one objective under one of the goals.		
DESCRIPTION OF THE OVC-RELATED CONTENT:		
<ul style="list-style-type: none"> The objective is to strengthen the care of orphans in the Ministry of Labour and Human Welfare Orphanages. There is just one activity listed: Train the orphanage caregivers in the central orphanage of the Ministry as well as in group centres outside of Asmara. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL:		
Primary contact: Hon. Mr. Saleh Meky, Minister of Health, Tel.: +291 1 202917, Fax: +291 1 122899, Email: smeky@gemel.com.er or ssmeky@yahoo.com		
Secondary contact: Dr. Andeberhan Tesfazion, Director, National AIDS and TB Control Division, MoH, Tel.: +291 1 122129, Fax: +291 1 122899, Email: tandat@moh.gov.er or andatt2005@yahoo.com		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL:		
N/A		

COUNTRY: Ethiopia	ROUND: 4	DATE: April 2004
PROPOSAL TITLE: HIV/AIDS Prevention and Treatment		
SPONSOR: CCM		
PR: Ministry of Health		
CONTACT INFORMATION FOR THE PR:		
Mereke Negatu , Head, HIV/AIDS Prevention and Control Office, Tel.: +251 1 519682		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL:		
The OVC-related content is in one service delivery area under one of the four objectives.		
DESCRIPTION OF THE OVC-RELATED CONTENT:		
<ul style="list-style-type: none"> The OVC-related content is part of the objective to expand access to HIV/AIDS care and treatment. The service delivery area is "orphan care." The main activities are: (a) develop national policies, guidelines and manuals on the care of OVC; and (b) provide nutrition, school fees, shelter, clothes and health services to 40,000 OVC in the first year, and growing to 200,000 by Year 5. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL:		
Primary contact: Negatu Mereke, HIV/AIDS Prevention and Control Office, +251 1 503506, Fax: +251 1 503395, Email: hiv.aids@telecom.net.et		
Secondary contact: Belay Tekle, Advocacy, Mobilization and Coordination Department Head HIV/AIDS Prevention and Control Office, Tel.: +251 1 503475, Fax: +251 1 503395, Email: hiv.aids@telecom.net.et		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL:		
<ul style="list-style-type: none"> (Strength) The proposal focuses on the need for OVC care and support. 		

COUNTRY: Haiti	ROUND: 5	DATE: June 2005
PROPOSAL TITLE: Rapid Expansion of HIV Treatment Services in Haiti		
SPONSOR: CCM		
PR: (designate) Fondation Sogebank		
CONTACT INFORMATION FOR THE PR: Dr Emile Gerard Charles, Tel.: +509 510-3436, Fax: +509 229-5181, Email: timilo@yahoo.com		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL: The OVC-related content is one of six objectives.		
DESCRIPTION OF THE OVC-RELATED CONTENT: <ul style="list-style-type: none"> The objective is to increase the number of OVC receiving care and support. Of the 165,000 orphaned children in Haiti, this initiative will reach 25,000. Approach: enrol international agencies with expertise in fostering children, such as Plan, World Vision, and Save the Children. Develop innovative support services that will emphasise 1) the preservation of family life by strengthening the capacity of families to take care of orphans; 2) support for schooling; and, 3) as a last alternative, foster care and improved conditions at orphanages. Specific activities include: (a) conduct a community-based situational analysis of the needs of orphans; (b) train community leaders; (c) use entertainment to deliver psychosocial services; and (d) identify the neediest families and orphans as well as people volunteers willing to help with periodic home visits. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL: <i>Primary contact:</i> Dr Myrtha Louissaint, Director HIV, TB and Malaria, Ministry of Public Health and Population, Tel.: +509 222-2725, Fax: +509 257 3961 <i>Secondary contact:</i> Dr Joelle Deas, Director Coordination and Control Unit, HIV/AIDS, Ministry of Public Health and Population, Tel.: +509 556-1885, Fax: +509 257-3961, Email: jdvobe@yahoo.fr		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL: <ul style="list-style-type: none"> (Weakness) There is no mention of paediatric AIDS or PMTCT. 		

COUNTRY: Lesotho	ROUND: 2	DATE: Sept 2002
PROPOSAL TITLE: Strengthening Prevention and Control of HIV/AIDS and TB in Lesotho		
SPONSOR: CCM		
PR: Ministry of Finance and Development Planning		
CONTACT INFORMATION FOR THE PR: Mrs. Lineo Tshabalala, Principal Secretary		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL: The OVC-related content is one of 11 objectives.		
DESCRIPTION OF THE OVC-RELATED CONTENT: <ul style="list-style-type: none"> The objective is to scale up the provision of a basic package of care, support and protection to 60 percent of OVC by 2007. The main activities are: (a) sensitise and mobilise communities about OVC problems and the need for foster-parenting, volunteer guardian angels and other potential inputs; (b) develop faith- and community-based OVC care, support and protection interventions; (c) distribute food baskets to OVC at risk of malnutrition; and (d) provide material and financial support to ensure that (i) primary school age OVC have access to primary education, and (ii) older OVC receive vocational skills training. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL: <i>Primary contact:</i> Nkhala Sefako, Chief Planning Officer, Lesotho AIDS Program Coordinating Authority, Tel.: +266 2232 6794, Fax: +266 2232 7210, Email: nkhalasefako@yahoo.co.uk <i>Secondary contact:</i> Tim Rwabuhemba, UNAIDS Country Coordinator, Tel.: +266 2231 3790 x348, Fax: +266 2231 3571, Email: tim.rwabuhemba@undp.org		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL: <ul style="list-style-type: none"> (Strength) The proposal contains a thoughtful, comprehensive, community-based programme for orphaned children. 		

COUNTRY: Malawi	ROUND: 5	DATE: June 2005
PROPOSAL TITLE: Health Systems Strengthening and Orphan Care and Support		
SPONSOR: CCM		
PR: (designate) Ministry of Health		
CONTACT INFORMATION FOR THE PR:		
Dr Wesley O.O. Sangala, Secretary of Health, Tel.: +265 1 789 400, Fax: +265 1 789 365, Email: sh@africa.online.net		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL:		
The OVC-related content consists of an entire component. (There are two components in the proposal.)		
DESCRIPTION OF THE OVC-RELATED CONTENT:		
<ul style="list-style-type: none"> • There are three objectives: (a) to strengthen and develop enabling policy and legal frameworks to protect the rights of OVC made vulnerable by HIV/AIDS and poverty; (b) to strengthen institutional and technical capacity at all levels to ensure a rapid scale up of the national response to the orphan crisis, giving particular attention to district and community capacity and systems; and (c) to increase access of OVC to primary and secondary education and other services with support from safety nets providing school bursaries and conditional cash transfers to households caring for OVC. • Major activities include: (a) review, amend and draft laws to ensure they are compliant with the Convention on the Rights of the Child; (b) develop IEC materials for social mobilisation and awareness raising; (c) train law and policy enforcers on the use and interpretation of key OVC policy and legal frameworks; (d) develop easy reader guidelines on key policy and legal documents; (e) strengthen child-friendly justice systems; (f) train social work officers, social work assistants and community child protection workers on child protection issues; (g) provide incentives to community child protection workers; (h) train foster parents and other caregivers on child care, child protection and psychosocial support; (i) second nine professionals to District Assemblies to assist in the management of the scaled-up response to OVC; (j) develop an M&E database and conduct training on the use of the database; (k) organise annual OVC stakeholder meetings; (l) implement training courses on management of safety net systems; and (m) provide financial resources to the District Assemblies to issue conditional cash grants to households caring for OVC. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL:		
<p><i>Primary contact:</i> Dr Wesley O.O. Sangala, Secretary for Health, Ministry of Health, Tel.: +265 1 789400, Fax: +265 1 789431, Email: sh@africa-online.net</p> <p><i>Secondary contact:</i> Dr. Erik Schouten, HIV/AIDS Coordinator, Ministry of Health, Tel.: +265 1 789 400, Fax: +265 1 789431, Email: eschouten@mw.msh.org</p>		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL:		
<ul style="list-style-type: none"> • (Strength) The proposed programme is based directly on the National Plan of Action for Orphans and Other Vulnerable Children, and is consistent with the National Policy, which seeks to keep affected children within extended families or with foster parents. • (Weakness) The proposal suggests that OVC committee members will be trained at the district assembly level, but does not specify which government staff will manage the programme. 		

COUNTRY: Mauritania	ROUND: 5	DATE: June 2005
PROPOSAL TITLE: Strengthen the National response Against HIV/AIDS in Mauritania		
SPONSOR: CCM		
PR: (designate) UNDP		
CONTACT INFORMATION FOR THE PR:		
Dr Abdallah Ould Horma, Executive Secretary, CNLS, Tel.: +222 524 1221, Fax: +222 524 1224, Email: ahorma@senls.mr		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL:		
The OVC-related content constitutes one activity in one objective. There are three goals and 10 objectives in the proposal.		
DESCRIPTION OF THE OVC-RELATED CONTENT:		
<ul style="list-style-type: none"> The activity involves organising community activities for young people and OVC. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL:		
<p>Primary contact: Dr Abdallah Ould Horma, Executive Secretary, CNLS, Tel.: +222 524 1221, Fax: +222 524 1224, Email: ahorma@senls.mr</p> <p>Secondary contact: Dr Boubacar Ould Abdel Aziz, Coorinator de la VIH/sida, Ministère de la Santé et des Affaires Sociales, Tel.: +222 525 7004, Email: taguilaett@yahoo.fr</p>		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL:		
N/A		

COUNTRY: Mozambique	ROUND: 2	DATE: Sept 2002
PROPOSAL TITLE: Mozambican National Initiative to Accelerate Access to Prevention, Care Support and Treatment for Persons Affected by HIV/AIDS, Tuberculosis and Malaria		
SPONSOR: CCM		
PR: The National AIDS Council of Mozambique		
CONTACT INFORMATION FOR THE PR:		
Janet Mondlane, Executive Secretary, Tel.: +258 1 49 53 96		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL:		
The OVC-related content is one of the 11 objectives.		
DESCRIPTION OF THE OVC-RELATED CONTENT:		
<ul style="list-style-type: none"> The objective is to ensure the care and protection for OVC. The target is to reach 150,000 children by 2007. The major activities are: (a) develop policies and legal frameworks to support action in relation to OVC; (b) provide training to district level managers and service providers to better care for and protect OVC; (c) document and disseminate best practices and promote cross-fertilisation through experience sharing and networking; (d) provide legal services and train law enforcement officers to protect children and women's rights; (e) develop and expand networks of community committees to identify, care and protect OVC, and link them to existing services; (f) train community mobilisers and extension workers to provide psychosocial support to OVC; (g) provide community members and families with skills for income generating activities; (h) provide small grants to NGOs working with children; (i) facilitate access of needy children and families to food; and (j) forge alliances with organisations of persons living with HIV/AIDS to fight stigma and discrimination against OVC. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL:		
<p>Primary contact: Janet Mondlane, Executive Secretary of the National Aids Council, Tel.: +258 1 49 53 96, Fax: +258 1 48 50 01</p> <p>Secondary contact: Rosa Marlene Manjate, Head of Department – Ministry of Health, Tel.: +258 1 43 09 70, Fax: +258 1 43 09 70</p>		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL:		
N/A		

COUNTRY: Nigeria	ROUND: 5	DATE: June 2005
PROPOSAL TITLE: Scale-Up of Comprehensive HIV and AIDS Treatment, Care and Support in Nigeria		
SPONSOR: CCM		
PR: (designate) (1) National Action Committee on AIDS; (2) Society for Family Health		
CONTACT INFORMATION FOR THE PR:		
(1) Prof Babatunde Osotimehin, Chairman, Tel.: +234 803 315-4600 or +234 0 290-4415, Email: bosotimehin@naca.gov.ng or osotimehin2000@yahoo.ca (2) Bright Ekweremadu, Managing Director, Tel.: +234 803 659 0807 or +234 805 503 0100 or +234 9 461 8821, Email: bekweremadu@sfnigeria.org		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL:		
The OVC-related content is one of the six objectives.		
DESCRIPTION OF THE OVC-RELATED CONTENT:		
<ul style="list-style-type: none"> The objective is to increase access to care and support services for OVC in all 37 states. The major activities are: (a) train community groups and caregivers in skills for caring for OVC; (b) develop a national database of CBOs providing support to OVC; (c) provide material and logistic support to CBOs working with OVC. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL:		
<i>Primary contact:</i> Dr O Salawu, National Coordinator, Federal ministry of Health, Tel.: +234 803 311-5573, Email: tofsal@yahoo.com <i>Secondary contact:</i> Dr Ben Nwobi, Head, National AIDS and STI Control Programme, Tel.: +234 803 705-4008, Email: emekanwobi@hotmail.com		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL:		
<ul style="list-style-type: none"> (Weakness) The target for PMTCT seems unambitious. 		

COUNTRY: Peru	ROUND: 5	DATE: June 2005
PROPOSAL TITLE: Closing Gaps: To Achieve the Millennium Development Goals for TB and HIV/AIDS		
SPONSOR: CCM		
PR: (designate) CARE Peru		
CONTACT INFORMATION FOR THE PR:		
Virginia Baffigo de Pinillos, Email: vbaffigo@care.org.pe		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL:		
The OVC-related content is one of three programmes under one of the four objectives.		
DESCRIPTION OF THE OVC-RELATED CONTENT:		
<ul style="list-style-type: none"> The objective is to reduce the social impact of HIV by decreasing the stigma and discrimination against persons living with HIV/AIDS, vulnerable populations and their environment. The main activities are: (a) create advocacy committees to raise local awareness of OVC issues; (b) conduct a nutritional study of AIDS orphans; and (c) provide orphans a basic monthly food basket. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL:		
<i>Primary contact:</i> Dr José Luis Sebastian, Coordinador ESN VIH, Minsa, Tel.: +51 1 315 6600, Email: jsebastian@minsa.gob.pe <i>Secondary contact:</i> Dr Robinson Cabello, ONG Via Libre, Tel.: +51 1 433 1396, Fax: +51 1 433 1578, Email: robincab@vialibre.org.pe		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL:		
N/A		

COUNTRY: Republic of Congo	ROUND: 5	DATE: June 2005
PROPOSAL TITLE: Decentralization and Implementation of Prevention and Care and Support Activities for People Living with HIV/AIDS		
SPONSOR: CCM		
PR: UNDP		
CONTACT INFORMATION FOR THE PR:		
Aurélien Agbenonci, UN Resident Coordinator, UNDP, Tel.: +242 81 50 38 or +242 67 75 99, Fax: +31 20 54 07 188 or +242 81 16 79, Email: aurelien.agbenonci@undp.org		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL:		
The OVC-related content is one of seven objectives.		
DESCRIPTION OF THE OVC-RELATED CONTENT:		
<ul style="list-style-type: none"> The objective is to reduce the psychosocial impact of HIV/AIDS on OVC. The main activities are: (a) to identify and classify 21,189 OVC; provide psychological support to 50,474 OVC; (c) provide assistance with school fees and supplies for 37,855 OVC; (d) provide financial assistance to improve access to care for 50,474 OVC; (e) provide training to 12,618 OVC to enable them to integrate into society; and (f) support income generation activities for 12,618 OVC. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL:		
Primary contact: Antoinette Sassou-Nguesso, CCM Chair, Présidente de la Fondation CONGO ASSISTANCE, Tel.: +242 81 40 16, Fax: +242 81 59 35		
Secondary contact: Alphonse Gando, CCM Vice-Chair, Ministre de la Santé et de la Population, Tel.: +242 81 12 95, Fax: +242 81 14 33		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL:		
N/A		

COUNTRY: South Africa	ROUND: 1	DATE: April 2002
PROPOSAL TITLE: Enhancing the Care of HIV/AIDS-Infected and Affected Patients in Resource-Constrained Settings in KwaZulu-Natal		
SPONSOR: Sub-National CCM		
PR: National Treasury		
CONTACT INFORMATION FOR THE PR:		
D.S.D. (Sipho) Shabalala, Head of Department: KwaZulu-Natal Treasury, Tel.: +27 33.897-4556, Email: sipho@pixie.co		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL:		
The OVC-related content is under one of the six priority areas.		
DESCRIPTION OF THE OVC-RELATED CONTENT:		
<ul style="list-style-type: none"> The priority area is the expansion of home-based and palliative care throughout the province. The target was to reach 350,000 children in 2002. The only activity identified was to provide home-based care, orphan care and hospice services. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL:		
Dr Robert Pawinski, Nelson R. Mandela School of Medicine, Tel.: +27 31 260-4513 or +27 83 783-7383, Fax: +27 31 260-4211, Email: pawinskir@nu.ac.za		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL:		
N/A		

COUNTRY: Swaziland	ROUND: 2	DATE: Sept 2002
PROPOSAL TITLE: Coordinated Country Response to Fight HIV/AIDS		
SPONSOR: CCM		
PR: National Emergency Response Council on HIV/AIDS		
CONTACT INFORMATION FOR THE PR:		
Derek Von Wissel, Director, Tel.: +268 404 1703, Fax: +268 404 1692, Email: dwvi@nercha.org		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL:		
The OVC-related content forms part of two of the 11 objectives.		
DESCRIPTION OF THE OVC-RELATED CONTENT:		
<ul style="list-style-type: none"> • The objectives are: (a) to reduce the impact of HIV/AIDS on the education sector; and (b) to create an enabling environment which will mitigate the adverse effects of HIV/AIDS on the population. • The main activities are: (a) develop a database on OVC; (b) provide scholarships for OVC; (c) implement feeding scheme programmes in schools; (d) train teachers, counsellors and mentors on counselling children on HIV/AIDS; (e) upgrade vocational schools and establish new ones for children unable to be integrated into formal schools; (f) upgrade the National Child Care Unit and establish new regional units; (g) develop a national child-friendly toll-free line; (h) develop income-generating programmes for orphans; (i) establish regional centres for abandoned and abused orphans to be assisted before reintegration into the communities; and (j) establish feeding centres in communities. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL:		
N/A		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL:		
N/A		

COUNTRY: Swaziland	ROUND: 4	DATE: April 2004
PROPOSAL TITLE: Swaziland's Programme to Up-Scale Key Components of the National HIV/AIDS Response		
SPONSOR: CCM		
PR: National Emergency Response Council on HIV/AIDS (NERCHA)		
CONTACT INFORMATION FOR THE PR:		
Dr Derek von Wissell, Director, Tel.: +268 404-1703 or +268 424-1720 or +268 605-9950, Fax: +268 404-1692, Email: dwvi@nercha.org.sz		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL:		
The OVC-related content is one of the six objectives.		
DESCRIPTION OF THE OVC-RELATED CONTENT:		
<ul style="list-style-type: none"> • The objective is to reduce the impact of HIV/AIDS on the education sector. • The main activities are: (a) develop a national Early Childhood Care and Development (ECCD) curriculum, and train communities on ECCD; (b) establish learning centres; (c) train teachers and community leaders on child abuse; (d) establish food gardens; and (e) provide financial assistance to maintain children in formal and non-formal schools. • The target for the last activity is to enrol 80,000 OVC by Year 5. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL:		
<i>Primary contact:</i> Dr Derek von Wissell, Director, NERCHA, Tel.: +268 404-1703 or +268 424-1720 or +268 605-9950, Fax: +268 404-1692, Email: dwvi@nercha.org.sz <i>Secondary contact:</i> Nomathemba Dlamini, Principal Secretary, Ministry of Health and Social Work, Tel.: +268 404-2431 or +268 606-3203, Fax: +268 404-2092, Email: nothed@realnet.co.sz		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL:		
N/A		

COUNTRY: Tanzania	ROUND: 4	DATE: April 2004
PROPOSAL TITLE: Filling Critical Gaps for Mainland Tanzania in the National response to HIV/AIDS in Impact Mitigation for Orphans and Vulnerable Children, Condom Procurement, Care and Treatment, M&E, and National Coordination		
SPONSOR: CCM		
PR: (1) PACT Tanzania, (2) African Medical and Research Foundation, (3) Population Services International, (4) Ministry of Finance		
CONTACT INFORMATION FOR THE PR: (1) Dan Craun-Selka, Country Director, Tel.: +255 22 260-0305/6, Fax: +255 22 260 0310, Email: dan@pacttz.org (2) Dr Paul Waibale, Country Director, Tel.: +255 22 211-6610 or 215-3103, Email: paulw@amreftz.org (3) Nils Gade, Executive Director, Tel.: +255 22 215 1581 or 1582 or 1583, Fax: +255 22 215 1581, Email: ngade@psi.org (4) Gray S. Mgonja, Permanent Secretary - Treasury, Ministry of Finance, Tel.: +255 22 2111174/6, Fax: 255 22 2110326, Email: jmapunjo@mof.go.tz OR Joyce Mapunjo - Treasury, Ministry of Finance, Tel.: +255 22 2111174/6 or 2113228, Fax: +255 22 2116597, Email: jmapunjo@mof.go.tz		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL: There are five goals in the proposal, each one representing a sub-component of the HIV/AIDS component. The OVC-related content is one of the goals.		
DESCRIPTION OF THE OVC-RELATED CONTENT: <ul style="list-style-type: none"> • The goal is to reduce the adverse effects of HIV/AIDS, poverty, exploitation and abuse on orphans and children identified as most vulnerable. • The objectives are: (a) to implement national policies related to most vulnerable children (MVCs) and coordinate the sectors and partner organisations at national, regional and district level regarding MVCs; (b) to provide a coordinated, community-based partnership approach to promoting the rights of MVCs; (c) to address the human rights violations of the MVCs in 24 districts through improved access to basic services; and (d) to increase district based services and resources that address stigma, discrimination, community exclusion, abuse and exploitation experienced by MVCs in the 24 target districts. • The main activities are: (a) establish national coordination mechanism for MVCs; (b) coordinate implementation of an MVC multi-sectoral plan at national and district levels; (c) facilitate the implementation of the new Children's Act; (d) build the capacity of implementing partners in responding to MVCs; (e) mobilise and capacitate villages to address MVC issues; (f) form MVC committees at village level; (g) support MVCs to access education, health care, food, clean water and sanitation, wind, water-tight and secure shelter; (h) carry out anti-stigma training and/or campaigns; (i) establish community justice facilitators at community level; and (j) carry out training in psychosocial support with implementing agencies and caregivers. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL: <i>Primary contact:</i> Maj.-Gen. (Rtd.) Herman C. Lupogo, Executive Chairman, Tanzania Commission for AIDS, Tel.: +255 22-212-5127, Fax: +255 22-212-2427; Email: tacaids@raha.com <i>Secondary contact:</i> Dr. Joseph Temba, Global Fund Coordinator, Tanzania Commission for AIDS, Tel.: +255 22-212-5127, Fax: +255 22-212-2427, Email: tacaids@raha.com		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL: <ul style="list-style-type: none"> • (Weakness) It is not clear whether HIV-positive children will have access to voluntary counselling and testing and ARVs. • (Weakness) PMTCT target unlikely to be achieved. 		

COUNTRY: Uganda	ROUND: 3	DATE: March 2003
PROPOSAL TITLE: Expanding Anti-Retroviral Therapy and Care and Support of Orphans and Other Vulnerable Children		
SPONSOR: CCM		
PR: Ministry of Finance		
CONTACT INFORMATION FOR THE PR: Chris M.Kassami, Permanent Secretary, Tel.: +256 41 232579, Email: chris.kassami@finance.go.ug		
WHERE THE OVC-RELATED CONTENT IS POSITIONED IN THE PROPOSAL: The OVC-related content is one of the two sub-components of this HIV/AIDS proposal.		
DESCRIPTION OF THE OVC-RELATED CONTENT: <ul style="list-style-type: none"> • The goal of this OVC sub-component is to improve the quality of life of OVC and their families and to uphold their rights. • The objectives are: (a) to provide care and support for the neediest of OVC and OVC families; (b) to provide a foundation for the long term economic security of OVC households; (c) to ensure that OVC, identified by members of the community, local leaders, CBOs, NGOs, FBOs and religious institutions, either return to school at the earliest opportunity or stay in school; (d) to provide psychosocial care and support to OVC and OVC households dealing with adult or children in their care living with HIV/AIDS or having recently lost a household member or guardian to HIV/AIDS; (e) to ensure that OVC and members of OVC households dealing with HIV/AIDS have access to health care; (f) to ensure the legal protection of the rights of OVC and OVC households; (g) to strengthen the capacity of CBOs, non-governmental organisations, religious institutions, FBOs, district offices and Local Councils working at the front-lines of the HIV/AIDS epidemic in rural resource poor settings to increase their organisational ability to cater for more OVC and OVC households. • The main activities are: (a) provide emergency shelter, clothing and bedding, and food supplies to needy families; (b) train caregivers and heads of OVC households in techniques to start and sustain an income generating activity; (c) provide seeds, tools and animals to rural agrarian OVC households; (d) establish apprenticeships and vocational training for out-of-school youth and young adults; (e) provide OVC in need with a minimum emergency set of school supplies or fees; (f) train caregivers, teachers and school counsellors to reach out to OVC in schools or out of school; (g) form caregiver or teacher head-of-household advocacy groups to think through innovative ways of keeping OVC in school and ensure enrolment of the pre-school population; (h) train teachers and members of the community to reach out to orphans so that they do not feel stigmatised; (i) counsel persons living with HIV/AIDS on inheritance issues; (j) conduct IEC campaigns to promote immunisation, nutrition and safe water consumption; (k) provide assistance to OVC and OVC households to access health care (including the meeting of emergency medical costs); (l) facilitate IEC campaigns to ensure that caregivers, teachers, community members, local and religious leaders are familiar with the fundamental principles of the rights of children; (m) mobilise communities to provide resources to meet the basic needs for the most needy OVC and OVC households; (n) facilitate legal consultation and aid to OVC and OVC households with regard to succession planning, property disputes, physical abuse, emotional abuse, sexual abuse and illegal child labour; and (o) train volunteers and staff of CBOs, NGOs, FBOs, district offices, and Local Councils in organisational development, priority setting, identification of OVC and OVC households, proposal development, financial management, monitoring and evaluation. 		
CONTACT INFORMATION FOR THE ORIGINAL PROPOSAL: <i>Primary contact:</i> Dr D.K.W.Lwamafa, Commissioner Health Services, National Disease Control, Ministry of Health, Tel.: +256 41-259666, Fax: +256 41-259666, Email: lwamafa@yahoo.uk.co <i>Secondary contact:</i> Dr Elizabeth Madraa, Program Manager, STD/AIDS Control Programme, Ministry of Health, Tel.: +256 41-340874, Fax: +256 41-231584, Email: emadraa@yahoo.com		
TRP COMMENTS SPECIFICALLY ABOUT THE OVC PORTION OF THE PROPOSAL: <ul style="list-style-type: none"> • (Strength) A thoughtful, comprehensive orphan component addressing a dramatic and immediate need in Uganda. • (Weakness) Some of the indicators for the orphan component may be too ambitious by Year 5 – such as the number of children in school and the number of households participating in income generating activities. 		