CARI PROGRAMME COMPLETION REPORT © DRAFT

DFID
Southern Africa

by
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APPENDIX 1 TERMS OF REFERENCE

APPENDIX 2 TEAM COMPOSITION AND REVIEW ITINERARIES
ACRONYMS

ACC  
African Centre for Childhood

ART  
Antiretroviral therapy

AusAID  
Australian Agency for International Development

CABA  
Children affected by HIV and AIDS

CARI  
Children and AIDS Regional Initiative

CBCC  
Community-Based Child Care Centres

CBO  
Community Based organisation(s)

CCF  
Child Care Forum

DFID  
UK Department for International Development

DHS  
Demographic and Health Surveys

DSD  
Department of Social Development (South Africa)

EAC  
East African Community

ECD  
Early Child Development

ESARO  
Eastern and Southern Africa Children and AIDS team at regional level

FBO  
Faith based organisation(s)

GFATM  
Global Fund to Fight AIDS, TB and Malaria

ICRW  
International Centre for Research on Women

MDG  
Millennium Development Goals

MGECW  
Ministry of Gender Equality and Child Welfare

MMAS  
Mozambican Ministry of Women and Social Action

MVC  
Most Vulnerable Children

NPA  
National Plans of Action

NCP  
Neighbourhood Care Points

OECD  
Organisation for Economic Co-operation and Development

OPPEI  
OVV Policy and Planning Effort Index

OVC  
Orphans and Vulnerable Children

OVCY  
Orphans and Vulnerable Children and Youth

TOR  
Terms of Reference

PMTCT  
preventing mother-to-child transmission

RAAAPP  
Rapid Assessment, Analysis and Action process

REPSSI  
Regional Psychosocial Support Initiative

RIATT  
Regional Inter Agency Task Team on Children and AIDS

SADC  
Southern African Development Community

SODL  
Supported Open Distance and Learning Initiative

USG PEPFAR  
United States Government President's Emergency Plan for AIDS Relief
EXECUTIVE SUMMARY

The Children and AIDS Regional Initiative (CARI) is a five year programme implemented by UNICEF across nine countries in Eastern and Southern African to strengthen the coverage and quality of the national response to children affected by HIV. The goal of the programme is to improve the human development outcomes amongst orphans and children made vulnerable by HIV. The purpose is to increase the proportion of children affected by HIV receiving family, community and government support. The programme has four outputs that contribute to the achievement of the purpose:

i) strengthened family and community based responses;

ii) increased access to essential services;

iii) strengthened national policy, planning, monitoring and coordination; and

iv) effective management and technical support provided by UNICEF Eastern and Southern Africa Children and AIDS team at regional level (ESARO).

The initial focus of the programme was supporting national governments to implement their National Plans of Action on Orphans and Vulnerable Children (NPAs). As the programme was implemented UNICEF sought to work with national level OVC coordination committees to build a comprehensive strategy at national and regional levels, developing policy and legislation, strengthening coordination and working with government and non-state (civil society) actors to deliver activities envisaged within the NPA (where this existed) or within sectoral plans. Over time the programme focus has shifted toward supporting the development and implementation of national frameworks to protect highly vulnerable children, recognising diverse forms of vulnerability. The programme has focused on enhancing coordination across relevant sectors and strengthening capacity at community level linking and referring children through to national systems.

The programme, at its inception phase in 2005, was conceived of as a number of linked but largely discrete country-level activities. Over the duration of the programme, the two donors aligned for greater impact across the region. The national-level work is complemented by a regional component; the log frame was revised to a combined log frame; AusAID and DFID aligned their reporting mechanisms and in fourth and final years conducted joint reviews.

Scope of the Review

The project completion review was undertaken jointly, with shared objectives by a seven member team that included AusAid and DFID staff, USAID Senior Regional Technical Advisor (Orphans and Vulnerable Children) and two independent consultants. The purpose of the joint project completion review was to assess the overall performance of the programme and its impact, and the extent to which it has achieved its purpose. The evaluation process was designed in order to: (i) Assess progress of the programme against the purpose and outputs of the logframe; (ii) Score the project’s progress against the logframe; (iii) Assess the impacts, both positive and negative, of this programme; and (iv) Make recommendations and identify any immediate action points before programme closure.

Evaluation Findings

The findings of this project completion review are analysed and organised in relation to standard OECD criteria of relevance, effectiveness, efficiency, impact, sustainability, gender equality, analysis and learning (M&E).

Relevance

The programme was highly relevant. The consequences of HIV are immense and continue to be felt across Southern Africa. Prevalence rates continue to be higher amongst women, especially women under 24 years, and the number of people living with HIV continues to rise. Sheer numbers of orphans are of concern. The CARI programme analysis recognises other, non-HIV specific, inequalities. From inception, the CARI programme encouraged a national appraisal of and response to the multi-faceted challenges facing HIV-affected and vulnerable children. This strategic policy
engagement continues as national sectoral plans continue to evolve and there is emerging focus on social protection as a poverty alleviation mechanism in its own right. The State in all target countries is scaling up resources to identify, register and provide essential services to vulnerable children and their families. More sophisticated poverty analysis and understanding of the vulnerabilities of many children (developmental, psychological and practical), which has occurred within the CARI initiative has led the discussion to move from a somewhat finite response to the problems of children orphaned by HIV to a greater understanding of the varied reasons that may render a child vulnerable.

**Effectiveness**

**Achievements at output level**

A review of achievements under Outputs 1 through 3 and the regional elements of Output 4 show clear linkages between the four outputs and coherence within the logframe from output to purpose level. Key results from each output are summarised as follows:

**Output 1: Strengthened family and community based responses**

The programme has undertaken a number of approaches responding to the need to provide support to families and communities who take on most of the responsibility of caring for those affected by HIV. In all countries the key areas of focus are identification of vulnerable children, appropriate care and support within their communities, and referrals for essential services. Work on identification of vulnerable children has had a positive impact in several ways. Investment in data collection has led to more information about numbers of vulnerable children and their needs. It has drawn attention to the issue of childhood vulnerability and this has led to increased responses.

There has been considerable investment in the types of care provided at community level. There are improved linkages and referral mechanisms among civil society implementing partners and between CBOs and public sector service delivery sites; there are increased referrals of vulnerable children through these community-based bodies, in particular of children entitled to cash grants. Community-based OVC care groups support referrals by assisting eligible households through the bureaucracy.

In summary, there have been significant achievements in terms of capacity and scale, most notably where UNICEF has identified an existing strong partner and worked with them to strengthen capacity holistically. There is more robust data collection across the region about which vulnerable children are living where. This forms the bedrock of future community-based responses. It is hoped that a greater focus on the particular niche of non-state actors, and continued focus on how to ensure effective referrals, will further strengthen this area of work and continue to leverage state funds, directly and indirectly, into community-driven responses.

**Output 2: Increased access to essential services**

The focus of this set of interventions was to increase access to a comprehensive set of services for vulnerable children that broadly fall into basic services such as health and education, child protection and social protection. Approaches were similar across the nine countries, even bearing in mind the different policy and resource context. Key achievements are found in progress against the following indicators: effective and decentralised birth registration systems; piloting of innovative models for government adoption; and child protection services. Birth registration is for most children the ‘key to the door’ for access to many other essential services, such as health or school. Across every CARI country, birth registration rates were low in 2006 and substantially increased by the end.

Another core area of access to essential services is the growing focus on social protection, and the contribution made by UNICEF to child sensitive social protection responses. Interventions have included support to pilot cash transfer schemes that have provided a robust evidence base about what can be done to reach poor and labour-constrained households. Well-timed research interventions on existing government-funded social protection schemes have highlighted how to reach the more marginalised and excluded children and increase primary school attendance as well as access to other services. The approach in countries that already have government schemes has been to provide a critical equity and efficiency lens.
Activities under the indicator on child protection have yielded sustainable and substantial results in investment in strengthening the social welfare sector, in terms of numbers of personnel, cadre and technical skills. UNICEF has partnered with USAID/PEPFAR to support capacity strengthening of the social welfare workforce, there is a growing range of child friendly courts, safe spaces within police stations and awareness of gender based violence.

**Output 3: Strengthened national policy, planning, monitoring and coordination**

This output recognised that delivery of essential services and support of children within their own communities is only possible at scale and in a sustainable way if support through government and non-government means exist within a regulatory framework. It is in this area that it is possible to see a substantial level of achievement. UNICEF has actively used CARI (and other) funding to remain at the centre of ongoing policy debates, contribute to ongoing discussion, as well as respond promptly to external changes in the environment in several fields.

The results are evident. A particular role appreciated by other stakeholders in the field visits has been the convening role played by UNICEF between different government ministries, between government and civil society, and a range of development partners. In 2005/6, there was in general a weak policy environment for vulnerable children. By the end of the programme, all countries have evaluated or strengthened the national plan for vulnerable children but have also advanced substantially on the development of broader, more comprehensive plans of action for children, taking a range of vulnerabilities into account. Whilst it is not possible to ascribe growth in these comprehensive Children’s Acts exclusively to CARI, it is clear to the review team that the opportunity to provide long-term support in terms of advocacy for policy development; capacity building of lead ministries, facilitating key government and non-government partners to work together at times; and strategic research and evidence building across the region, has built a compelling case for comprehensive legislation and helped shepherd these policy processes through. By the end of the programme, seven of the nine programmes in the CARI country have substantially advanced in this area and the other two are actively advancing.

**Output 4: Regional policy interventions**

This section comments primarily on the regional ‘added value’ that this area of work contributes. One of the most impressive findings is the regional development of a new recognised training system for community workers, both government and non-government staff and volunteers. CARI funds have been used to support the Supported Open Distance Learning (SODL) certificate course for youth and community workers leading to completion of a successful pilot course with an over 80 per cent pass rate, 1,000 new students enrolled and five countries now incorporating this training into their national systems. The initiative is supporting communities of practice across the region.

An area of focus to create regional added value is the engagement with regional economic bodies, SADC and the EAC. Although some work on a SADC level OVYC strategy was achieved in practice it was unclear to the review team what the current level of UNICEF engagement with these two bodies was. Overall, the regional elements of the programme have filled in some of the important pieces of work that complement country-level work. The three commissioned pieces of work that have not been completed by the end of the extension year should be pursued as they will be useful contributions to the policy debate.

**Efficiency**

Management arrangements have evolved constructively after a slightly difficult start. Governance and management arrangements (between UNICEF, AusAID and DFID; and between ESARO and Country Offices) appear to have been appropriate in terms of reporting and shared learning, and effective in delivering an evolving response to an ongoing need, with some important spin offs in the social protection policy arena. The relationship between the ESARO Office and Country level delegations is one of technical support and oversight but not management and overall responsibility for programme delivery. The role of the regional office has been important in facilitating regional learning; sharing practice; organising study tours and learning visits; and in managing the relationship and reporting to
donors. Synergy of work between sections within UNICEF country teams (for example Child Protection and Social protection staff; and between Health and Social Protection units) has grown from a shared focus on vulnerable children. This has brought a measure of operational efficiency and a way of working suggested by the CARI programme framework and objectives.

Impact
At purpose level this programme was expected to deliver an increased proportion of orphans and vulnerable children receiving family, community and government support as measured in quantitative numerical terms. National data has been sourced to provide evidence for progress against these indicators. UNICEF through the CARI programme has made a clear contribution to impact at this level. The overall consensus within the review team is that there has been a strongly positive impact for vulnerable children across all the participating countries as well as some strengthened regional capacity and coordination. This is both in terms of increased numbers of children receiving services and also, more importantly, in terms of an enhanced understanding of what works in terms of delivering quality and equitable services.

Sustainability
Overall, UNICEF’s strong and supportive role of a range of government partners leading to increasing government leadership and ownership is a sustainable approach. Technical assistance and limited yet flexible funding sourced via the CARI programme has helped 'to start the ball rolling' or rather to add momentum and evidence, to the national debate on social protection and the development of national structures and systems. There is evidence of greater ‘systems thinking’ with actors (state, civil society and other development partners) considering the needs of vulnerable, poor populations and the duty to deliver services to all citizens, including the highly vulnerable. The programme resources have allowed UNICEF “to take a place at the table and partner in a genuine way around building a social welfare workforce” in target countries.

There has been investment into staff (community childcare and social workers); the knowledge base (concerning knowledge of rights in general and succession planning in particular); and mechanisms to engage with children in communities (the strengthening of community based child protection/OVC groups and committees brought tangible impacts for children). Taken together these have strengthened national capacity in both state and non state sectors and this is an important element of sustainability. The programme has impacted on the institutional and regulatory environment; these policy and legal gains are clearly sustainable

Gender Equality
UNICEF has a unique role in advocating for implementation of child rights approaches, which would require gender analysis. It was assumed that participant countries would generate sex disaggregated data that would contribute to quality of information with national data systems strengthening. There has been progress over the course of the programme but this area remains weak. The review team noted that in the final year of the programme UNICEF ‘met its target’ of undertaking the planned gender review by ICRW, and that this review found some promising examples of UNICEF gender programming at country level. However, countries and the regional office acknowledge that they have been somewhat gender blind although there is substantial potential for a greater gender focus. This review observes that there is a lack of consistent gender analysis clearly informing the design of programmes and this could be strengthened. The team does note that the strong emphasis on equity within gender over the past year offers substantial opportunity to actively reflect on gender-disaggregated analysis within the broader equity approach.

Monitoring and Evaluation
UNICEF Country Offices reported annually against logframe indicators, accompanied by narrative reports. Detailed financial reports were submitted. Summary reviews took place annually and one further in depth multi-country review on gender in Years 4 and 5 complemented this. Over time the
CARI programme has been judged to progress steadily towards a greater, sustained level of support for most vulnerable children across all target countries.

Analysis and Learning

The CARI programme when designed was rooted in analysis of the situation of children affected by HIV and AIDS. Over the lifetime of the programme there has been a major shift in emphasis from downwards service delivery towards more comprehensive and linked efforts to build systems, frameworks and national capacity to deliver a sustained response. The cornerstones of policy dialogue have shifted from orphan status and HIV exclusivity to child poverty and most vulnerable children (MVC).

A solid outcome of this five year process has been that UNICEF, and its partners in country, are now able to articulate a clear evidence-based ‘position’ for child rights and priorities for programming within OVC programmes; and the work is clearly linked to a continuum of care throughout childhood which needs to extend into adolescence and assuming adult community roles. The roles of family, community and state are clearly identified; the changing needs of children and young people are considered; and the whole is linked to child protection interventions. There is strong consensus across the country programmes that upstream work is critical to ensure that strategies for sustained implementation of effective interventions are put in place and take vulnerable children into consideration. As services are rolled out there is a clear desire for standards of services to be maintained. The passage of various Children’s Acts has formalised legislation and adoption of national standards in many countries. UNICEF has been able to bring learning and analysis from investigations of pilot activities, some key staff capacity audits, tracking of disbursements and impact of several child grant or other cash transfer payments systems, to the dialogue at National level.

Conclusion and Recommendations

The multi-year multi-country nature of the CARI programme has allowed for sustained work on some critical areas. The programme allowed UNICEF and her partners to ‘reach for some of the high fruits’ in terms of difficult policy challenges and this has seen better national systems for birth registration and child sensitive M&E data established. Legal frameworks have established child rights and sector policy set standards for services delivery. Important skills audits, focused on gaps in state provision, and linked to appropriate and accessible training has helped to upscale human capacity. Community based child protection groups and committees remain at the frontline of work to identify and respond to children’s needs in communities. The multi-functional support that is necessary at this level is exemplified in the role played by the community childcare workers within the South African NGO Isibindi – but across all countries there are motivated volunteers and staff engaging with children who are highly vulnerable and helping them to access rights and services. The response across Eastern and Southern Africa has been scaled up, in part as a direct result of CARI programme efforts. There is an enlarged community of practice now engaging with issues of highly vulnerable children, and the reach of the policy debate, that is now seeking to target highly vulnerable children within broader social protection systems and mainstream delivery of key services (education and health), is extremely positive.

In furthering these gains, the review team recommends that:

1. UNICEF continue to inform MVC policy discussions and practice drawing on concrete experience with partners, complemented by the research, analysis and learning that has been a tangible output from the CARI programme. UNICEF should seek to make this learning more accessible in terms of formats and amplify promising practice towards clearly targeted audiences. The review team applauds the broader, vulnerability focus and recommends that UNICEF continues to use political and technical opportunities to deliver health, education and protection to all children through mainstream Ministry Policy and resourcing of this.

2. The opportunity for social protection approaches is used to secure greater budgetary allocation for children sensitive programming and the ESARO team are encouraged to provide additional support to all countries to facilitate cross-learning in this area. Country Representatives within UNICEF and staff...
at ESARO, are encouraged to promote a greater niche for UNICEF within the macro-economic and poverty reduction strategy discussions.

3. Work on community level care and referrals, delivered by families and other non-state actors, should continue to merit attention since whilst state systems strive to scale up, the day to day survival of children is underpinned by voluntary commitment at community level.
1 INTRODUCTION

1.1 Programme Background

The Children and AIDS Regional Initiative (CARI) is a five year programme implemented by UNICEF across nine countries in Eastern and Southern African to strengthen the coverage and quality of the national response to children affected by HIV. The goal of the programme is to improve the human development outcomes amongst orphans and children made vulnerable by HIV. The purpose is to increase the proportion of children affected by HIV receiving family, community and government support. The programme has four outputs that contribute to the achievement of the purpose:

i) strengthened family and community based responses;

ii) increased access to essential services;

iii) strengthened national policy, planning, monitoring and coordination; and

iv) effective management and technical support provided by UNICEF Eastern and Southern Africa Children and AIDS team at regional level (ESARO).

The initial focus of the programme was supporting national governments to implement their National Plans of Action on Orphans and Vulnerable Children (NPAs). Over time the programme focus has shifted toward supporting the development and implementation of national frameworks to protect highly vulnerable children as means of recognising forms of vulnerability. The programme has focused on enhancing coordination across relevant sectors and strengthening capacity at community level linking and referring children through to national systems. The national-level work is complemented by a regional component.

The programme began in April 2006 and will end in March 2011. The initial four-year programme received a costed extension of one year from April 2010 to March 2011. This programme has been jointly funded by AusAID and the UK Department for International Development (DFID). AusAID supports three countries (Malawi, Mozambique and Tanzania) and DFID supports six countries (Angola, Botswana, Lesotho, Namibia, South Africa and Swaziland). Both support the regional component. The total AusAID commitment is A$23 million (an additional A$4.8 million was approved for the final year). DFID committed GBP 23.7 million to the programme (an additional GBP 5.7 million was approved for the final year).

The programme, at its inception phase in 2005, was conceived of as a number of linked but largely discrete country-level activities. The two donors had different reporting time frames and functioned independently. Over the duration of the programme, the two donors aligned for greater impact across the region. The log frame was repeatedly revised¹ to a combined nine country log frame. AusAID and DFID agreed to align their reporting mechanisms and for the fourth and this final year conducted joint reviews. This was done largely to build on what both donors had felt was missing in the initial design – a larger regional conceptualisation of the programme. In 2009, AusAID adapted the funding time frame to align with the DFID time frame. The programme finishes in March 2011.

DFID has undertaken an annual review of the programme; AusAID undertook a mid-term review in 2009 and there was a joint annual review in 2010, at which point the costed one-year extension had been agreed. At the end of the fourth year, the programme overall was scored as 2 using DFID scoring, signifying that outputs were largely achieved and purpose was likely to be achieved. AusAID did not score progress but participated in the review team and findings included those of the AusAID countries. The most noticeable successes were in the arenas of policy engagement and in the development of nationally-owned social protection approaches to reach vulnerable children.

¹ in Year 2 and again in year 3, by year 4 it was fully aligned
1.2 Scope of the Review

The project completion review was undertaken jointly by an AusAID and DFID team, with shared objectives. The purpose of the joint project completion review was to assess the overall performance of the programme and its impact, and the extent to which it has achieved its purpose. The evaluation process was designed in order to: (i) Assess progress of the programme against the purpose and outputs of the logframe; (ii) Score the project’s progress against the logframe; (iii) Assess the impacts, both positive and negative, of this programme; and (iv) Make recommendations and identify any immediate action points before programme closure. Annex One: Terms of Reference contains more detailed list of areas outlined for consideration. The key issues are related to sustainability, efficiency and effectiveness, management and impact.

1.3 Evaluation Team and Methodology

The evaluation team comprised seven members; two staff from AusAID Pretoria and Canberra; two DFID Southern Africa Office staff; the USAID Senior Orphans and Vulnerable Children Regional Technical Advisor; and two independent consultants, Sue Enfield and Siân Long, bringing collective expertise in evaluation and review of social development programmes including those with a particular focus on OVC, child rights and community responses to HIV. The presence of the USAID PEPFAR representative on the team was a valuable addition, providing in-depth technical knowledge of the subject and extensive experience of UNICEF-PEPFAR relationships across Southern Africa. In all CARI participating countries, PEPFAR and UNICEF are the two principal players working on OVC issues; where these two actors work complementarily towards one set of goals this clearly can be beneficial to the national response. In addition Siân Long had undertaken two previous annual CARI reviews, for DFID and the AusAID mid-term review in 2009. She was also a consultant on the gender review process, undertaken during 2010 by the International Center for Research on Women (ICRW). This depth of prior understanding of the programme and its progress provided valuable insights. See Annex Two for team composition and review itineraries.

The teams were accompanied throughout the country visits by UNICEF participants: Nankali Maksud, UNICEF ESARO’s OVC Programme Officer and Josée Koch, UNICEF ESARO’s recently arrived Knowledge Management Officer. This participation was helpful in presenting additional contextual information to complement the findings of field visits and discussions.

The review process lasted a total of 11 days and consisted of:


- Two day all-country meeting in Johannesburg. UNICEF ESARO led the UNICEF representation which included Nankali Maksud, Thomas Fenn and Liv Elden from ESARO; and country focal points from all nine CARI countries.

- Visits to three countries selected jointly by AusAID, DFID and UNICEF ESARO. One team visited Namibia and field work of the South Africa programme. The other team visited Malawi. Both teams then met with the UNICEF South Africa social policy staff and a UNICEF ESARO regional partner, the Regional Psycho-Social Support Initiative (REPSSI) implementer of the Open Distance Learning Initiative. The choice of countries was informed by a balance between the six DFID and three AusAID countries, with South Africa that had not been visited before included.

- A presentation of interim findings to DFID, AusAID and UNICEF ESARO was made on the final afternoon of the review and included by video link Rachel Yates, Senior Adviser,

The biggest challenge to methodology was the short time frame to consider such a long term and wide ranging programme. The prior engagement of four members of the team with the programme and the OVC sector in Southern Africa was helpful in addressing this. The country visits were very brief, although UNICEF was commended for selecting a wide range of stakeholders and providing substantial briefing and time for analysis. The two-day all-country meeting was, likewise brief and packed with information and comment. However, the review team felt that the information provided beforehand and the space for discussion and reflection, including by and between CARI country representatives, provided sufficient opportunity to form a coherent picture of achievements and challenges. All seven review team members had an opportunity to share and analyse key impressions and specific findings at the end of the field mission. There was strong unanimity across the team and we are confident that the findings are broadly representative.

2 EVALUATION FINDINGS

The findings of this project completion review are analysed and organised in relation to standard OECD criteria of relevance, effectiveness, efficiency, impact, sustainability, gender equality, analysis and learning (M&E). Within each the more detailed questions posed by the TOR (see Annex One) are addressed. This summative report is complemented by reporting against logframe indicators and scoring against these within the DFID Prism Data Capture Form and should be read in conjunction with this.

2.1 Relevance

The consequences of HIV are immense and continue to be felt across Southern Africa, despite the overall decline in the number of new infections. Although HIV infections are declining in Eastern and Southern Africa, HIV prevalence remains high having ‘stabilised’ at 25.9% in Swaziland, and 18.8% in Namibia for example. Prevalence rates continue to be higher amongst women, especially women under 24 years, and the number of people living with HIV continues to rise. Almost three quarters (72%) of the people who died of HIV-related illnesses in 2009 lived in sub-Saharan Africa. A programme that draws attention to vulnerable children in the context of HIV was, and remains, highly relevant to all development initiatives in Eastern and Southern Africa.

Sheer numbers of orphans are of concern; in Malawi 1.2 million children (9% of the population) are orphaned; in South Africa 1.9 million children are orphaned as a consequence of HIV, 3.4 million children in total are orphans. Although there is growing evidence that orphan hood is not, per se, a cause of vulnerability in terms of nutrition or access to school, the numbers of children who have already lost at least one parent to HIV remains high. Many of these children face future loss of their subsequent caregivers who are often older people. The emotional impacts for these twice orphaned children remain unknown but profound. Orphan hood brings psychosocial pressures and concerns related to succession exploitation, or at times abuse, by extended family members.

The CARI programme analysis recognises other, non-HIV specific, inequalities. Widespread inequalities exist across societies, as demonstrated by high Gini coefficient across the region, especially in the upper middle income countries (Angola, South Africa and Botswana, Lesotho, Namibia and Swaziland) and this results in extensive geographic pockets of poverty or communities living in chronic poverty where families remain acutely poor from one generation to the next. Children raised in such circumstances are inherently vulnerable and still disproportionately affected by the impacts of HIV. More sophisticated poverty analysis and understanding of the vulnerabilities of all children (developmental, psychological and practical), which has occurred within the CARI initiative has led the discussion to move from a somewhat finite response to the problems of children orphaned

by HIV to a greater understanding of the varied reasons that may render a child highly vulnerable. CARI programme responses have responded to, and often informed, this policy trend. This is a valuable contribution of the programme providing important validation of the rationale.

In all CARI countries, over half of the population is under the age of 24 years. Over half of new HIV infections worldwide occur among young people between the ages of 15 and 24, with more than 60 per cent of this group being female. In southern Africa young women aged 15–24 years are as much as eight times more likely than their male peers to be HIV positive. Adolescents and young people face extreme vulnerabilities including high youth unemployment rates (67% amongst 20-24yr olds in Namibia4) and high rates of gender-based violence. These factors present challenges for young peoples’ life choices – about occupation, life style and sexual decision making. Whilst there has in general been a decline in HIV infection rates amongst adolescents, some areas remain a concern and need further attention. Botswana reports that 100 per cent of schools are providing life skills programmes yet less than half of youth report comprehensive knowledge about HIV transmission.5 It remains relevant to focus on the youth bulge in populations and their needs. Appropriate ‘care’ responses for children need to equally look at the drivers of HIV transmission for young men and women, boys and girls. Generally programmes admit that they are less confident in the domain of livelihoods and skills’ training that is a key focus for youth work. CARI programming has recognised the need to focus work towards age and gender specific vulnerabilities, to adapt responses in line with specific challenges faced by certain age groups or by women and girls. The review noted the extent to which some valid theoretical approaches had so far been translated into programming differently.

Alignment with community priorities, national and international strategies and policies

The CARI programme is grounded in a coherent framework provided by international and national policies, laws and conventions. All CARI country governments have ratified the UN CRC and the African Charter on the Rights and Welfare of the Child (although country level reporting has not been regular for all countries, for example in Namibia). National development plans recognise that if all children cannot access basic services, notably education and health, MDG targets will be missed. There has been investment in sector-specific ministries coupled with civil society advocacy on many of the MDG areas by a wide range of domestic and international stakeholders, notably access to free primary education.

From inception, the CARI programme encouraged a national appraisal of and response to the multi-faceted challenges facing HIV-affected and vulnerable children, starting with the Rapid Assessment, Analysis and Action (RAAAP) process undertaken in 2005. This strategic policy engagement continues as national plans, such as HIV sectoral plans, continue to evolve and there is emerging focus on social protection as a poverty alleviation mechanism in its own right. Policy engagement within the CARI programme is reflected in the progression towards social protection as an essential element of HIV impact mitigation. Development actors are encouraged to harmonise their interventions through the Paris Declaration. UNICEF has over the programme built constructive, more engaged relationships with other actors addressing child vulnerability and the impacts of HIV (for example, USG PEPFAR in all CARI countries; ILO in Mozambique; World Bank in Malawi, EU in Lesotho).

The State in all target countries is planning more strategically and scaling up resources to identify, register and provide essential services to vulnerable children and their families. The scope of work has widened, to include children vulnerable for a broader range of economic and social reasons. Consequently there will be challenges to adequately resource national plans. The move taken by UNICEF and many other players towards developing national systems of social protection is a positive direction that provides a measure of equity and broad inclusion of vulnerable children. It is one that the CARI programme has fuelled and informed; in particular many of the in depth studies of

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4 ILO data
5 Botswana 2010 UNGASS report
the quality of state services (be these grant mechanisms or foster/institutional care standards) have provided informed analysis that appears to have been relevant to the wider national child protection and child development debate.

Added value to existing responses

CARI offers the greatest value regionally in the area of child-sensitive social protection and the linkage of HIV-specific OVC interventions into a broader systems response that address economic and social threats to realisation of children’s rights. Social protection offers the potential for a rights-based and developmental approach that recognises all households as part of the same economy along a continuum, rather than an emergency response to short-term shocks or a welfare response to those who are dependent. This direction is endorsed by national government leadership, as demonstrated by the Africa Union’s Livingstone Calls for Action 1 and 2 in 2006 and 2008 that have specified core elements of a social protection system including child-focused measures.

This positive evolution in regional context and interest has been critical to some of the successes of the CARI programme. The CARI programme staff have also clearly actively inform and sustain this, providing technical insight and detailed evidence from in depth studies of activities to further the discourse. There are a number of social protection pilots within the CARI portfolio that can be used to interrogate effective approaches (for example, of the use of the cash transfers that benefit children in Namibia, South Africa and Malawi). This research has refined understanding of vulnerability, who exactly is most vulnerable and how cash transfer schemes can provide one part of the solution.

The growing emphasis within the CARI programme on strengthening social welfare systems is essential for social protection policy and programming, and also offers lessons in broader systems strengthening approaches in heavily HIV-affected countries. These lessons are useful across a range of sectors, including the health sector. CARI has increasingly focused on this area of work in partnership with others, notably PEPFAR, and longer-term partnerships for sustainable capacity building have been developed. The partnership has mobilised increased resources from the two partners and provided a level of consolidated learning within national social welfare ministries. Increasingly the programme has facilitated shared regional learning about some of the social welfare challenges and responses. The figure below represents the shift from child specific service delivery towards upstream advocacy that has taken place over the lifetime of the CARI programme.

Figure One: Diagram used by UNICEF Namibia to explain shift in upstream advocacy dialogue and policy debate over direct or indirect service delivery
rapidly on emerging policy issues when government delegates to international meetings saw their national peers showcasing similar examples. UNICEF has sought to add value to the national and regional policy dialogue by supporting study tours and parliamentary delegations to visit and learn about responses for children. A notable example is the exchange of policy and technical information on birth registration between Eastern and Southern African countries that has been supported through CARI.

From 2009 CARI extended its engagement on regional initiatives providing support to SADC on implementation of the SADC Framework for Orphans, Vulnerable Children and Youth and regional investment in PMTCT programming. The regional Supported Open Distance and Learning Initiative (SODL) also seems to offer an innovative approach to regional training and support for community-level auxiliary care workers. The progression toward a degree and diploma specifically in child and youth work that is informed by children’s and caregiver’s perspectives is providing recognition and coherence to a key skill set across the region whilst providing a career path for skilled but often unrecognised volunteers working with children.

UNICEF’s child rights mandate means that it should be bringing a focus on vulnerability and exclusion and ensuring access to care, protection and support for the most vulnerable. Whilst the examples above all do have demonstrable impact on increased access for vulnerable children, it might have been expected that there would have been more influence within policy engagement on issues of exclusion, reducing stigma (including HIV-related stigma) and marginalisation. The review team feel that this is an area where possibly a more explicit equity lens applied from inception of the programme and more sharing across countries could have delivered still stronger results for the most excluded children.

The programme was and remains highly relevant. It responded to an evident issue common to all countries across the region – the need to protect and care for the greatest part of the population that are children. The emphasis of current work – on social protection mechanisms that work for the vulnerable child – is relevant, as is retaining HIV sensitivity and focus on children affected by HIV for as long as there are high levels of prevalence in the community. Overall, the CARI programme was developed with a clear understanding of the external context and has responded to external changes in policy shift as well as informed and advanced this policy shift. The CARI programme has made a significant contribution towards the goal of improved wellbeing of orphans and children (OVC) made vulnerable by HIV, in terms of health, education and protection.

3 EFFECTIVENESS

Achievements at Output Level

A review of achievements under Outputs 1 through 3 and the regional elements of Output 4 show clear linkages between the four outputs and coherence within the logframe from output to purpose level. In this section the key results from each output level are summarised. The contribution of outputs to achievements at programme purpose level are addressed in subsequent sections (see Section 5: Impact) while broader observations about the implications for these achievements are discussed (Section 6: Sustainability).

Output 1: Strengthened Family and Community Based Responses

Scoring 2, likely to be largely achieved.

This output had the following objectively verifiable indicators and targets for the End of Project: (1.1) Improved linkages and referral mechanisms among civil society implementing partners and between CBOs and public sector service delivery sites; (1.2) Decentralised child care and support structures strengthened, operational and effective in 7 countries.

The rationale for this focus area at the start of the programme was the need to provide support to families and communities who take on most of the responsibility of caring for those affected by the
disease. HIV-affected children receive around 90% of their support from families and communities, who often get little or no external help.\textsuperscript{6} The activities in this area of engagement have largely remained the same over the course of the programme – ongoing strengthening of community responses and support for effective coordination and referral. This area of focus remains relevant and the central role played by families in caring for children affected by HIV continues to be a core priority. Whilst there is a growing recognition in the sector that responses to HIV should not just focus on individual vulnerable children and adults, but must seek to support families, this is not at odds with the community systems strengthening approach already undertaken by CARI.

Over the course of the five years, the programme has undertaken a number of approaches responding to the often varied national and local context. This variation includes the level of informal or formal community response to meet the needs of vulnerable children (for example, Malawi is a country that has had a strong and self-generated community response for vulnerable children and the programme has worked to strengthen these home-grown initiatives; whilst Angola had a very limited knowledge and level of action within communities for vulnerable children and very few services available). The organisation of some level of nationally recognised structure has often been a starting point for building the community response (for example, South Africa and Tanzania had nationally mandated structures that were expected to exist at community level although coverage was sparse and their effectiveness unclear. Other countries such as Botswana had no widespread or recognised ‘models’ of community support and referral).

However, in all countries the key areas of focus are identification of vulnerable children, appropriate care and support within their communities, and referrals for essential services. The work on identification of vulnerable children has had a positive impact in several ways. It has drawn attention to the issue of childhood vulnerability and this has led to increased recognition and response to vulnerable children. Investment in data collection has led to more information about numbers of vulnerable children and their needs. For example, in Angola CARI funding supported a mapping exercise at municipality level. The mapping process conducted in 28 municipalities (44% of total) directly identified 251,750 vulnerable children. This is an important first step, but it was critical in terms of longer term sustainability that UNICEF worked to build up national ownership of the process and has linked work at local level to national support for a response to vulnerable children. Now ten provinces of eighteen have Child Protection Networks at local municipality level (there were none in 2006) and local staff have been trained to identify vulnerable children. Findings are progressively introduced into local municipality plans to increase service coverage and the Ministry of Social Action now has a central database which is used for design of new public interventions and coordination of NGO potential projects. Elsewhere information gathering has been used to inform the design of new national social policy. For example in Botswana, where there has been long standing recognition of the impact of HIV on vulnerable children, over time work on identification has changed focus from an exclusive orphan focus to a more nuanced and ‘HIV-sensitive’ rather than HIV-targeted response in reaction to the growing awareness that ‘AIDS-specificity’ was stigmatising and not appropriate.

There has been considerable investment in the types of care provided at community level. In Swaziland, investment in the training and infrastructure of Neighbourhood Care Points has led to an increased number of children being reached with a growing number of skilled caregivers. These NCP have existed since the early 2000s as community-based drop-in centres for children both in and out of school. There has been substantial increase in the number of NCPs able to reach vulnerable children and importantly, greater clarity over their role in identifying, supporting and referring children. Over the course of the programme, UNICEF has worked with government departments and NCP members to support an NCP Vision document that spells out roles and enhances linkages with others. By the end of the programme, 38,000 children are receiving ECD support through 625 NCPs and an additional


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DFID Southern Africa: Children and AIDS Regional Initiative Project Completion Review

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104 permanent NCPs are being constructed and supported to become a more formal entry point for referral to services such as paediatric HIV care. From this base of modest support from UNICEF partially through CARI, resources are now forthcoming from government and large donors such as PEPFAR and the Netherland to scale up this structure in 2011.

In Malawi, UNICEF has supported the already existing community-driven initiative for community-based child care centres (pre-schools for 3-6 year olds) by supporting the development of a national CBCC caregiver training programme and rolling it out through a cadre of 276 trainers. By the end of the programme, government has conducted an assessment of ECD Training and a Comprehensive Plan/Framework for National ECD Training has been completed.

In terms of the referral function of these structures there are significant examples of increased referrals of vulnerable children through these community-based bodies, in particular increased referral of children entitled to child focused cash transfers with Community Care Forums supporting referrals by assisting eligible households through the bureaucracy. The Community-base Child Care Centres in Malawi made linkages to local cash grants (where available), access to health care and school. Support on succession planning (South Africa) and psychosocial support (many countries) have increased access to rights.

**Promising Practice: Providing Psychosocial Support Locally and Scaling Up Nationally**

A partnership in South Africa with Street Law, a prominent human rights and legal education association, has served to develop an extremely accessible course and materials on succession planning that have been developed locally but are now available nationally through integration into the national OVC plan of action. Training has been delivered to staff from DSD and other community organisations working with orphans in communities (both within and externally to formal CCF). Understanding of the law, preparation for loss and the safeguarding of orphans property and possessions (often of very little material value but immense psychological importance) has brought a tangible, practical solution for those working in communities and has helped to moderate the impact of death of a parent or principal carer.

This output addressed a current reality that is families and communities are responding as best able to the increased presence of orphans and other vulnerable children within them. Whilst CBOs and FBOs have organised to deliver care and support to orphans the range and quality of responses are not standard. Some good examples were noted of how UNICEF has worked with existing capacities and enhanced them whilst allowing community-based or driven initiatives to retain their independence and integrity yet be scaled up.

**Promising Practice: Early Childhood Development in Malawi**

UNICEF Malawi has had a consistent focus on Early Childhood Development (ECD) from the start of the CARI programme. UNICEF supported community-driven Community-Based Child Care Centres (CBCC) that already existed but were scattered, lacking resources and were of unknown efficacy. CBCC offer care and support to all children aged 3-6 years in the local area, in form of food, early learning and stimulation, play and socialisation, and preparing for primary school. The centres are run by trained leaders with community volunteers who have received basic ECD training supporting their work. There are emerging indications from some of the stronger CBCCs that they are becoming a hub for other family-based interventions (such as with one CBCC visited which provides space for homework and a library for children, space for monthly ART monitoring within the community, provides a number of disability support and prevention initiatives and runs a children’s corner for school-age children and adolescents).

CBCCs are open to all children, and are felt to reduce stigma and discrimination whilst still providing maximum benefit to vulnerable children as well as providing support to caregivers by providing child care support. CARI funds were used to work at a number of levels: direct support to a core group of CBCCs in order to provide quality services and upgrade the facilities to enable year-round activities and provide both outdoor and indoor activities; upgrading and support to a curriculum for training of CBCC volunteers;
By the end of the project, it is estimated that there are about 6,000 CBCCs in the country, of whom 3,000 are felt to be of reasonable quality reaching over 300,000 children, although it is a challenge to assess impact of the rest. The government has increased its budget allocation to ECD largely as an endorsement of the value of interventions demonstrated through evaluations and support provided through CARI. The World Bank has in the last year expressed interest in further funding in this area.

The success of this intervention has been assisted by investment in an initiative that is already community-owned, allowing rapid scale up that is not dependent on UNICEF funding and reflects community and family concern about the issue. There has been strengthening at all levels to ensure quality of care from volunteer training to monitoring and regulatory standards. The approach has the potential to provide holistic support to all children at the same time meeting the needs of the most vulnerable in a non-stigmatising way.

This output included investment in a range of communication activities at community level. AusAID and DFID previously recommended that UNICEF provides evidence of impact of communication activities on increased access to services and support for vulnerable children. The communications products seen by the review team targeted very varied audiences. Some countries invested in communication activities and public awareness campaigns e.g. Botswana, Namibia, Mozambique and South Africa. It is unclear from the reporting whether these are having impact on changed practice for children in communities. Short leaflets and posters developed in Namibia to raise awareness of child rights and state benefits appeared accessible – but were not found in a hospital birth registration site or Home Affairs registration point. The lack of clear expected outcomes (e.g. increase in service-seeking behaviour or increase in numbers of targeted adults and youth becoming involved in OVC/MVC support activities), in addition to the costs of undertaking representative evaluations, makes it hard to measure the impact of these interventions.

The review team, in considering this strengthened community response output, looked for examples of how UNICEF identified existing community institutions or approaches that were strong, partnered with strong players to demonstrate this and achieved scale up in numbers and quality. Whilst there are many good and interesting examples by the end of the programme there still remain a considerable number of ‘project’ activities, supporting individual CBOs or FBOs to provide services without the level of scale up and reach that might be expected after five years. Some of the smaller scale financial support to individual CBOs and NGOs to provide discrete service delivery does not convincingly demonstrate either strong lessons learned for scale up or efficiency in terms of quality of care. In a number of country offices, the focus in this output appears to be to channel funding for service provision through NGOs despite the impact remaining at small scale and without evidence that the individual NGOs or CBOs are linking comprehensively to a national network of referrals and support. The services delivered remain at small scale and not linked into a broader network of referrals. There appears to be a lack of understanding of the relative value of civil society providing particular types of service or working with particular communities or children, versus investment in enhanced government service delivery. Both of these critiques have been made in earlier reviews but remain relevant by the end of this programme.

There has been sizeable investment and in some countries strong achievements in terms of coverage and increased linkages. However, there appears to remain a big gap in terms of knowledge about what support is best provided by family and community members and when and how these vulnerable families can get referrals for local services. Uptake in a number of key issues, notably HIV treatment and support, has increased dramatically over the time frame although this appears to be delivered through sectoral interventions that are not attributable to CARI.

The multifaceted support needed to keep children safe and families resilient require linkages from community to household and then out to a number of different players within the community in order to provide systemic ways to reduce barriers and increase access to care services that reach children of all ages and both sexes. These must also identify particularly vulnerable groups of children at risk of abuse or violence, excluded from services because of discrimination or in need of culturally appropriate support provided locally such as spiritual or psychosocial care, reduction of child labour within a community. Where partnership through the CARI programme has helped increase the profile
of the organisation, to leverage additional funding and to showcase an effective approach this has helped to build the capacity within non state sector actors who may now continue to provide some sustained level of service delivery. South Africa’s support to the Isibindi model, below, has placed this model on the national agenda, allowing for replication/adaptation and scale up.

<table>
<thead>
<tr>
<th>Promising practice: Enhancing referrals for vulnerable children by promoting a strong model to scale up community initiatives ('social franchise')</th>
</tr>
</thead>
<tbody>
<tr>
<td>In South Africa the Isibindi model focuses on community based child and youth care workers and has been extended into all nine provinces to reach some 85,000 children currently. The project provides a range of support services, child protection interventions and educational support being the most frequent. The long term psychological care provided through a community volunteer (with small stipend) taking a sustained interest in vulnerable children in their family is outstanding. The practical support (access to grants, help with family budgets, balancing food requirements and ART adherence issues) is completed by emotional support for children living alone or with ageing carers who increasingly need to be cared for. The organisation has developed strong models for progression allowing families to graduate to more independent living with referrals to state provided services.</td>
</tr>
</tbody>
</table>

However, it is not evident that this analysis has been consistently applied when providing support to community-based services. UNICEF will need to have a greater understanding locally of the particular niche played by local associations. In the final year of this programme, UNICEF prioritised three areas for focused learning, one being an assessment of community-level care structures in responding to the needs of families and children as well as their capacity to refer cases to the public service delivery systems. This included a particular focus on the extent to which family and community care structures assist in pursuing the PMTCT acceleration agenda and facilitate referral of children that are in need of care and treatment. This is seen to be a very important area of focus. It is disappointing to find at the time of the final review that this piece of work was not yet completed.

In summary, there have been significant achievements in terms of capacity and scale, most notably where UNICEF has identified an existing strong partner and worked with them to strengthen capacity holistically. There is more robust data collection across the region about which vulnerable children are living where. This forms the bedrock of future community-based responses. It is hoped that a greater focus on the particular niche of non-state actors and continued focus on how to ensure effective referrals will further strengthen this area of work and continue to leverage state funds, directly and indirectly, into community-driven responses.

### Output 2: Increased Access to Essential Services

This output had the following targets for the End of Project:  
(2.1) National service delivery guidelines, standards, curricula, and manuals (including community based work and PSS) established, disseminated and implemented in 9 countries;  
(2.2) Countries assisted to remove barriers to access to education for OVC, with a decrease in the number of out of school children in 9 countries;  
(2.3) Effective and decentralised birth registration systems strengthened and decentralised in 8 of 9 countries;  
(2.4) At least one service delivery or social transfer pilot scaled up or included in national strategy in all 9 countries;  
(2.5) Increased coverage, quality and capacity of child protection services measured by increased coverage of public sector child protection service providers;  
(2.6) Numbers of children in need of ART receiving ART increased by 100%,  
(2.7) Coverage of life skills education youth and vulnerable children measured by increase by 15% the number of children having comprehensive knowledge of HIV prevention.

Scoring 2, likely to be largely achieved.

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7 This analysis is seen to link well to a global evaluation on the impact of community child protection structures that is being conducted by UNICEF ESARO, Save the Children and others. This global evaluation is building on an existing survey of community child protection structures that has already been finalised: Wessels, M. 2009. *What Are We Learning About Community-Based Child Protection Mechanisms? An Inter-Agency Review of the Evidence From Humanitarian and Development Settings*
The scoring has been judged not merely on the quantitative achievement of targets, which have been surpassed in general, but on the extent to which this increased access is sustainable and addresses some of the primary issues of vulnerability faced by children in the nine CARI countries. The increase in numbers of children accessing direct services is commendable and has surpassed the targets. The review team finds that there have been substantial achievements in access to a number of key essential services that can be significantly attributed to the work undertaken by UNICEF with CARI funding. More significantly, it is felt that there is evidence of linkages across and within service provider sections leading to a greater efficiency and ownership of the process.

As noted in the Year Four review, CARI provides a strong base for UNICEF’s key role in advocating for and ‘ground truthing’ child-sensitive social protection approaches. Some of the most significant aspects of this work are the gains in embedding responses, especially cash transfer and child protection, within government-owned and increasingly government-funded national systems. This is complemented in the policy work discussed under Output 3.

The focus of this set of interventions was to increase access to a comprehensive set of services for vulnerable children that broadly fall into basic services such as health and education, child protection and social protection. Approaches were similar across the nine countries, even bearing in mind the different policy and resource context – capacity building support to government service providers, specific financial and technical support to ministries to develop a system from top to bottom and in several instances, research and evidence building to inform service design or to support advocacy in order to increase service provision. At the design stage, activities tended to focus on discrete areas of service provision. Over time, the linkages between services and the broader understanding of vulnerability have influenced the activities.

Key achievements in this area are the activities that speak to the following indicators: effective and decentralised birth registration systems; piloting of innovative models for government adoption, with a focus on social transfer schemes; and child protection services.

Birth registration is for most children the ‘key to the door’ for access to many other essential services, such as health or school. Equally importantly, a birth certificate will be an important document for transition to adulthood. The absence of a birth certificate can restrict access to formal sector employment, further education and movement of passage and enhance the ability of vulnerable children to move out of the cycle of exclusion and poverty. Across every country in the CARI programme, birth registration rates were low at the start of the programme and substantially increased by the end.

This strongly contributed to the purpose level indicator: percentage of children whose births are registered and captured on strengthened vital registration systems as demonstrated by the following data set:

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>2006</th>
<th>2010</th>
<th>% increase</th>
<th>Achievements over CARI time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>29</td>
<td>31</td>
<td>7</td>
<td>Policy for free BR for under 5’s; capacity development</td>
</tr>
<tr>
<td>Botswana</td>
<td>58</td>
<td>72.2</td>
<td>24</td>
<td>Draft Action Plan and communication strategy developed and; new BR system launched at decentralised levels.</td>
</tr>
<tr>
<td>Lesotho</td>
<td>26</td>
<td>45</td>
<td>73</td>
<td>(No policy on registration in 2006). Hospital based BR facilities expanded to 13 hospitals.</td>
</tr>
<tr>
<td>Malawi</td>
<td>0</td>
<td>0</td>
<td></td>
<td>National Registration Bill passed (No policy on registration in 2006). Hospital based BR facilities expanded to 13 hospitals.</td>
</tr>
<tr>
<td>Mozambique</td>
<td>8</td>
<td>31</td>
<td>287</td>
<td>(No policy on registration in 2006). National Birth Registration</td>
</tr>
</tbody>
</table>
campaign concluded, routine registration system enhanced

<table>
<thead>
<tr>
<th>Country</th>
<th>2008</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Namibia</td>
<td>67</td>
<td>67</td>
<td>-</td>
</tr>
<tr>
<td>South Africa</td>
<td>78.4</td>
<td>85.4</td>
<td>9</td>
</tr>
<tr>
<td>Swaziland</td>
<td>53</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Tanzania</td>
<td>21</td>
<td>21</td>
<td>-</td>
</tr>
</tbody>
</table>

Routine registration consolidated in 63 districts and 39 districts support service delivery.

Hospital based birth registration in 8/11 major health facilities—through building partnership with Registration and Hospitals

Systems strengthening of the Government section on registration including identifying lessons learned and development of acceleration strategy

Note: Data provided at purpose level reflects the most recent national data, often from DHS. UNICEF country offices state that there is likely to be a significant increase the next time that data is collected, in part because of efforts to enhance data collection. It is again noted that the use of national-level data in the project remains lacking in the aspect of providing appropriate sources and citations.

Although birth registration was mandatory in all countries except Malawi, Mozambique and Namibia, in practice uptake was low and there were few resources, limited focus on this area and numerous bottlenecks. Birth registration was under one in three children in five of the nine countries, and in three of them—significantly those countries that already had some form of grant that required a birth certificate to be eligible (Botswana, Namibia and South Africa only reaching two in three children).

Using CARI resources, UNICEF supported national agencies and ministries responsible for birth registration to develop legislation allowing for free birth registration (Angola, Malawi, Namibia, Mozambique) and provided technical support to review bottlenecks (Botswana) or to facilitate an easier system of application (Lesotho). In all of these countries, support for research or legislation was complemented by communications strategies or awareness training and mobilisation. The immediate results have been dramatic. In Mozambique, a catch up and mobilisation campaign had led to 4.2 million children being registered by the end of 2008 (40 per cent of the total number of eligible children) with a cumulative nine million children registered by the end of 2011. All countries now have legislation and policies for free birth registration. In several countries there has been significant investment in technical capacity for ongoing birth registration, such as support in Tanzania to the National Vital Registration Transformation Project which is being implemented at national level and piloted in UNICEF’s learning districts, and inclusion of birth registration within schools in Swaziland. Where birth registration was already fairly high, UNICEF has supported a closer analysis of the work to see how to reach those who are marginalised. For example, South African research was undertaken which showed that overall high birth registration rates mask areas of lower than 60 per cent registration, leading to technical support to enhance coverage and increase uptake of birth registration particularly amongst children under twelve months. The ownership and investment in birth registration has been largely non-CARI funded and it is felt that a relatively small level of resources have been used strategically to support policy and systems development and able to mobilise support from the relevant government ministries.

Promising Practice: Ministry Partnerships to Increase Birth Registration

In Namibia, UNICEF supported the establishment of a mobile birth registration campaign in 34 major hospitals (over 95 per cent of all deliveries are hospital-based), accompanied by, registration in Home Affairs offices and a mop-up campaign for hard-to-reach children and locations. UNICEF provided some resources and technical support and played a role which was catalytic whilst ensuring full ownership and leadership by government ministries. From the start, a partnership was forged between the Ministry of Health and Social Services and the Ministry of Home Affairs and Immigration to ensure follow up. However, it was always mindful of the need for this support to be strategic if...
minimal and it was restricted to basic infrastructure required to conduct mobilisation campaigns plus training and awareness raising.

By the end of the first year of implementation 109,700 children were registered and received birth certificates. A learning tour to South Africa was an important element of the work, providing linkages between government ministries. Significant results have included the electronic database input of all birth and death registration records linked to the National Population Register; finalisation of a contract to computerise birth and death certificates; continued scale up of birth registration facilities in hospitals (8 - 13 in 2011) registering 17,284 children; scale up from 18 to 22 sub-regional offices, and two further learning exchange visits for the Ethiopian and Tanzanian Governments.

Another core area of access to essential services is the growing focus on social protection, and the contribution made by UNICEF to child sensitive social protection responses. Interventions have included support to pilot cash transfer schemes that have provided a robust evidence base about what can be done to reach poor and labour-constrained households. Well-timed research interventions on existing government-funded social protection schemes have highlighted how to reach the more marginalised and excluded children and increase primary school attendance as well as access to other services.

This area of work marks the biggest shift in approach over the period of the CARI programme and resonates with the external environment, in which social protection is becoming more accepted as a core poverty reduction and economic development issue in both the upper middle income countries but also in lower income countries. In 2005, only two countries in the region had some form of national social protection mechanism that explicitly reached children through child-focused grants – South Africa and Namibia, with some less direct or small scale interventions in Botswana and Mozambique. In a range of diverse countries, programmes started to introduce pilot cash transfers, including Angola, Lesotho and Malawi. Actual coverage has been impressive: In Angola, a pilot cash transfer scheme is reaching 1,823 families and results from the pilot have informed a Social Assistance Bill whose passage through parliament is imminent. In Lesotho, UNICEF has provided technical support for a pilot social cash transfer scheme funded by the EU that in the first pilot phase is reaching 4,523 vulnerable households caring for 13,705 children. Lesotho has already introduced a universal old age pension scheme and it will be interesting to evaluate potential benefits or overlaps with this scheme. In Malawi the pilot scheme has so far led to one of the most substantial results. The grant is currently directly transferring cash grants to a total of 28,138 households and 106,534 individuals of which 67,887 are children.

Whilst the social cash transfer pilots have themselves been implemented and included in national strategies in all nine countries, which was the EOP target, what is most important is the linkage between these schemes and a broader social protection framework. In Mozambique, after a recent shift in government attitude toward social transfers, UNICEF is supporting enhancements to the Food Subsistence Programme, which largely reaches elderly and disabled households, of whom a large proportion are caring for vulnerable children. Angola, Lesotho, Mozambique and Tanzania have all started to increase cash transfer schemes either directly or indirectly (e.g. through old age pensions) that are known to benefit vulnerable children.

The use of resources on social transfers appears to have been strategic in approach and timing. In Malawi, for example, funds have only been used on the evidence-building and capacity-building elements, including support to the Ministry of Development Planning and Cooperation to provide policy direction and oversight and to the Ministry of Gender, Children and Community Development for the secretariat in the day to day management and operations of the cash transfer. District Assemblies that are responsible for implementation of the SCTP were provided with essential supplies such as transport and IT. The scheme will receive incremental increases in government allocation, as well as having generated support in the form of €200 million from the German government.

The approach in countries that already have government schemes has been to provide a critical equity and efficiency lens. In South Africa, a number of research studies have been supported and
have informed policy and advocacy processes, including successfully lobbying for an increase from an upper age limit of 7 years to 14 years and now 17 years starting in April 2011, with the civil society network, ACESS, leading the work. UNICEF has provided technical and research support to the agency for delivering the child grant, including a qualitative and quantitative evaluation of child the grant in 2011 that will be used to identify blockages in uptake as well as monitor the impact on a range of both economic and social issues for recipients. The number of children benefiting from the Child Support Grant in South Africa is now 10,506,886 children and will increase further in 2011. The impact evaluation has extended coverage to two million eligible, but excluded children and provided greater information about how to reach families who are eligible but not benefiting. In Namibia, a number of reviews of the Child Welfare Grant, a government mechanism for targeted cash transfer, has identified key strengths and weaknesses of the grants in improving OVC access to critical services. One major recommendation implemented was the equalization of grants to all children in one household (now N$200 for each child). This resulted in an 82% budget increase of the grants from N$ 202 million (USD 29 million) to N$ 367 million (USD million) in one fiscal year. One finding was that almost half of all income received by poor families was being used to pay school costs. This has been taken up by UNICEF as an advocacy strategy and the Ministry of Gender Equality and Child Welfare is now discussing the implications of this with the Ministry of Education. This is a good example of using evidence to inform and advance benefits for children.

The activities under the indicator on child protection have yielded sustainable and substantial results in investment in strengthening the social welfare sector, in terms of numbers of personnel, cadre and technical skills. UNICEF has partnered with USAID/PEPFAR to support capacity strengthening of the social welfare workforce (see box below). Both Malawi and Tanzania have given particular emphasis to the point at which child protection services are coordinated at local level. In Malawi, a new post at middle management level has been created in District Assemblies raising the profile of child protection and social welfare and the community-based cadre of Child Protection Workers is part of the national response. Of the 800 trained, 300 have been absorbed in the government pay roll and at completion of the project, UNICEF is confident that at least the majority of the remaining 500 will be so in the next couple of years. Tanzania has focused in integrating child protection into district responses and is mapping the child protection scene which will inform a forthcoming social welfare strengthening. The challenge of working with one of the least resource ministries, both in terms of finance and personnel, remains strong but this approach, in partnership with PEPFAR as the other key player on OVC in the region, is yielding very positive results.

Promising practice: Social Welfare Systems Strengthening in Namibia and Malawi
In 2007, Namibia’s Ministry of Gender Equality and Child Welfare (MGECW), USAID, and UNICEF conducted a detailed human resources gap analysis to determine whether MGECW had sufficient resources to respond to the needs of OVC. The analysis showed that resources were insufficient. MGECW used the study findings to petition the Government of Namibia for a substantial staff increase. As a result, 100 new positions were created at district level.

Malawi’s Ministry of Gender, Children, and Community Development (MoGCCD) requested support from UNICEF and USAID to build a more effective social welfare system. This was done through an initial human resource capacity review which led to a comprehensive plan to strengthen the system, leverage additional resources for child protection from the central government, and introduce new policies and activities. Notable results include upgrading of the social worker training college for social workers, including physical improvements and also accreditation to support a career path and staff retention.

Lesotho, Namibia and Swaziland have all supported interventions that seek to respond to gender-based violence as part of their child protection programming. Funding has been provided to provide child abuse help lines for children and to strengthen protection of women and children within the police forces. Whilst too early to demonstrate impact of these services it is clear that some children are using these services and, especially in the case of Swaziland, the Child Protection Units present in all police stations are linked to a friendly court system that started in 2008 with UNICEF technical assistance; funded and staffed exclusively by the Ministry of Justice. This is linked to protection database development that is being used by all key players (community protection workers, social...
workers, the police and justice departments). Whilst these interventions are emerging, the risk remains of them not being fully absorbed into a broader systemic response when they remain individual civil society projects without linkage and resourcing into the broader system.

In terms of access to essential services, there are some areas of activity where the impact is less evident and this seems to be where there has not been an explicit focus on vulnerability and exclusion or, in the case of removal of barriers to education, where there has been enormous progress but the scale of the challenge and response is so great that it becomes hard to identify the small input from the CARI interventions as forming part of the success, although it is clear that there has been success.

In relation to the work on education, UNICEF has supported ministries to analyse data and provided increased school take up indirectly through an expanded cash transfer scheme. However, it remains unclear to the evaluation team of the extent to which this has been taken further to explore the issues that the most vulnerable children face, including the differential access to education for girls and boys at secondary level. The introduction of free primary education in most countries has not led to universal primary school attendance and this analysis, whilst starting in Namibia for example (referred to above) or a forthcoming review of school barriers in Lesotho, is still lacking. Similarly, whilst UNICEF is a core player in HIV prevention for children and in PMTCT and paediatric care, and the significant increase in access to PMTCT and paediatric HIV that is noted at purpose and goal level does include UNICEF contributions. However, it remains disappointing that CARI funds were not used to draw on the links between childhood vulnerability and these two areas in particular. The opportunities for referrals to HIV at community level were picked up in Swaziland in the final extension year and the programme is piloting identification and referral of HIV-positive children through neighbourhood care points. The importance and value of using community-based systems as hubs for referral has been commented on further under the previous output and the possible unmet potential for unmet referrals is noted here.

Overall, there has been significant achievement under this output, and whilst the overall statistics on increased access to, largely, government services cannot be directly attributed to CARI, there is compelling evidence that CARI has contributed to these results significantly. This is felt to be through the use of targeted research and capacity-building of government ministries in a way that is sustainable (funds largely being leveraged from government sources themselves or longer-term bilateral funds; establishment of systems and procedures within national systems). There is also an emerging recognition from the UNICEF reporting that, as essential services reach coverage at scale, UNICEF’s role is to focus on equity. The interventions on issues such as barriers to education and lack of uptake of available cash grants are indication that this is becoming a greater focus within UNICEF in the CARI countries.

**Output 3: Strengthened National Policy, Planning, Monitoring & Coordination**

This output had the following targets for the End of Project: (3.1) NPAs implemented and performance reviewed in 9 countries, (3.2) Government sectoral policies and plans (health, education, child protection/social protection/ social welfare) that address the rights of OVC were expected to be in place, implemented, and supported by effective monitoring and evaluation frameworks., (3.3) National programme performance indicators and baselines on OVC programming operationalised in national and decentralized M&E systems in all countries, (3.4) National coordination mechanisms demonstrably functioning more effectively in all countries, (3.5) National Coordination mechanisms established and demonstrably functioning in all countries, (3.6) Legislative environment and parliamentary oversight to meet the needs of OVC with all countries scoring at least 80% in OPPEI legislative review function, (3.7) Forums for enabling child participation in policy and decision making established and functioning in all countries.

Score, 1, fully achieved.

In terms of the overall design and coherence of CARI, this output is central. Delivery of essential services and support of children within their own communities are only possible at scale and in a
sustainable way if support through government and non-government means exist within a regulatory framework, have a sustainable stream of resources to support implementation, have oversight and coordination mechanisms, and have a workforce with the full complement of skills placed in the right places.

UNICEF has increasingly recognised this and it is in this output that the most tangible and long-term outcomes can be seen. It is also in this area of engagement that the real ‘added value’ of the multi-country, multi-year programme approach is best appreciated. The progression from a focus on AIDS orphans to wider targeting of diverse vulnerable children is a more comprehensive response to a fuller range of child rights and needs. This gain in terms of the policy debate allows for discussion of how to best fit the needs of a broad range of vulnerable children within national targets and frameworks and to secure resourcing via sector budgets for education, health and social protection which were a particular focus for this programme.

UNICEF has used a similar approach across all countries, even though the national context in terms of openness for policy engagement and levels of resourcing vary significantly. The CARI programme was designed at a time when UNICEF had led the Rapid Assessment, Analysis and Action (RAAAP) process within all countries in the region. As the initial project proposal states, ‘Rapid assessments and the development of National Plans of Action for OVC (NPAs) were initially instigated by UNICEF and partners to catalyse a response to the UNGASS 2001 declaration. However the process quickly developed local momentum and country ownership. The national plans of action currently stand as separate planning and budgeting exercises. The project will work to integrate the plans into wider development processes and downwards into sector plans and budgets. The intention of this proposal is not to finance the NPAs, but to facilitate their execution, by putting in place the essential systems and human infrastructure.’ The work therefore explored monitoring and coordination of NPAs as well as linkages with specific sectoral areas.

It is in this area that it is possible to see a substantial level of achievement. UNICEF has actively used CARI (and other) funding to advance the policy debate. It has remained at the centre of ongoing policy debates, contributed to ongoing discussion, as well as responded promptly to external changes in the environment in several fields.

The results are evident. In 2005/6, there was in general a weak policy environment for vulnerable children. The global scoring mechanism coordinated by UNICEF and other partners, the OVC Policy and Planning Effort Index (OPPEI) found that overall scores were low with several countries having no plan for children in place and very few having a regular coordinating body or child-friendly legal framework. By the end of the programme, all countries have some form of national plan with a focus on vulnerable children (NPAs or equivalent) but have also advanced substantially on the development of broader, more comprehensive plans of action for all children, taking a range of vulnerabilities into account.

By 2011, the following countries have all introduced comprehensive Children’s Acts or Bills: Botswana, Malawi, Namibia, Swaziland (2009); Tanzania (2010). Lesotho’s Children’s Protection and Welfare Bill will be enacted in 2011, after ten years of development and advocacy. Whilst Angola still does not have an MVC or children’s act or policy as such, there has been substantial progress on policy and legislation development on alternative care for MVC and the development of a National

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8 The OPPEI is completed by national governments and uses ten core indicators recommended to countries by UNAIDS to monitor the implementation of their national response for OVC. The index assess progress on eight components that are required to create an enabling environment for an appropriate scaled up response at country level. These eight components of the response are national situation analysis of OVC; consultative processes; coordinating mechanisms; national action plans; policy; legislative review; monitoring and evaluation and resources. (UNICEF, 2009, Progress in the national response to Orphans and other Vulnerable Children in sub-Saharan Africa: The OVC Policy and Planning Effort index (OPPEI) 2007 Round.)
Policy on Social Assistance that will hopefully integrate key components of the MVC NPA. South Africa had a substantially revised Children’s Act adopted in 2010 that provides clear and integrated guidance on child protection. Full implementation of such broad policies requires comprehensive funding for social welfare ministries and links with the social welfare systems strengthening work that is evident in Output 2. Over the course of the CARI programme, there has been discussion and reflection across the UNICEF country offices about the value of investing in specific NPAs for OVC and/versus more generic Children’s Acts. This discussion continues actively and has proved to be a useful forum for debate about economic and social policies and interventions that best meet the needs of the most vulnerable children and their families.

Alongside the child-specific plans, there has also been progress on some of the key sectoral plans and policies that are necessary for children to access services, as the table below indicates:

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>2006</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>11 Commitments Plan for all Children addressing sectoral areas in place;</td>
<td>Draft ECD Policy; Policy on prevention of institutionalised children</td>
</tr>
<tr>
<td>Botswana</td>
<td>National Development Plan addresses OVC</td>
<td>Developing Social Development Policy;</td>
</tr>
<tr>
<td>Lesotho</td>
<td>Guidelines and standards for residential care; Social Welfare Policy; PMTCT and Paediatric HIV Scale UP Plan in place</td>
<td>HIV Prevention Policy; Education Act</td>
</tr>
<tr>
<td>Malawi</td>
<td>National HIV and AIDS Plan and National Development Plan that address OVC issues;</td>
<td>Health Sector Plan review included address on Social Welfare Workforce - Health Extension Workers approved. Draft Social Protection Strategy in place</td>
</tr>
<tr>
<td>Mozambique</td>
<td>National Education Sector Plan and National HIV AIDS Plan that address OVC issues in place;</td>
<td>Multi-sectoral National Council for Children has been established</td>
</tr>
<tr>
<td>Namibia</td>
<td>National HIV and AIDS Strategic Plan; Education Sector Strategic Plan;</td>
<td></td>
</tr>
<tr>
<td>South Africa</td>
<td>National HIV and AIDS Plan that addresses HIV-affected children</td>
<td>Review of National Strategic Plan of Action for HIV;</td>
</tr>
<tr>
<td>Swaziland</td>
<td>Education, HIV, Health and Social Welfare Sectoral Plans all address issues of OVC</td>
<td>Children’s Policy; Education Policy; Social Development Strategic Plan (2010-15) and Food and Nutrition Strategy.</td>
</tr>
</tbody>
</table>

UNICEF has played a significant role through strategic use of focused technical support, commissioning of supporting research and often playing a facilitation role between key government
and non-government partners. In some cases, the close working relationship between permanent
secretaries and senior policy makers in the social welfare / children’s ministry is evident and has
contributed to progress on national policy and planning. Countries have commissioned work to fill in
significant gaps, such as the review of alternative care in several countries (Namibia, Malawi,
Swaziland, Lesotho).

A particular role highlighted by other stakeholders in the field visits has been the convening role
played by UNICEF between different government ministries, between government and civil society,
and a range of development partners. A key focus of the work has been to facilitate multi-sectoral
coordination. It has remained a constant and understandable challenge to demonstrate the impact of
these bodies. However, two significant achievements can be identified: firstly, there is a growing move
from national to district and local coordinating bodies on the practice delivery of results, as reported in
Output 1. For example, in Tanzania the new initiative to hold joint coordination field visits between
different players is leading to greater visibility at district government level, where budgets can be
allocated; second, the evidence of growth of national policies and an increase in the number of key
ministries talking to each other indicates that there is a high level of coordination for specific purposes
and at strategic times.

In all countries, UNICEF with other partners has invested in national data collection systems and
support for the use of this data. This has included support to MVC mapping across all provinces in
Angola, development of standard OVC data collection tools in Mozambique, development of national
databases on vulnerable children in Tanzania and Lesotho. Where data collection is already relatively
strong at national level, such as South Africa, UNICEF has provided support to enhance data
analysis, through cost effectiveness surveys for example. This does still remain a challenge, however,
and it is hoped that with the advent of more comprehensive policy frameworks for vulnerable children
and for social protection that the focus on M&E can move from collection of basic data on numbers to
more effective use of data for allocating financial and human resources and for measuring the impact
of service provision on children’s and families wellbeing.

As part of UNICEF’s convening role, and in the spirit of rights-based programming, child participation
is considered an important element of the response. It is only when boys and girls of all ages have a
chance to inform the programme that programming becomes relevant; often, when vulnerable
children are asked about their own priorities and preferences, there are substantial differences
between adult and child. In two of the nine countries there has been a constant focus on involving
children. UNICEF Angola has facilitated child and youth participation in local Child Protection
Networks with the view to increasing their participation upwards. UNICEF Tanzania has developed
national child participation toolkits and are supporting the implementation of the national policy for
Junior Councils who work as part of the decentralised governance and administration structure. In
Namibia and South Africa there has been support for substantial child participation in the Children’s
Act/Bill policy process. However, the voices of boys and girls remains largely absent from the CARI
programme reporting mechanisms.

In summary, the review team consider this element of the work to have been extremely successful, by
responding to the external changing context and understanding of children’s vulnerability UNICEF has
contributed a level of knowledge to this area and doing so in a way that has strengthened government
commitment and engagement with children. Without the successes in this area, it would be hard to
see that there would be sustainability or greater leverage of funds from other players for ongoing work
with vulnerable children. The policy gains are a durable milestone left after completion of the CARI
programme.

9 See for example Loewenson R et al. (2008). Review of links between external, formal support and community, household
support to orphans and vulnerable children in Zimbabwe. Technical report, Joint Learning Initiative on Children and HIV/AIDS.
Neither this review nor others that are similar have brought out differences between girls and boys or between children of
different ages.
Output 4: Regional policy interventions

This section addresses programmatic and policy elements of this output. Management aspects and gender elements are discussed separately (Section 4. Efficiency). The issues discussed here also link closely to the work undertaken by country offices under the other three outputs and reference has previously been made to the regional deliverables under relevant outputs. This section comments primarily on the regional ‘added value’ that this area of work contributes. This element was added at the logframe at redesign stage in 2008 to acknowledge that whilst much of this work was underway previously, it was not being reported on to DFID and AusAID. Therefore activities have only been reported on in the last two years.

The end of project targets are: (4.1) Capacity of regional institutions to respond to children and AIDS is improved. This was expected to be found in form of a SADC minimum package and OVC service standards; an EAC level Memorandum on children, AIDS and social protection; RIATT to have completed mapping of regional support for child sensitive social protection and developed a knowledge management strategy; within UN systems RIATT would lead more harmonised inter-agency programming, (4.2) One Regional institution strengthened to deliver quality training for social workers, care givers and volunteers – with specific target of 1000 national level para-social workers trained in 7 countries; academic materials developed for regional diploma and degree courses, (4.3) Evidence from CARI programme to inform regional/global practice on OVC/CABA. Specifically three thematic papers on Community Care Structures; Scaling up Child Sensitive social protection; and Best Practice in supporting OVC multi-sectoral responses were expected. Regional communities of practice were expected to develop in at least 2 areas including child sensitive social protection; a Meeting of African Parliamentarians was to be held to disseminate key evidence in relation to children and AIDS; at least 2 exchange visits between country programmes.

One of the most impressive findings is the regional consolidation and capacity strengthening of community workers. CARI funds from AusAID have been used to support the Supported Open Distance Learning (SODL) certificate course for youth and community workers (see box below). This offers lessons for a range of human resource development initiatives focusing on community-based or auxiliary social workers. By 2011, after one pilot course successfully completed there are now new initiatives moving forward on a similar curriculum and the initiative is supporting communities of practice across the region. The Community Based Work with Children and Youth Certificate is being scaled out to over 1,000 new students in 10 countries, of which five are to be provided through local academic institutions. In these countries, in-country accreditation is being sought. Preliminary steps are being taken to develop a diploma and/or degree in the same field and REPSSI and African Centre for Childhood (ACC) are developing a certificate for teachers on care and protection for vulnerable children. As part of the linkages with local academic institutions, ACC has developed a participatory capacity assessment tool to use with potential academic partners. There are signs of a growing ‘community of practice’ between graduate students in countries but also between the academic institutions that are starting to teach the course, most of which are the national social work training institutions. It was noted that this is a particularly relevant approach in a region where several countries have very small populations so there is a cost-effective component to this approach, in addition to the other benefits of cross-regional learning and peer support that have been noted.

Promising Practice: Developing the Capacities of Carers of Vulnerable Children

The Supported Open and Distance Learning Initiative of UNICEF, REPSSI and the University of KwaZulu Natal (through the African Centre for Childhood) provides an exciting and innovative approach to developing the capacities of carers of vulnerable children in the region through the provision of a recognised qualification. The preparation for the work started prior to CARI but the funding has enabled sufficient investment in the programme to deliver some impressive results in terms of numbers trained and growing regional recognition of and investment in this cadre of community-based workers. The programme is a “situated and supported open distance learning” run across 10 countries in the region. The curriculum was developed by local professionals. In the pilot
stage, 553 students and 49 mentors and mentor supervisors identified in 8 countries. 85% of these students completed the course and the process is generating enthusiasm about an effective model for capacity building of community level workers.

A particular feature recognised in the 2010 evaluation of the course is the well-designed materials and the decentralised student support model, in which 'communities of learning' were created through learning mentors in all countries. For people who have not studied for some time, the chance to get learning support but also exchange ideas with a range of individuals working with the same children but through different focuses has been very useful.

The programme has provided a career path for many, for example in Swaziland ten graduates have now been employed by the government. “I used to round up the street children. Now I talk to them, I am their friend” – Policeman in a Child Protection Unit, Zimbabwe. “I draw a picture - It is as if the children are in a pit. The way we used to work was to give them things – food, clothes – but leave them in the pit. Now I realize that we need to help children to climb ou and do things for themselves.”

Current Student, Swaziland

An area of focus to create regional added value is the engagement with regional economic bodies, SADC and the EAC. UNICEF ESARO has engaged with SADC on a number of technical issues and SADC has produced the regional OVCY framework and business plan. However, in practice it was unclear to the review team what is the current status and level of UNICEF engagement.

The value of a uniform policy framework is important and it is particularly valuable to have a focus not only upon children but on recognising the transition from child to youth – adolescence is one of the points of transition and most vulnerability for both girls and boys. The role of SADC in relation to children is arguably most important in terms of facilitating exchange of good practice or norms – a very robust but simple framework of essential package of care and support could be a useful tool to inform national policies and operational plans. SADC’s ‘children's desk’ continues to be externally funded and it is generally acknowledged that the social sectors within SADC lack the influence that some of the more economically-aligned sectors do, such as trade or finance. SADC has limited internal expertise and most of its policy work is subcontracted. There seems to be a risk with the standards that it is likely to be a product produced by the subcontracted entity without sufficient robust evidence and regional ownership to generate buy in. Unlike some of the other areas of regional added value, described above, the engagement with SADC seems to have occurred largely without the exchange and linkage with country offices and their partners that could maximise the potential that SADC can offer in terms of regional added value.

The CARI programming has shown the positive impact that country exchanges can have. SADC forums and mechanisms is one way to facilitate such peer learning. However, whilst there has been some excellent peer exchange between different countries on specific technical issues this does not appear to have happened within SADC. There has been some work with parliamentarians and it is possible that this approach has linked to the work undertaken at national level with parliamentarians. This is an area of work that UNICEF undertakes well.

UNICEF has provided a secretariat function for the RIATT on children and AIDS. Whilst UNICEF acknowledges that there continue to be ongoing tensions between UNICEF’s core role and that of hosting a network that is shared and led by a range of stakeholders, there are a number of useful outcomes from this investment. It has in general provided a useful forum for shared learning and policy development and continues to provide potentially useful opportunities for information sharing. RIATT’s links upward to the global IATT provides a strong voice into global policy work from the most HIV-affected part of the world.

Overall, the regional elements of the programme have filled in some of the important pieces of work that complement country-level work. The three commissioned pieces of work that have not been completed by the end of the extension year should be pursued as they will be useful contributions to the policy debate. However, the particular added value of engaging regionally is less evident than the support between countries that has been highlighted as one of the strengths of the CARI multi-country programme. The review team acknowledge the constraints that exist in terms of regional
management of the programme in the absence of management authority over workplans and budgets at country level and the overall value of the regional pieces of work remain less clear than the convening and information dissemination role that ESARO has played. Much of this information cannot be quantified and attributed but the review team get a strong sense that there has been regional added value and this is recognised in more detail elsewhere in the report.

4 EFFICIENCY

This criteria seeks to determine whether the activity was managed to get the most out of inputs, how economically sources/inputs are converted to results/outputs and whether strategies were implemented in the most efficient way possible. The analysis covers two broad areas within the terms of reference for this review: governance and management arrangements; and risk management.

Governance and Management

Overall management arrangements have evolved constructively after a slightly difficult start. Governance and management arrangements (between UNICEF, AusAID and DFID; and between ESARO and Country Offices) appear to have been appropriate in terms of reporting and shared learning, and effective in delivering an evolving response to an ongoing need, with some important spin offs in the social protection policy arena. The need for results based reporting to the donors was greatly facilitated by the development of a joint, refined logframe (in 2008) with reporting against output level indicators. The conduct of joint review missions during the final two years of the programme has helped to promote joint analysis and learning. In general it has been noted that the implementing partner (UNICEF) found the review processes informative and to have helped catalyse some new emphasis (such as work across the piece on efficiency of cash transfer models). The review team also noted the informed and constructive discussions held with country level staff during the final review meeting. This appeared to be indicative of engagement with the very real challenges and a willingness to confront and revise approaches where this is indicated by promising practice elsewhere.

The relationship between the ESARO Office and Country level delegations is one of technical support and oversight but not management and overall responsibility for programme delivery. The role of the regional office has been important in facilitating regional learning; sharing practice; organising study tours and learning visits. Also in managing the relationship and reporting to donors. This fact of the UNICEF modus operandi was established from the start of the programme; however it nevertheless contributed to some challenges. There were periods when procedures for internal monitoring, re-planning and rescheduling of resources have been protracted and pace of programme delivery has slowed. This seems especially true of year end period when annual planning cycles are concluded, renegotiated and annual funds requisitioned. It was disappointing to find that the multi-annual funding agreement with DFID and AusAid did not translate down to longer term agreements with NGO partners (thus providing greater stability for their interventions).

Around the table for the final review presentations on country programmes 9 amongst 20 UNICEF staff had been in post for 24mths or more. Where there was even this modest level of stability it has brought greater potential for sustained direction and effort within country programmes including the building of productive relationships with other development actors and Government Ministries (as evidenced though not exclusively in Nambia). In contrast the frequent turnover of key international posts (as in South Africa and elsewhere) was noted to be a challenge to continuity and sustained direction of travel. In countries where there are numerous development partners active in the children’s health, education and protection sectors, UNICEF at times struggled to create a clear profile of its niche and an appreciation for the value added from the organisation’s contributions within the sector.

Synergy of work between sections within UNICEF (for example Child Protection and Social protection staff; and between Health and Social Protection units) has grown from a shared focus on vulnerable children. This has brought a measure of operational efficiency and a way of working suggested by the CARI programme framework and objectives. This was highlighted by staff as having been
productive. “The crisis of AIDS built momentum and confidence in playing a leadership role; some 50% of our population is young and there are significantly high numbers of diverse vulnerable children over above those orphaned by AIDS.” UNICEF has been obliged to step out away from sector silos and reflect holistically across a spectrum of children’s needs; in synergy with national development plans. This has potential to improve overall efficiency of the contribution.

Broadly project funding been expended in line with the project purpose. UNICEF Accounting procedures appear to be robust and able to show how money has been spent. Finance reporting has been detailed: country and regional offices have provided a detailed set of accounting expenditure and have been able to show that they have acquitted their funding. There have also been rigorous internal controls regarding disbursement of funds to partners. The review team are confident that sufficient detail has been provided to allow expenditure to be closely monitored within the ESARO office and within DFID/AusAid regional offices.

In the final year particularly the programme encountered some challenges in keeping financial planning and disbursements tightly in line with programme planning. It was not always evident from detailed cumulative spending reports that there had been tight management of resourcing in line with all country priorities agreed for the costed extension period. Spending against country level budgets can only on be internally approved on an annual basis, within the context of an approved Country Plan resubmitted each year for approval by host Government. The final quarter of the programme’s extension year was therefore most affected by slow disbursement during this first quarter of annual country plans but this administrative bottleneck does not appear to have been well anticipated by those managing the CARI programme. Summative reporting figures presented during the project completion review show sizeable residual balances to overall budget and at this stage the greatest risk appears to be that this sum will not be effectively utilised before the end of programme. Narrative reporting could have addressed more closely the country level priorities agreed for this closing and consolidation phase.

**Risk Management**

Over the lifetime of the programme various risks have been identified yet none appear to have made serious impact on achievement of purpose and outputs. Several have been actively addressed to turn the issue to some advantage. Risks identified at project inception were that:

- There is a worsening of the epidemic in the region and a failure to increase access to ARVs.
- Although policy change came late in South Africa regarding universal access to ARV’s, increased uptake across all countries amongst pregnant women was considered a proxy indicator for more generalised access and this has shown positive improvement. Within wider inter-agency frameworks, UNICEF has worked to support an expanded response within the universal access campaign, which focuses on prevention, treatment and care services. There were examples of specific cross sectoral working (for example between health and OVC staff in KwaZulu Natal) which successfully harnessed the provision of services in institutions as referral mechanism for families whose children were vulnerable in other areas. This linkage between protection and prevention functions was not always evident in all country programming.

The perceived risk that insufficient political priority is placed upon OVC manifest by lack of government ownership of the NPAs and that these and country social protection policies remain under resourced has not been quantified. There are some key examples of progress and substantial increments in resourcing (such as increased spend on child sensitive cash transfers) but no assessment of need in relation to resources secured has been made so it is impossible to judge whether overall underfunding has impeded the rate of progress achieved. In Mozambique UNICEF had undertaken specific lobbying to ILO to engage commitments from Ministry of Finance to resource the scale up of work successfully demonstrated with community committees and CSO child protection groups. Several countries had increased the numbers of qualified social workers and functionally trained community childcare cadres on government budget lines. This is demonstrable commitment from host governments to sustain interest and resourcing for child protection and social welfare
schemes. While difficult resourcing decisions still need to be made within governments – a critical mass of influence, combining civil society, parliamentarians and UN partners should be able to keep the children and AIDS agenda high in policy and financing discussions.

At other specific moments risks from changes to staffing in the ESARO office and negative impact of the global financial crisis were flagged (AR3 May 2009) However any potential risk of disruption due to ESARO staff changes identified did not materialise. A subsequent Review Team found the clarity about responsibilities and communication between UNICEF ESARO and DFID/AusAID to be clear and efficient. The first joint annual review (May 2010) identified a risk that non-timely disbursement of funds would delay implementation for several country offices. Although this was expected to be mitigated by close programme management by DFID programme staff in the final year and effective financial management by UNICEF ESARO, working closely with UNICEF HQ and country offices this has not been the outcome. As noted above the greatest outstanding risk appears to be that this sum will not be effectively utilised before the end of programme.

Over the project period, two risks that were felt to limit the potential programme impact were identified and constantly repeated. The first was gender bluntness / or more acute gender blindness in some programming. This is addressed further below (No Gender Equality). The other was sustainability which is also addressed in section below.

Although a wider risk of lack of resources directed towards the longer term OVC response was from the beginning identified and later repeated it appears that this has been somewhat mitigated. Social protection models and good practices have been documented and sufficient interest created to allow these programmes to be consolidated in the short to medium term. Further efforts will be needed to ensure continued financial sustainability from central government resources in the longer term. Medium term expenditure frameworks and sector wide approaches are ongoing with the World Bank, UNDP, UNAIDS, USAID/PEPFAR and host governments. This is an ongoing challenge to sustainability but yet does not appear to unduly threaten the gains realised during the five years of CARI. It is important that UNICEF is effecting its role as a catalyst or broker for the mobilisation of resources for national responses through GFATM or World Bank and by advocating for the child-sensitive elements of larger national resource mobilisation strategies.

5 IMPACT

At purpose level this programme was expected to deliver an increased proportion of orphans and vulnerable children receiving family, community and government support as measured in quantitative numerical terms. National data has been sourced to provide evidence for progress against these indicators and UNICEF through the CARI programme has made a clear contribution to impact at this level. The number of vulnerable children reached by community-based and faith-based organisations has risen substantially over the five project implementation years in most of the target countries (some data is incomplete). The systems in place at community level to engage with children, have also increased and continue to function. At purpose level, the broad numbers of children being reached by government and non-government services has risen substantially.

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>2006</th>
<th>2010</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>3,000</td>
<td>11,246</td>
<td>275%</td>
</tr>
<tr>
<td>Botswana</td>
<td>800</td>
<td>11,952</td>
<td>1,394%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>no data</td>
<td>79,510</td>
<td>n/a</td>
</tr>
<tr>
<td>Malawi</td>
<td>15,000</td>
<td>322,887</td>
<td>2,053%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>60,000</td>
<td>84,128</td>
<td>40%</td>
</tr>
<tr>
<td>Namibia</td>
<td>2176</td>
<td>7,201</td>
<td>231%</td>
</tr>
<tr>
<td>South Africa</td>
<td>no data</td>
<td>480,000</td>
<td>n/a</td>
</tr>
<tr>
<td>Swaziland</td>
<td>38,000</td>
<td>48,248</td>
<td>27%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>no data</td>
<td>668,022</td>
<td>n/a</td>
</tr>
</tbody>
</table>
No. of male and female OVC receiving assistance from government

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>2006</th>
<th>2010</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>no data</td>
<td>22,100</td>
<td>n/a</td>
</tr>
<tr>
<td>Botswana</td>
<td>53,189</td>
<td>83,000</td>
<td>56%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>12,000</td>
<td>421,006</td>
<td>3,408%</td>
</tr>
<tr>
<td>Malawi</td>
<td>no data</td>
<td>72,887</td>
<td>n/a</td>
</tr>
<tr>
<td>Mozambique</td>
<td>90,000</td>
<td>236,451</td>
<td>163%</td>
</tr>
<tr>
<td>Namibia</td>
<td>45,000</td>
<td>118,082</td>
<td>162.40%</td>
</tr>
<tr>
<td>South Africa</td>
<td>7,762,462</td>
<td>10,506,886</td>
<td>35.36%</td>
</tr>
<tr>
<td>Swaziland</td>
<td>94,000</td>
<td>124,178</td>
<td>32.10%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>no data</td>
<td>no data</td>
<td>n/a</td>
</tr>
</tbody>
</table>

There are a number of important questions regarding use of data which were highlighted during the all-country meeting. Although the programme made investment into national M&E and data collection systems this does not appear to be producing standard, robust data that can be disaggregated by type of child and type of need. It is not clear what data has been used in reporting for example how data is cleaned to show numbers of children receiving assistance rather than number of services provided, for example receipt of a grant plus a family PSS intervention to the same child.

Data can be provided on numbers of community committees established but does not show evidence of the type, quality and duration of assistance. Nor is there sufficient disaggregation of information about type of child / family receiving the service, making it difficult to know whether there are particular groups of children who remain insufficiently supported – adolescents, for example. However, the programme design did recognise the need to strengthen structures that could monitor such work and provide ongoing information about some of the data challenges raised; the team recommends that further attention be directed at qualitative data gathering from community interventions.

Despite these caveats on data quality, it is clear that more children are receiving services and that support to community-based interventions form a substantial component of this. As there has been clear improvement in numerical terms with numbers of children assisted, it remains relevant to seek to understand the proportion of vulnerable children needing assistance (of any type) and who are not able to access this. For example the South African Child Support Grant focuses in particular on some two million eligible children who are not drawing this entitlement. Work in Namibia has sought to take services to inaccessible points so that all child births can be registered and identity preserved.

At purpose level potentially the greatest impact from the programme will have been to move discussion towards goal level: that is the wellbeing of vulnerable children in terms of health, education and protection. From the entry point of concern over spiralling numbers of children orphaned by HIV, there is now growing understanding of more widespread vulnerability amongst children who currently form the major part of all populations. Progress against indicators at this level, access to PMTCT for pregnant women, primary school enrolment for boys and girls, and birth registration rates is in every country positive.

### Indicator: HIV+ pregnant women’s access to PMTCT

**Target: 80% coverage in all countries**

<table>
<thead>
<tr>
<th>Country</th>
<th>2006</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Botswana</td>
<td>54</td>
<td>95</td>
</tr>
<tr>
<td>Lesotho</td>
<td>17</td>
<td>64</td>
</tr>
</tbody>
</table>
Indicator: **Primary school enrolment by boys and girls**

*Target: Increase in enrolment by 5% in all countries*

<table>
<thead>
<tr>
<th>Country</th>
<th>2006</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>No national data</td>
<td>No national data</td>
</tr>
<tr>
<td>Botswana</td>
<td>84</td>
<td>87</td>
</tr>
<tr>
<td>Lesotho</td>
<td>73</td>
<td>81</td>
</tr>
<tr>
<td>Malawi</td>
<td>88</td>
<td>91</td>
</tr>
<tr>
<td>Mozambique</td>
<td>76</td>
<td>80</td>
</tr>
<tr>
<td>Namibia</td>
<td>88</td>
<td>89</td>
</tr>
<tr>
<td>South Africa</td>
<td>87</td>
<td>87</td>
</tr>
<tr>
<td>Swaziland</td>
<td>80</td>
<td>83</td>
</tr>
<tr>
<td>Tanzania</td>
<td>96</td>
<td>99</td>
</tr>
</tbody>
</table>

Indicator: **Percentage of children whose births are registered and captured on strengthened vital registration systems**

*Target: 10% increase in percentage of births registered*

<table>
<thead>
<tr>
<th>Country</th>
<th>2006</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>29</td>
<td>31</td>
</tr>
<tr>
<td>Botswana</td>
<td>58</td>
<td>72.2</td>
</tr>
<tr>
<td>Lesotho</td>
<td>26</td>
<td>45</td>
</tr>
<tr>
<td>Malawi</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mozambique</td>
<td>8</td>
<td>31</td>
</tr>
<tr>
<td>Namibia</td>
<td>67</td>
<td>67</td>
</tr>
<tr>
<td>South Africa</td>
<td>78.4</td>
<td>85.4</td>
</tr>
<tr>
<td>Swaziland</td>
<td>53</td>
<td>53</td>
</tr>
<tr>
<td>Tanzania</td>
<td>21</td>
<td>21</td>
</tr>
</tbody>
</table>

There was healthy debate amongst programme teams as to the CARI contribution to these; in most cases significant progress with birth registrations could be justifiably attributed; some contribution to PMTCT uptake was highly likely given health programmes' focus and general prevention communications. Whilst free primary education policies and improved access to school was a sizeable gain this was in large part attributable to Education For All (EFA) programmes financed through budget support programmes. It remains important that UNICEF pursue those children who fall through this network; either excluded at primary level where school is normally not entirely free from fees or stigma, and in the critical transition to secondary or vocational levels.
Outstanding challenges

The programme has consistently been challenged to address cross cutting issues such as gender, disability and adolescence. Despite the wider interpretation of vulnerability the programme has struggled to disaggregate effectively and continuously in terms of data reporting across all countries. Although discussion of issues during annual reviews and flagging of areas where further attention is merited has been consistent it appears that programming lags behind this analysis. The scope for bringing a greater gender focus to programming refined to address particular issues of vulnerability is considerable. Issues such as involving men in home based care; challenges for young women and men in transition to adult roles; male circumcision policy; inclusion of children with disability in primary schools; gender based violence including abuse of young boys; economic empowerment of young women and positive choices around sexual behaviours all suggest an entry point.

The overall consensus within the review team is that there has been a strongly positive impact for vulnerable children across all the participating countries as well as some strengthened regional capacity and coordination. This is both in terms of increased numbers of children receiving services and also, more importantly, in terms of an enhanced understanding of what works in terms of delivering quality and equitable services. Outputs taken together have contributed significantly to attainment of purpose which is that an increased proportion of orphans and vulnerable children are now receiving family, community and government support. The programme worked with some sustainable community structures already set up and local organizations are more confident about their contribution to the lives of OVC. The scale of this impact though important, is nevertheless just a percentage of the total estimated orphan population and it is essential to invest further to scale up and achieve additional sustainability.

It remains important to advocate and lobby at national level around the fact that one in five children is vulnerable and disadvantaged (by reason of their orphan status, or poverty, or HIV status, or disability or their gender). Whilst several NGO partners have stepped into the role of social support and service delivery the key responsibility lies with government and vulnerable children should be explicitly addressed in all relevant sector strategies. There are opportunities for securing increased resources, from programme funds as well as from mainstream national budget mechanisms. Sector strategies for education, health and social protection in particular should address the needs of this sizeable portion of their own target populations bringing the issues of orphans and other vulnerable children into mainstream ministry programmes.

As to be expected in any multi country programme how work has been managed with regard to specific context has varied and with it overall progress. There have been remarkable gains and progress has been favoured by engagement of those responsible within the State, gains of confidence and in understanding their brief and having proven strategies to lobby for. Policy directions have been set and resourcing secured to deliver these. The passage of Children’s Acts has set an immutable point from which experience has then been used to lobby and inform people in high positions in government. The future will demonstrate the exact extent to which this experience informed by research led to confident positions on policy. In the current context of energy and focus around equity successful influencing will allow for embedding of issues around children’s vulnerability to a greater or lesser extent in national development strategies.

6 SUSTAINABILITY

One issue that this review was explicitly tasked to explore were questions of sustainability. A key assumption at purpose level was that UNICEF plays a key Technical assistance role in host countries with respect to delivery of child rights. Overall, UNICEF’s strong and supportive role of a range of government partners leading to increasing government leadership and ownership is a sustainable approach. UNICEF staff in all countries demonstrated a strong commitment to this approach consistently across most initiatives. Examples such as the Malawi functional review of the Ministry of Women and Child Development and Mozambique’s support to MMAS at provincial level is evidence of this approach to building sustainable, national capacity. It would be good for UNICEF ESARO to
share such capacity building initiatives in order to demonstrate the varied ways in which capacity building can be implemented.

Technical assistance and limited yet flexible funding sourced via the CARI programme has helped ‘to start the ball rolling’ or rather to add momentum and evidence, to the national debate on social protection and the development of national structures and systems. There is evidence of greater ‘systems thinking’ with actors (state, civil society and other development partners) considering the needs of vulnerable, poor populations and the duty to deliver services to all citizens, including the most vulnerable. The programme resources have allowed UNICEF “to take a place at the table and partner in a genuine way around building a social welfare workforce” in target countries.

There has been investment into staff (community childcare and social workers); the knowledge base (concerning knowledge of rights in general and succession planning in particular); and mechanisms to engage with children in communities (the strengthening of Community Based Childcare Committees CBCC in Malawi has brought tangible impacts for children). Together these have clearly strengthened national capacity in both state and non state sectors and this is an important element of sustainability.

Capacity building is evident at varied complementary levels – from community structures (both organic and imposed from the centre) through to district, provincial and national children’s coordinating committees To date there has been some emphasis on the functionality of these (structure, mandate, regularity of meetings) rather than the outcomes of activities undertaken. Development of guidelines and manuals has contributed to introducing standards and coherence. For example UNICEF, with the support of DFID funds, provided technical assistance for developing of guidelines on the functions of Child Care Forums CCF in South Africa. These address issues around defining the CCFs, their funding arrangements, associated minimum basket of services, and other functions. The guidelines will be incorporated in the DSD guidelines for home and community based care organizations from 2011 and seek to bring some standardisation of roles and minimum functions to support children. The review team now urges further attention to be directed at empowering community members who have put themselves forward to protect the most vulnerable children in their own communities. The role played by Isibindi child care workers, as informed advocates for children in their areas, could usefully be replicated amongst members of community child protection committees and OVC committees as these are decentralised.

UNICEF’s engagement in the ongoing social protection debates is also evidence of championing approaches that aim to systematically address chronic poverty and economic vulnerability. In previous years the review recommended that UNICEF develop an effective partnership with PEPFAR and promote the continuing profile of OVC within the national social protection agenda. This has been achieved. There has been a measurable and significant increase in government allocation of funds toward the activities undertaken in CARI:

It would be good to more explicitly build on this approach in all countries by maximizing opportunities to get family and community-based responses to vulnerable children into national budgets, for example by more explicitly planning for community-based child protection workers in Malawi to be budgeted for through state budgets. UNICEF staff demonstrated different levels of engagement with this debate. Country Representatives, with UNICEF ESARO, are encouraged to promote a greater role within the macro-economic and poverty reduction strategy discussions. At ESARO level, the potential for social protection approaches to be an opportunity to get greater budgetary allocation for children is recognized and the ESARO team are encouraged to provide additional support to all countries to facilitate cross-learning in this area.

The programme has impacted on the policy, institutional and/or regulatory environment. The passage of Children’s Acts in seven of nine countries within the timeframe is more than coincidence. This national law has underpinned critical assessment of standards; for example the conditions of children fostered into extended family and kinship networks, conditions and standards in state run institutions The mass registration of births has informed planning for social protection and social welfare schemes. The detailed understanding of cash transfer schemes, the diversion of these funds
towards education and health care needs, and the household dynamics that may be introduced where there is cash inflow into poor households have all been considered in ways that are helpful to a ‘whole family’ approach to the care of most vulnerable children.

As to the ongoing sustainability of funding, the policy and legal gains are clearly sustainable. National Government funding, particularly within middle income countries (Namibia, South Africa, Botswana) has as a direct consequence been allocated towards child focused and social protection programmes from core government budget. Impetus for this was enhanced by the research undertaken through CARI that has supported and validated the impact of cash transfers. Substantial donor interest is sustained in low income countries and there are opportunities for piloting work and going to scale with other development partners. Upper middle income countries remain anxious about potential reduction in donor funding resulting from recent graduation to upper middle income status makes this potential constraint more significant.

UNICEF has a unique role in ensuring that child protection concerns are sufficiently represented within social protection debates and that child protection activities are included in social protection programming. This requires the level of ongoing attention that has already been demonstrated. The positive evolution in the context in which the CARI programme was operational provided some impetus to the direction of travel. The productive partnerships formed with USAID/PEPFAR and GFTAM has further harmonised a collaborative approach. The evolution in the programme focus from specific HIV associated vulnerability to a broader understanding of the vulnerability of children and specific high risk groups (young girls, children with disability, children in isolated ethnic or geographic minorities) leads towards a breadth of focus that suggests greater wide spread interests and sustainability.

7 GENDER EQUALITY

Gender inequity underpins much of the HIV epidemic in Southern Africa and also affects the capacities, choices and decisions made by the men and women responsible for caring for vulnerable children. Rates of new HIV infections in adolescent girls are up to eight times as high as that of their male peers, driven by early and often coerced sexual debut and activity, multiple concurrent partners and high rates of age-disparate sex. Gender inequities also impacts on the wellbeing of HIV-affected children: for example, in HIV-affected households, poverty and gender may combine to negatively influence how resources are used to meet the needs of boys and girls and who benefits from funds expended.

UNICEF has a unique role in ensuring that child protection concerns are sufficiently represented within social protection debates and that child protection activities are included in social protection programming. As part of this function it was assumed that participant countries would generate sex disaggregated data that would contribute to quality of information with national data systems strengthening. The annual reviews of the CARI programme have consistently stated that CARI offers potential for understanding the impact of gender inequality on girls and boys and on their caregivers and communities, which in turn should contribute to progress towards national, regional and global commitments to gender equality. However, despite the fact that the heavy impact of HIV in Eastern and Southern Africa ‘has focused attention on critical issues of rights, sexual diversity and a greater recognition of children’s resilience’, review teams from both AusAID and DFID have consistently observed that the CARI programme is largely gender-blind.

There has been progress over the course of the programme. From a gender-neutral mention of ‘children’ that did not disaggregate the challenges and necessary responses to boys and girls in the original proposal, (which was not challenged by DFID and AusAID at design stage), there is now more focus on gender-disaggregated data for all relevant indicators. Where this has not happened, UNICEF country offices are expected to take steps to improve gender- and age-disaggregated data collection and analysis. CARI funds were used in Year 4 to undertake a gender review of four of the CARI

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countries (Botswana, Lesotho, Namibia, South Africa) and Zimbabwe. The review's synthesis report provides overall recommendations for UNICEF in addition to programmatic recommendations for the five participating countries. The review endorsed the existing acknowledgement by all that gender is weak.

The review team did note that in the final year of the programme UNICEF 'met its target' of undertaking the planned gender review. UNICEF ESARO is finalising the report and expressed commitment to moving forward on the recommendations and on using the simple tools that were included in the report. DFID and AusAID strongly encourage UNICEF to act on the recommendations.

The gender review did find promising examples of UNICEF gender programming at country level. Examples included support to research and policy/program evaluations that led to greater information about marginalised or excluded boys or girls (migrant girls and boys in South Africa, violence against boys and girls in Tanzania) or where UNICEF's support to M&E has increased the ability to undertake gender-disaggregated analysis. In the arena of policy development, Namibia provided an example of UNICEF supporting the participation of both girls and boys in development of the Children’s Act and inputting gender-specific perspectives. There are also examples of innovative programs that directly address gender inequities, involvement of girls in traditionally ‘male’ sports and actively challenging traditional gender roles in Lesotho.

However, the review observes that there is a lack of consistent gender analysis to inform the design of OVC and other programmes. Examples such as male involvement in caring for vulnerable children, using entry points such as ECD as a way to challenge traditional gender norms at an early age or further examining issues such as power decision making within vulnerable households do not routinely appear in UNICEF internal situation analyses. Gender analysis is not always rigorously included in terms of reference, for example in considering regulations and policies on kinship care, where the gender of caregiver and children is likely to make a significant difference to protection outcomes. The review also found that UNICEF does not harness the expertise of government and non-government actors who have gender expertise and may often already be UNICEF partners but who are not being asked to address gender in their work with and for UNICEF. For example, in Namibia the gender review met partner NGOs such as Lifeline/Childline, Positive Vibes and the Peace Centre who are working on a number of gender-related activities. The Legal Advice Centre has a whole unit working on gender that was not involved in the children’s participation work but could have contributed gender-specific issues. UNICEF South Africa has partnered with Sonke Gender Justice on male parenting and with GenderLinks on violence prevention but a broader technical partnership could add insights in other areas of programming. In Malawi, a partnership with the Girl Guides Association has a strong focus on adolescent girls’ empowerment and, again, could be used to enhance broader gender analysis.

A review of annual reports and other reports produced with CARI funding reinforces this view. In the final year reports, Tanzania stands out as a country office that has started to actively analyse and address issues of gender inequity. The programme mentions a specific focus on adolescent girls that not only provides information but addresses societal factors including gender inequality. The near final study on violence against children has provided significant issues for both girls and boys including a recognition of the substantial levels of sexual violence against boys (one in six cases) as well as the violence against girls that is higher and already known about (one in three girls).

However, in other field trips, countries acknowledged that they were gender blind. Although there is substantial potential for a greater gender focus – in Namibia, the high levels of violence and youth

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11 All countries were asked if they wished to undertake a gender review. Both Malawi and Tanzania responded and indicated that they were planning a larger gender audit and review process across all sectors within the next two years. It is not known whether Mozambique is planning such a review.

unemployment and the significant school drop out for boys at secondary school should be an area of focus within their education programme, in Malawi it was observed that all the NGO and local district staff except for one that were met during the field visits were male but that the ECD centres had several male volunteers working with children, thus offering scope for reflection and action on male and female mentoring and role modelling.

The review team notes that the strong emphasis on equity within gender over the past year offers substantial more opportunity to actively reflect on gender-disaggregated analysis within the broader equity approach. The South African team and partner, Department for Social Development, provided a detailed analysis of wealth quintiles and geographical distribution of poverty and of vulnerable children. This analysis, if informed through a gender lens, will enhance the response. As the ICRW report of the gender reviews states: ‘There is a particular opportunity at present for UNICEF to build on the prominence that is currently being placed on ‘family-based approaches’ in the child protection and ‘OVC’ worlds... responding effectively to child rights with a family-based approach necessitates an understanding of and response to gender-related dynamics within the household. This requires knowledge of the differential norms, vulnerabilities and resilience experienced by boys and girls, men and women.’

One of the biggest gaps, and an issue that has been proactively raised by UNICEF ESARO in the final review, is the need for a far more robust focus on adolescent girls, within the context of HIV prevention. This is commended. However, it will continue to be important to ensure that this focus links to the two key opportunities that this area of programming and policy work offers: linking HIV prevention and gendered risk reduction to community- and family-based responses that are at the core of the OVC and child protection programmes. Also exploring the gender dynamics within social protection programming that can promote the resilience of adolescent girls, can possibly directly influence girls choices about transactional and age-disparate sex\textsuperscript{13} and that is informed by gendered decision-making within households.

In conclusion, the review team feels that gender remains an issue that is not seen as part of the core elements of engagement over which UNICEF staff engage with partners and seek outcomes for vulnerable children. Although basic information is gender-disaggregated, the more complex but essential elements of understanding male and female power relations, including intergenerational power dynamics, remain insufficiently articulated within the CARI programme. The focus on equity and the entry points of social protection programming and removal of barriers for vulnerable children to access services provide a substantial opportunity for UNICEF to focus on this further.

8 MONITORING AND EVALUATION

UNICEF Country Offices reported annually against logframe indicators, accompanied by narrative reports. Detailed financial reports were submitted. Summary reviews took place annually and one further in depth multi-country review on gender in Years 4 and 5 complemented this.

Over time the CARI programme has been judged to progress steadily towards a greater, sustained level of support for most vulnerable children across all target countries. The rate of progress has varied with country context, with the body of interest and numbers of actors in the sector, and with the efficiency of cross referencing and securing budget allocations. Primarily this is within Ministries for Children and/or Social Welfare to target particular groups of MVC. Progressively this approach should be applied with regard to Education and Health Ministry budgets and targets that envisage generic service access for all children.

At purpose and goal level, the indicators are reported against using national data. It was logical within the context of ‘One National Framework and One M&E Plan’ (the ‘Three Ones’ of the HIV response introduced in 2004) to have used relevant indicators from national data collection systems to track progression and from which to attribute impact. This is considered relevant given the scope of the

\footnote{\textsuperscript{13} As indicated in the small study of adolescent girls, secondary schooling and cash transfers in Zomba, Malawi.}
programme and the fact that a core part of UNICEF’s work has been to support the development and implementation of national M&E systems to track vulnerable children.

Inputs to strengthen national M&E mechanisms have varied from technical consultancy input into strategic reviews (NPA reviews at mid-term for example) to investment of financial and technical resources for the development of national monitoring systems and databases for both OVC/MVC and for relevant sectors such as support for a protection database in Swaziland. However, we note that the data set provided in final reporting is not referenced and there appears to be some confusion within the CARI team at country and regional level about which data is being used. This raises a concern about the extent to which technical support on database development is flowing into UNICEF’s internal processes for constantly measuring and using data to inform programme progress. We also note that, although national M&E strengthening is a logical and important component of the support to strengthening a national response, this is one of the areas where most difficulties have been encountered – over the five years, there is limited progress on available vulnerable child-specific data at national level. In parallel to that, it has already been noted that the investment at community level for identification and referrals has not shown (in reporting) a consistent and meaningful set of data collection and analysis tools that can be used by community volunteers.

At activity level, annual reports from all countries and the region have included quantitative data of coverage of activity, although failure to track incremental progress against a fixed indicator has at times undermined a clear sense of progression. This refers in particular to investment in training without evident roll out and scale up in subsequent years; nor clear reporting on the impact of training delivered (for example on improved outcomes for children through PSS interventions, succession planning, reduction in conflicts within families). The role of the regional office in monitoring and reporting and quality assurance of programme implementation is palpable. The regional office had clearly played an integral role in coordinating centralised reporting and data gathering; and also in facilitating regional learning visits and circulating learning products which had evident potential to inform practice elsewhere.

Internally M&E (in-depth studies and qualitative evaluation) has been used to generate evidence to accelerate policy debate. This has been a valuable area of contribution from the CARI programme. Qualitative research on the Child Support Grant in South Africa will bring learning about the value of cash grants targeted upon children and advance wider discussion as to costing universal access schemes. Similar research in Namibia has already provoked an equalisation of benefit. Research on the Social Cash Transfer in Malawi has leveraged support and funding for a national social protection policy.

The dialogue and learning arising from monitoring exercises and review periods was flagged as being both constructive and collaborative at several key points in the CARI programme. The final review meeting was characterised by a genuine sense of purpose and a willingness to pick apart strategy and to review how best to progress. There appeared to be strong relationships between implementing offices, host government partners and supporting donors and a genuine desire to learn from the collective community of practice. This ‘journey’ has been observed and appreciated by DFID and AusAid.

Overall successive review teams have noted positive learning and tangible contribution to the development of national systems (community and state) that support vulnerable children with consistent progress towards attainment of output level indicators. It is positive to note that in many cases objectives of the CARI programme now resonate with national level directions and policy (NPA, stipulations of the Children’s Act etc) that is likely to deliver a good level of sustainability. All of this reflects a ‘community of learning’ and a commitment to grounding practice in evidence which is at the core of ongoing reflection and learning.

9 ANALYSIS AND LEARNING

Areas of consensus between CARI staff and review team
The CARI programme when designed was rooted in analysis of the situation of children affected by HIV and AIDS. As the programme was implemented UNICEF sought to work with national level OVC coordination committees to build a comprehensive strategy at national and regional levels, developing policy and legislation, strengthening information management and planning systems and working with both government and non-state (civil society) actors to deliver activities envisaged within the NPA (where this existed) or within sectoral plans. UNICEF was well situated to deliver on its mandate of convening better working relationships between state, civil society and development partners, at the outset there were relatively few development partners with specific interest in OVC. The NPA provided a clear foundation for inter-agency engagement and the delivery of these was expected to further consolidate positive working relationships. The programme anticipated building integration of these stand alone plans which addressed the concerns of a specific sub-set of vulnerable children, into wider national development plans and achieving downwards integration into sector plans and budgets.

However, over the lifetime of the programme there has been a major shift in emphasis from downwards service delivery towards more comprehensive and linked efforts to build systems, frameworks and national capacity to deliver a sustained response. The cornerstones of policy dialogue have shifted from orphan status and HIV exclusivity to child poverty and most vulnerable children (MVC). Orphan status or HIV exclusivity of the response is now perceived as undesirable; rather UNICEF seeks to promote programmes that are equitable, inclusive, non-stigmatizing and non-discriminatory. This has led to some striking achievements in relation to sustainability and relevance of the programme – it is notoriously difficult to shepherd through major policy change and yet in the majority of the CARI countries significant overarching children’s acts and bills have all been passed in the last two years, in several countries introducing new children’s legislation for the first time since the pre-independence era.

Whilst it is not possible or appropriate to infer a direct contribution from CARI to this policy success (there have been tireless advocates within government ministries, with civil society and often UNICEF itself for many years), it seems to be likely that the particular nature of the programme design has contributed to this. The multi-country, multi-year nature of this programme provided a longer time horizon and enabled UNICEF to do “reach for the high hanging fruit”, in the words of one UNICEF CARI-funded staff representative, the policy work that requires a long term time frame and a substantial level of targeted resources to build the evidence, support the development of regulations, enable ministries to work through the issues, build in pressure from parliamentarians and civil society and all that that entails.

Another lesson learned is that CARI enabled UNICEF, in some cases, to have a person who could focus on ‘vulnerable children’ and, at times, work in a more cross-sectoral way than some other staff members who fit into the more rigid sections within UNICEF of health, education, child protection, for example. Continuity of staffing allowed genuine relationships to be formed and developed; the review found examples of constructive engagement and work towards mutually held objectives with host Government ministries, other development partners and implementing partners. In field visits, this was one of the most positive observations made by partners – “I can phone xxx and they will always respond.” Sufficient and flexible resources allowed UNICEF to partner the national response in meaningful ways both at regional level (for example bringing country representatives to collaborate in the Social Welfare Workforce meeting with PEPFAR OVC Technical Working Group that is intending to raise social welfare policy and practice standards across the region) and at national level (for example, supporting nationally-funded birth registration system development in Namibia and Mozambique with resources for mop-up campaigns in hard to reach locations). “Behind the scenes” or more accurately as one actor amongst several, UNICEF has been able to play a strategic and catalysing role providing guidance, some resourcing and a level of technical ‘accompanying’ as national actors worked to develop effective national systems and scale these up.

Review team’s own Analysis of the uptake of learning
UNICEF appears to operate most comfortably with state actors and where a large part or response is delivered via these channels. The CARI programme helped to improve access and coverage of services through an opportunistic mix of partnerships which combined to scale up delivery of services at facility and community levels. Working with state agencies (Home Affairs on birth registrations; Social Welfare on child focused policy implementation) brought insights into some very real challenges of resourcing and delivering services at scale. There is usually fragmentation and lack of coordination across social sector responses involving different ministries and this decreases efficiency. Many children do not benefit from the services because of system challenges (e.g. poor referral and follow up systems) as well as social and cultural norms, & lack of knowledge that delay vulnerable children and families from seeking support.

On the other hand, whilst UNICEF country offices have maximised the synergies between their own niche and that of government partners, this appears to be less well articulated in the community-based work. In fact it is only the community generated interest and day to day responsibility that community members take for caring and raising children that has sustained many children this far. The whole response needs sophisticated understanding and balance response at community level just as does the national policy level work. Key learning from partner choices made at community level does not appear to be synthesised; despite operating with and through a range of community actors (FBO, church groups, CBO, decentralised government structures, OVC Forum) the review did not become aware of any formalised learning as to the efficiency of various systems. Some short term support given to civil society programmes does not appear to be sustained, either through synthesis of learning from the pilot with replication or through continued service delivery by the CSO partner(s). Broadly we were curious to learn how holistic care and support for children was being provided in various communities and what was working well so that scale up programmes might be best informed but found insufficient information presented to be able to explore this in detail. The review noted some excellent examples of community based organisations, delivering high quality support and services to evidently vulnerable children and recognise the dedication of very many skilled volunteers and paid staff in making this possible.

At the end of this programme several countries appear to be learning and doing much for themselves: in illustration it was observed that South Africa “starts from the premise that it must deliver a level of services to all who are in need and asks how best to achieve that, using as far as is possible internally financed (sustainable) resources.” There of course remain significant challenges for low income countries where financing for higher levels of state provision is hard to secure and interventions may still be framed around more finite programme or project funding.

A solid learning outcome of this five year process has been that UNICEF, and its partners in country, are now able to articulate a clear evidence-based ‘position’ for child rights and priorities for programming within OVC programmes; and the work is clearly linked to a continuum of care throughout childhood which needs to extend into adolescence and assuming adult community roles. The roles of family, community and state are clearly identified; the changing needs of children and young people are considered; and the whole is linked to child protection interventions. There is strong consensus across the country programmes that upstream work is critical to ensure that strategies for sustained implementation of effective interventions are put in place and take vulnerable children into consideration. As services are rolled out there is a clear desire for standards of services to be maintained. The passage of various Children’s Acts has formalised legislation and adoption of national standards in many countries. UNICEF has been able to bring learning and analysis from investigations of pilot activities, some key staff capacity audits, tracking of disbursements and impact of several child grant or other cash transfer payments systems, to the dialogue at National level.

Countries where HIV prevalence and number of children orphaned because of HIV are particularly high (all CARI countries with the possible exception of Angola) also urge retaining some degree of

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HIV specificity – this is pragmatic and reasonable. It is likely that a level of targeted funds (from GFATM, USAID/PEPFAR in particular) will remain available for programming that is specific to vulnerable orphans. A challenge to the sector will be to have targeted resources from within Sector budgets made available for the inclusion of all vulnerable children within mainstream sector targets such as free primary education for all. Strategic partnerships are key in leveraging resources for children and the CARI programme has contributed to a body of learning from work over years with focus on vulnerable children and young people.

**Dissemination and capture of learning**

The nature of the regional programme and the annual review events have clearly helped to share experience and build learning between country teams. The nature of meetings within this CARI programme network “exceeds the learning we draw (from larger, diverse agenda) Child Protection network meetings”. Ideas exchanged had prompted collaboration between countries on policy agendas. Study visits between countries have been useful and parliamentary involvement has been encouraged in study tours both inside and outside the country. They often brought together key duty bearers and service users and created genuine understanding. They are judged valuable, particularly since it was stressed that although learning can be informed by learning from another country approach such learning trips had “prompted reflection and learning that was very specific and relevant to the recipient country”. This suggests a level of understanding, reflection and analysis of learning that is mature.

The role of the regional office has been important in enhancing technical oversight and access to technical inputs (eg. shared learning on social welfare mechanism cash transfer schemes). Again the multi-country nature of the programme was fundamental to achieving this. Within country teams regular meetings bringing staff from different sector teams together in one forum with a common purpose (e.g. health with child protection) were mentioned as helpful in creating opportunities for joint working and mutual learning. Collaboration has brought about learning, for example in using funds for in depth reviews (of child sensitive cash transfers, of PMTCT delivery addressing bottlenecks for example) that have fed into upstream policy advocacy. There have been tangible gains for children (for example in the subsequent standardisation of amounts paid by the two principal child care grants Namibia, or in the national mobilisation and commitment to addressing violence against children in Swaziland).

UNICEF through the CARI programme has produced a large quantity of publications (the review team considered dozens of examples from all countries all of which are well produced and of interest to specific target audiences). Very broadly these capture information and much learning but are dense, long and not always very readily accessible to the broad range of players who would be interested in them. Some appear to target practitioners and policy makers with consolidate learning and analysis; without neglecting the fact that some well informed policy makers acknowledge the value of such written materials we question how learning could be made more generally accessible. In several cases, detailed assessments and reports that have been produced in different countries can be pulled together into a broader composite picture of the context and response, for example alternative care assessments that have been completed in Malawi, Lesotho, Namibia South Africa and Swaziland which can not only inform country-specific responses but be used to develop broader lessons for HIV-affected countries.

In contrast the review team also found more accessible, visual and shorter materials aimed at creating public awareness (of grant entitlements in Namibia, for example) conveying important information and skills (Succession planning guides for training community level workers) and celebrating success of a particular approach (Isibindi Circles of Care DVD; UNICEF birth registration campaign footage from Namibia). It would be positive to find more use being made of some of these more accessible communication tools, if only to build a community dialogue around the issues. The programme has consistently struggled to appreciate the impact from communications products; it appeared to the reviewers that this was a missed opportunity. More foresight as to potential users and
audiences for information, in digestible formats would add value to some excellent materials that have currently appear to have restricted use.

10 CONCLUSION AND RECOMMENDATIONS

UNICEF’s child rights mandate means that it should be bringing a focus on vulnerability and exclusion and ensuring access to care, protection and support for the most vulnerable children. The CARI programme was and remains highly relevant. It responded to an evident issue common to all countries across the region – the need to protect and care for the greatest part of the population that are children. The emphasis of current work – on social protection mechanisms that work for highly vulnerable children – is relevant, as is retaining HIV sensitivity and focus on children affected by HIV for as long as there are high levels of prevalence in the community. Overall, the CARI programme was developed with a clear understanding of the external context and has responded to external changes in policy shift as well as informed and advanced this policy shift.

The multi-year multi-country nature of the CARI programme has allowed for sustained work on some critical areas across a region critically affected by HIV. The programme allowed UNICEF and her partners to ‘reach for some of the high fruits’ in terms of difficult policy challenges and this has seen better national systems for birth registration and child sensitive M&E data established. Legal frameworks have established child rights and sector policy set standards for services delivery. Important skills audits, focused on gaps in state provision, and linked to appropriate and accessible training has helped to upscale human capacity. Community based child protection groups and committees remain at the frontline of work to identify and respond to children’s needs in communities. The multi-functional support that is necessary at this level is exemplified in the role played by the community childcare workers within the South African NGO Isibindi – but across all countries there are highly motivated volunteers and staff engaging with children who are most vulnerable and helping them to access rights and services. The response across Eastern and Southern Africa has been scaled up, in part as a direct result of CARI programme efforts. There is an enlarged community of practice now engaging with issues of highly vulnerable children and the reach of the policy debate that is now seeking to target most vulnerable children within broader social protection systems and mainstream delivery of key services (education and health) is extremely positive. The CARI programme has made a significant contribution towards the goal of improved wellbeing of orphans and children (OVC) made vulnerable by HIV, in terms of health, education and protection and is scored at a strong two at Project Purpose level.

In furthering this work, the review team recommends that:

1. UNICEF continue to inform MVC policy discussions and practice by drawing on concrete experience with partners, complemented by the research, analysis and learning that has been a tangible output from the CARI programme. UNICEF should seek to make this learning more accessible in terms of formats and amplify promising practice towards clearly targeted audiences. The review team applauds the broader, vulnerability focus and recommends that UNICEF continues to use political and technical opportunities to deliver health, education and protection to all children through mainstream Ministry Policy and resourcing of this

2. The opportunity for social protection approaches is used to secure greater budgetary allocation for children sensitive programming and the ESARO team are encouraged to provide additional support to all countries to facilitate cross-learning in this area. Country Representatives within UNICEF and staff at ESARO, are encouraged to promote a greater niche for UNICEF within the macro-economic and poverty reduction strategy discussions.

3. Work on community level care and referrals, delivered by families and other non-state actors, should continue to merit attention since whilst state systems strive to scale up, the day to day survival of children is underpinned by voluntary commitment at community level.
Evaluation Criteria Ratings by AusAid Criteria

The key findings above have been presented in this report within the seven categories against which this project is rated. The report covers issues that cut across all nine countries plus the regional office but focuses where appropriate on the three countries and specific regional activities that were funded by AusAID.

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Rating scale:

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<td>1</td>
<td>Very poor quality</td>
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ANNEX 1 : TERMS OF REFERENCE
The following areas were outlined in the Terms of Reference for consideration

Purpose and Outputs:
- To what extent have the outputs been achieved? How have programme activities supported the delivery of outputs?
- Have the outputs of the programme resulted in progress towards the programme’s purpose?
- What impact has the programme demonstrated?
- To what extent is this programme providing regional ‘added value’?

Risks
- How successfully have identified risks been managed and what has been the impact on achievement of purpose and outputs?
- Should other risks have been taken into account? Are there any new risks that need to be managed during programme closure?

Sustainability of Achievement
- Are the outputs of the programme sustainable?
- Has partner capacity been strengthened as a result of the programme?
- What plans are in place for continued work once this programme of support ends? Are they likely to be effective?
- Has the programme worked effectively with partner institutions and organisations?
- Has the programme impacted on the policy, institutional and/or regulatory environment in a sustainable way?
- Are interventions cost effective?

Governance and Management Arrangements
- Are/were governance and management arrangements (between UNICEF, AusAID and DFID; and between ESARO and Country Offices) appropriate, efficient and effective?
- Has project funding been expended in line with the project purpose?
- Are accounting procedures robust and able to show how money has been spent?
- How do the technical support and evidence base built link with country programmes?

Lesson learning
- What are the lessons that should be learned from the UNICEF Eastern and Southern Africa Children and AIDS initiative, especially in terms of: working with partners, innovation and best practice, programme management?
- How is learning being disseminated?
- Have recommendations from the previous annual review been implemented?
- How has the programme addressed cross cutting issues such as gender?

The key findings above have been presented in this report within the seven categories against which this project is rated. The report covers issues that cut across all nine countries plus the regional office but focuses where appropriate on the three countries and specific regional activities that were funded by AusAID.
ANNEX 2 : TEAM COMPOSITION AND REVIEW ITINERARIES (KEY PERSONS/PARTNERS MET)

AusAID Pretoria, Jason Court, First Secretary Development
AusAID Canberra, Jeremy Andrews
DFID Southern Africa Office, Samantha Yates, Social Development Adviser
DFID Southern Africa Office, Gillian Oroni, Programme Officer
USG PEPFAR, Kirk Felsman Senior Regional Technical Adviser OVC
Sue Enfield, Social Development Consultant & team leader
Siân Long; Independent consultant on two previous annual CARI reviews, and 2010 gender review process, undertaken by the International Center for Research on Women (ICRW).
The team were accompanied throughout the country visits by UNICEF participants:
Nankali Maksud, UNICEF ESARO OVC Programme Officer and
Josée Koch, UNICEF ESARO Knowledge Management Officer.

Due to conflicting schedules, the key DFID and AusAID representatives were only available on the first day. However, AusAID had a continuous presence in the review.

Review itineraries (key persons/partners met)

To include if felt useful (?)