

Firelight Newsflash! 4 August 2008

Here in the Firelight offices, five of our colleagues are away at the International AIDS Conference in Mexico City. So, just like many of you, we are living vicariously, trying to learn what we can from their web-log postings and the conference website.

The first part of this Newsflash focuses on the experiences of Firelight's staff at the conference via Firelight's web-log posting. The second part gives some highlights of various IAC sessions that may be of interest to you as a Firelight grantee partner.

For those of you who have fast internet connections, many IAC sessions can be downloaded as video, audio or transcript at:

<http://www.kaisernetwork.org/aids2008/>

Part One:

MEXICO CITY FIRELIGHT BLOG

Jennifer Lentfer
Head of Organizational Learning,
Firelight Foundation

1:45 pm PDT
Friday, 1 Aug 08

Last night, I couldn't sleep. Too much on my brain. This, before the conferences had even begun.

Zanele [Firelight Director of Programs] and I stayed up until 11pm last night, talking with two of our grantee-partners: Saeed Wame from Namwera AIDS Coordinating Committee in Malawi and Petronella Nyamapfene of Justice for Children Trust in Zimbabwe.

Namwera is the quintessential community-based organization: formed by a group of concerned community leaders to meet the needs of orphans, vulnerable children, the chronically ill, and their families. They've made a big difference in children's lives—even with the few resources they have—by creating a home-based care network, youth recreation clubs, HIV/AIDS resource centers, and an organic farm.

On the community-level advocacy front, Justice for Children Trust was formed in 2002 by a group of lawyers to provide legal aid to minors. They've handled more than 1,200 sexual abuses to date, but have also responded to the need for more

information on child protection laws by reaching out to communities and schools and alerting the public to opportunities for legal and policy reform.

As we chatted with Saeed and Petronella about their latest projects, successes, and challenges, the ideas flowed; stories were shared; solidarity was felt and expressed—it was too much stimulation to sleep....

These are the leaders and activists working on the "frontlines" of the HIV/AIDS epidemic, exchanging their passion, their commitment, their vision, and their stories in strong voices that ring throughout the gatherings, which otherwise so easily devolve into theorizing and posturing.... This is what makes me, personally, feel so privileged to support the work of Firelight grantees. They remind us every day of the realities faced by children in Sub-Saharan Africa whose lives are affected by HIV/AIDS. It is the stories they tell us about their community work and the children they support that bring real meaning and value to these large international meetings.

Jennifer Anderson-Bähr
Senior Program Officer,
(with comments from Zanele Sibanda Knight, Director of Programs)
Firelight Foundation

2:00 pm PDT
Saturday, 2 Aug 08

Choosing between sessions at these conferences is never easy, and today's opening day of the CCABA symposium was no different. So when the difficult choice came down to Stefan Germann's session on "The Best Evaluated Front-Line Programs" and Aaron Greenberg's session on "Institutional Shift," I chose the latter, because Firelight Advisory Board Member, Mulugeta Gebru, was one of the panelists, and I always learn from his talks.

Here are some highlights from his presentation arguing for the "deinstitutionalization of children" and a shift to community-based childcare. Mulugeta listed the following factors as being critical to the success of deinstitutionalization programs and the closing down of orphanages:

1. careful planning and an effective implementation plan
2. full participation of children in the whole process
3. continuous review of the deinstitutionalization strategy and its implementation
4. supportive government policies
5. adequate support to management and staff during the transition
6. partnership between the private and public sector

Mulugeta then went through the lessons he and his organization, the Jerusalem Children and Community Development Organization (JeCCDO) learned during their process:

1. Children need information about the deinstitutionalization process. The plan should never be made 'under the table' or behind closed doors without children's input.
2. Careful assessment of the social and cultural situation in the communities where reunification and reintegration is envisioned, is essential
3. Correct Motivation: “Deinstitutionalization should first and foremost be done for the well-being of children, not to get rid of children.”

Several questions from the floor raised thoughts and ideas as to how Firelight might move forward, in the aftermath of our “From Faith to Action” initiative advocating for community-based care over institutional care.

One gentleman from MSF politely pointed out that we needed to be very careful about “lumping” all residential care under the now-dirty word “orphanage”. He pointed to the innumerable grandparents and community members that open their homes to 20, 30, even 40 children in their neighborhoods and provide care that would otherwise not be forthcoming. He posed the important question: Should we consider these “orphanages” and therefore close them down and find other solutions for the care of these children? Are these the same as the large, impersonal institutions that we normally think of when we refer to “orphanages”? Can we not see these as community-based (versus institutional) responses and support these effective, so-called “hybrid” solutions?

Another individual cited evidence from a study his organization had conducted, comparing children in a small orphanage and children in foster care. His data suggested that on all psychosocial, material, educational, emotional, and other relevant indicators, the children in the small orphanage were far more advanced than the children in foster care. He suggested that we should look beyond what seems to be the current “orphanage-bashing” trend and instead focus on what is in the best interests of the child.

Indeed, it is useful and healthy to always keep the end-goal in mind—in this case, the well-being of children—and to always be open to new ways of reaching it. At Firelight, we believe that community-based care (versus institutional care) is the right solution. We know this based on our years of experience working on the ground, on research conducted on the effects of institutional care on children (mostly in Eastern European settings), and from what our grantees tell us again and again. But we are only now seeing the results of a few studies aiming to build the evidence base for the outcomes of children in family care as compared to those in institutional care.

Initial results from these studies show that the African context is more complex. A recent one by the Children's Institute at the University of Cape Town in South Africa speaks directly to the situation as described by the gentleman in this session: "A pair of assumptions underpins these dichotomies [i.e family/community-based care and institutional care]: first, that residential or institutional care is entirely distinct from family-based care or community-based care; and second, that family- or community-based care is by definition more protective of children and their rights than is care in residential care settings." Both rest on a clear distinction between residential or institutional care, on the one hand, and community- or family-based care, on the other. But the empirical evidence presented by this study clearly illustrates that this distinction has been getting more and more blurry. Care arrangements that would be considered to be residential care settings in terms of the Child Care Act were at times indistinguishable from family care in (extended) household settings.

There is some literature that is pushing this discussion to get to a better understanding of the outcomes of children in the continuum of care that we find in African settings. But as is true about much of the work on children affected by HIV/AIDS in Africa, there is still so much more hard work to be done to build the evidence base for community-based care.

Peter Laugharn
Executive Director,
Firelight Foundation

2:30 pm PDT
Saturday, 2 Aug 08

Firelight has invited a good number of its grassroots grantee-partners to the Mexico City AIDS Conference. This has provided a wonderful opportunity for me as incoming Executive Director to meet people working directly with children and communities affected by HIV/AIDS.

Last night, Firelight hosted a dinner with 17 people crowded around a table that would normally seat about 12. Four of us were Firelight staff (Zanele Sibanda Knight, Jennifer Lentfer, Jennifer Anderson-Bahr, and myself), two were from our donor, ELMA Philanthropies, three were Advisory Board members from Ethiopia, Kenya, and South Africa, and the remaining eight were from grantee-partner organizations in Lesotho, Malawi, Rwanda, Tanzania, Zambia, and Zimbabwe.

Our friends from ELMA Philanthropies were very curious to learn more about the organizations that ELMA funds through Firelight, particularly their organizational development needs and their relationship with Firelight.

Partners underscored their appreciation of Firelight's support and information-sharing through its weekly Newsflash and other channels. Palesa Mphohle of Touch Roots Africa in Lesotho said that she found Firelight's approach to monitoring and evaluation clear and useful. Abishek Musonda of Community Youth Mobilization in Zambia noted that Firelight asked for simpler, more straightforward reports than other donors, and he appreciated the fact that Firelight read, reflected on, and responded to those reports, as not all donors do.

I have been in the foundation world for a number of years, and I know from experience that a funder needs to take grantee-partner feedback with a grain of salt, as it is rarely negative. But I was struck by the consistent positive note struck, by the many concrete examples given, and by the partners' obvious enthusiasm to continue along this path with Firelight. It was a very heartening introduction to the Firelight network.

I should mention one dissatisfaction that was raised by partners—the fact that Firelight had had to put a cap on funding in the past year. Partners and Firelight staff agreed that this had been unfortunate, and I explained that this was simply a question of Firelight itself not having had enough funding to award all of the grants it could have.

I let the partners know that it was an important goal of mine that Firelight increase its budget, so that it could fund even more good work. And, of course, I now take the opportunity to ask you, as a reader of this blog, to think about how you could help me accomplish this goal!

Best regards from Mexico,

Peter Laugharn

Zanele Sibanda Knight
Director of Programs
Firelight Foundation

3:00 pm PDT
Sunday, 3 Aug 08

What a day!

Most people who attended the CCABA Symposium found it to be a valuable learning and networking experience. And those who attended the 2006

symposium thought this one focused on the right topics! But, as last year, we would have benefitted from more time for questions and discussion.

The day started off with a three-speaker panel (Linda Richter, Geoff Foster, and Jim Kim) sharing themes from the findings and recommendations of three learning groups of the Joint Learning Initiative on Children Affected by AIDS (JLICA).

Two of the themes affirm Firelight's beliefs and funding focus:

1. Families and communities care best for children, and the comprehensive HIV/AIDS response must provide integrated family-based responses;
2. Community-based organizations provide essential support to families caring for children affected by HIV/AIDS, and it is essential to continue to build and protect the community-level response.

The third theme focused on social protection, mainly through cash transfers as a means to reduce the chronic poverty of families affected by HIV/AIDS.

But while cash transfers can play an important role in facilitating access to food, healthcare, and education for children affected by HIV/AIDS, they should not be treated as the solution, especially without more information on the scale-up and roll-out of cash transfer programs. While easy enough to implement on a small scale, there is some skepticism around whether governments can and will lead the way in scaling-up cash transfer programs to reach the millions of vulnerable children who need them, especially those in remote rural communities. In concrete terms, it is much easier to see how cash transfers can offer a real solution when reaching 100,000 families in Kenya, but can the Kenyan government reach the roughly 1.6 million children who have lost one or both parents to AIDS in Kenya? The details on funding, human resources, and mechanisms aren't yet clear.

It would be beneficial for us to think through the link between the first two themes and the third, that is: how do cash transfer programs relate to the current reality that it is civil society and not government that reaches the vast majority of children affected by HIV/AIDS? We must also consider that the success of cash transfer programs depends on many other policies, systems, and supports—all of which require large investments that remain largely unfunded.

Cash transfers are often credited with driving up the demand for services, yet we know that many of the children are in areas where there are no clinics; where schools are far away; and where food production is unpredictable.

That doesn't mean that large-scale effective cash transfer programs can't be executed, but if they are implemented by government and community

organizations, they should not be regarded as a solve-all to the exclusion of other critical efforts such as those that address the social and emotional developmental needs of children.

So, to summarize: cash transfer schemes offer a good, but inherently short-term solution. It is the responsibility of civil society actors and public policymakers, alongside their funders, to ensure that cash transfer programs are well-integrated into a larger multi-system policy framework that functions holistically to address the fundamental causes of poverty that underpin and ultimately exacerbate the impact of HIV/AIDS on families. In simple terms: Transforming the lives of children and families is hard and difficult--there are no silver bullets. But we must start somewhere.

This is a good and important start, but we must think more broadly and holistically.

And we must be realistic.

Moving forward, bilateral funders will be investing more in cash transfers and rather than critiquing, we should offer constructive recommendations. As one example, we should start by briefing funders and policymakers on how cash transfers will undoubtedly change the dynamics around care and support for children, especially at the community level, and then move on to thinking through issues of implementation, including mechanisms, systems, resources, and funding.

Zanele Sibanda Knight
Director of Programs
Firelight Foundation

6:00 pm PDT
Sunday, 3 Aug 08

There were several other highlights from the second day of the CCABA Symposium.

Christopher Ngwerume of UNICEF Zimbabwe shared his work on the umbrella funding program to extend basic services, care, and protection to children and families in Zimbabwe. Pooled funds (US\$85 million) managed by UNICEF are channeled to 26 partner NGOs and family-based organizations (FBOs) who in turn fund 130 community-based organizations (CBOs). National and international NGOs receive consistent and systematic capacity development. The program steering committee includes seven government ministries, the National AIDS

Council, NGOs, UNICEF, donors, and civil society. Under this scheme, Zimbabwe has aligned bilateral donor funding to the key objectives of Zimbabwe's National Plan of Action. It has also managed to reduce overhead costs; streamline funding to CBOs; and build the essential pipeline needed to direct funds to the community level. Most importantly, it has increased the number of children receiving care and support. The model is not without its flaws and challenges: it has essentially built a parallel system for providing services to families and children and it provides little flexibility to CBOs, to name a few. In many ways, this is a spectacular achievement given the political and socio-economic crisis in Zimbabwe, where basic commodities are scarce and inflation is officially at 2.2 million percent.

The day ended with a brief summary from members of the Health and Development Network (HDN) team and a closing speech by Stephen Lewis. HDN shared some insightful observations--one of the most important was that the symposium failed to give equal attention to the challenges and solutions needed for other regions where vulnerable children face equally acute vulnerability, namely in Latin America and Asia.

They also emphasized the paradigm shift that JLICA had highlighted: we must not label and 'commodify' children, the essential role of civil society, the need for government to play its role, and—in the words of Linda Richter—"...the families who are truly related to the children."

Stephen Lewis' charge was to outline where we want to be in 2010. He noted the subtle retreat (by UNAIDS and the G-8, for example) from the goals of universal coverage by 2010. He emphasized the need to work in a "herculean way" toward those goals, realizing the loss of life that will result if we push the goal to post-2015. He stresses that we should focus on five areas:

1. 100% coverage in prevention of vertical transmission of the virus (the PMTCT label demonizes women);
 2. Increasing access to pediatric treatment of HIV/AIDS;
 3. Breastfeeding;
 4. Providing a nutritious meal to every child (it will only cost 71 cents a day);
- and
5. to continue in the struggle for gender equity—critical to preventing the infection of women and orphaning of children.

And as only Stephen Lewis can put it: "There must be no compromise; no retreat. We must act now!"

The Impact of HIV on Children: What Can Be Done to Minimize the Impact?

Geoff Foster, Joint Learning Initiative on Children and HIV/AIDS, Firelight Foundation Advisory Board Member

Highlights of Geoff Foster's points:

Foster shared results of a study for "World Conference of Religions for Peace", and focused on data and evidence based responses in comparison to Faith Based responses.

- Faith based support for OVC is provided on the basis of need, not creed
- Recently established responses at the community level
- Community support focuses on children living in families
- Faith based organizations scored highly in organizational capacity assessments
- Rising numbers of total orphans in the past twenty years, but rapidly rising numbers of double orphans

Four types of Faith Based responses to OVC

- Congregations (churches, mosques, etc.)
- Religious coordinating bodies
- NGOs
- Faith based community based organizations (volunteer run)

"I believe that there is a role for institutions in short term respite, but that children should be returned to families, if possible, where they can be provided with ongoing family support."

- FBOs provide medical care, school fees, and materials support
- Faith based organizations best structured to provide counseling and home based care, but not best structured for materials support because they are run through donations.

Most churches have some type of OVC or HIV response, but they're not being networked or supported from outside.

- FBOs need technical support and financial support. Most rely on volunteers and funds that they can raise.
- There is need for better documentation of FBO HIV responses.

email annemarie@firelightfoundation.org for the complete transcript of Geoff Foster's talk.

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Policy Brief - Food Prices and the AIDS Response: How they are linked, and what can be done

<http://www.ifpri.org/renewal/pdf/RFbrief01.pdf>