

IMPROVING THE LIVES OF ORPHANS AND VULNERABLE CHILDREN IN RESOURCE LIMITED SETTINGS

OVERVIEW

Despite major advances in addressing the HIV epidemic, the number of HIV-related orphans is still considerable, with a global estimate of 13.4 million children and adolescents orphaned by HIV. Most of these children reside in resource-limited settings and are in need of multiple support services for themselves and their families. Many of these adults are living with HIV; in addition, there are a substantial number of non-HIV-related orphans and vulnerable children (OVC) affected by poverty, abuse, exploitation, or limited nutrition or education.

In recognition of the magnitude of the existing population of OVC, the U.S. President's Plan for Emergency AIDS Relief (PEPFAR) includes congressionally-mandated funding, through the Hyde-Lantos Act, to address the needs of vulnerable children and adolescents under 18 years of age in resource-limited settings.

Intended beneficiaries of OVC programs include the following groups:

- Children orphaned due to HIV, having lost one or both parents
- Children directly affected by the disease: HIV-positive children, those living in a household where there is an HIV-positive person, and children exposed to HIV during pregnancy, delivery, or breastfeeding
- Children vulnerable to HIV or its socio-economic effects in high HIV-prevalence areas

The PEPFAR legislation recognizes the particular vulnerability of adolescent girls in high HIV-burdened areas and highlights the importance of addressing the needs of women and girls to reduce their HIV risk, including a comprehensive response to gender-based violence. PEPFAR-supported OVC programs aim to keep children healthy, safe, schooled, and in stable households.

CDC'S ROLE

With support from PEPFAR, the U.S. Centers for Disease Control and Prevention (CDC), in collaboration with country governments, directly supports the provision of OVC services in Côte d'Ivoire, the Democratic Republic of the Congo (DRC), Haiti, Kenya, Nigeria, Zambia, and Uganda. CDC has intensified the package of services for OVC to include not only health and nutrition, but also education, psychosocial care and support, household economic strengthening, capacity building, parental communication skills, and legal protection.

- OVC program staff in the community conduct household assessments to identify those most vulnerable. Tailored interventions in the community or facility are provided as needed to minimize individual and household-level vulnerabilities.
- OVC case managers in the community assess children's HIV status and, if needed, arrange for HIV testing. Community HIV-case finding through OVC programs is essential, since many children may not access health facilities or otherwise access testing.
- Staff at CDC-supported facilities assess and identify children attending HIV clinical programs who may benefit from OVC program services.
- CDC supports bidirectional referrals and joint case management of children to ensure services are complementary at the facility and community levels, so that beneficiaries can receive cohesive and comprehensive care to optimize HIV treatment outcomes and overall wellbeing.
- CDC also supports program evaluation and implementation science to inform the development of and measure the outcomes and impact of OVC services.

ACCOMPLISHMENTS / RESULTS

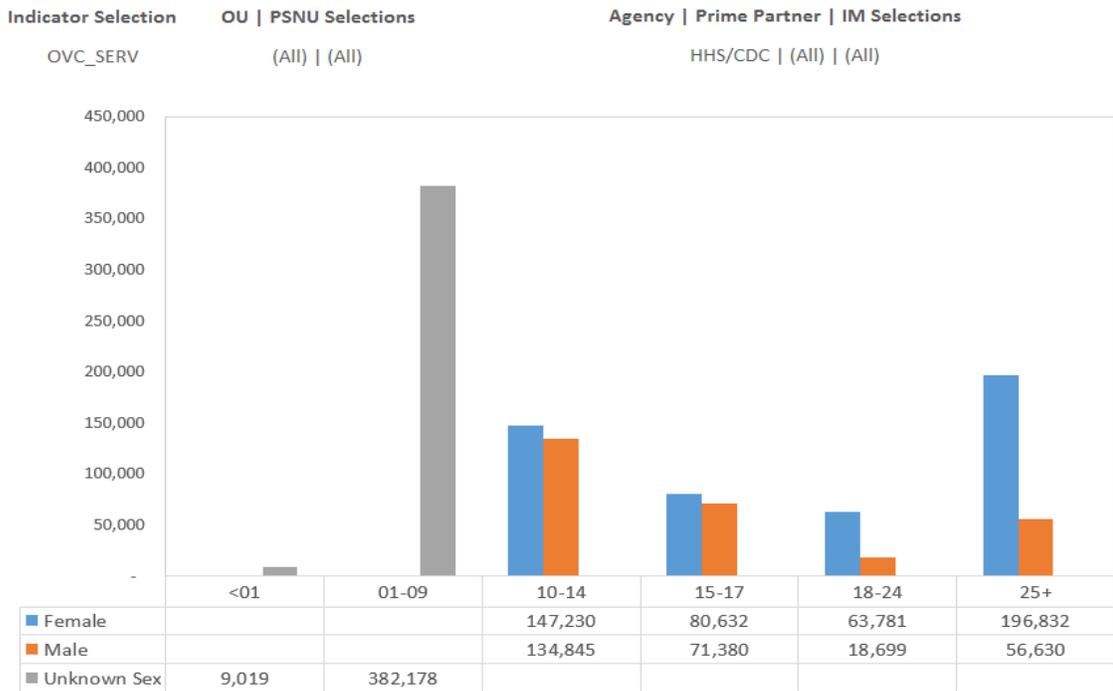
During the 2017 and 2018 fiscal year, three countries (DRC, Uganda, and Nigeria) completed a streamlining process to align OVC programs with PEPFAR's priority regions for HIV. During this period, CDC provided technical assistance for case management, partner management, data quality, community-facility linkages, and partner capacity assessments to minimize interruption of services to program beneficiaries.

In 2018, CDC's Maternal and Child Health Branch hosted an OVC Workshop for OVC specialists from five CDC country offices: Haiti, Democratic Republic of Congo, Uganda, Cote d'Ivoire and Nigeria. OVC specialists gained knowledge and skills on approaches to screening, enrolling and retaining OVC beneficiaries; collecting and using various data for monitoring; and evaluating OVC program impact.

By the end of fiscal year 2018, CDC partners provided services to more than 1,161,000 OVC and caregivers, including over 825,000 beneficiaries under the age of 18. These beneficiaries include infants under one year of age, many of whom are HIV-exposed and whose families receive OVC services tailored to improve prevention of mother-to-child HIV transmission program retention and outcomes. Beneficiaries also include youth, ages 19 to 24 years old, who will transition into adulthood or may be caregivers themselves. As shown in figure 1, CDC-supported services included a focus on reaching girls and young women, reflecting the emphasis on providing services to this particularly vulnerable sub-group.

Figure 1. OVC Beneficiaries served by CDC PEPFAR by age (years), Fiscal Year 2018 (OVC Dashboard, Unclean Quarter 4 Fiscal Year 2018 data)

Figure 1: OVC_SERV Results by Age and Sex
(Populated using sum of Age/Sex Disaggregates)



CDC-supported OVC programs demonstrate that small changes at the household level can have a substantial impact on children living in that household. Income-generating activities can help entire households become economically stable. They also enable caregivers to pay school fees so that their children can remain in school; staying in school has long-term social and economic benefits for these children and societies as a whole. Of particular importance is ensuring that girls are able to remain in school throughout high school. Girls who complete their high school education are at less risk of unplanned pregnancies and of acquiring HIV infection. Preventing HIV in these adolescent girls and young women has become a critically important goal for HIV epidemic control in recent years, as this population has the highest number of new HIV infections worldwide.¹

CDC works with both clinical and community-based partners to ensure that OVC services have the highest impact possible. Current areas of focus include:

- Employing an evidence-based program for parents and caregivers of 9-12 year olds (Families Matter! Program) which improves parenting practices and effective child-parent communication about sexual risk reduction, gender-based violence, sexual abuse, and other sex-related issues. Currently, the program is being implemented in CDC-supported OVC programs in Côte d'Ivoire, DRC, Haiti, and Nigeria.
- Improving prioritization, targeting, and enrollment of high priority HIV-positive subgroups and children and adolescents (ages 0-17) affected by HIV into OVC programs by developing an 'OVC Advocacy Tool' which allows countries to promote alignment of clinical

¹ Engle, Patrice L., et al. "Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries." *The Lancet* 378.9799 (2011): 1339-1353.

and community-based services. This tool is being used in Côte d'Ivoire, Kenya, South Africa, Mozambique, Namibia, and Uganda, and has been disseminated to all CDC country offices.

FUTURE EFFORTS

- CDC will continue to capacitate countries to use data in order to inform programming and to improve the quality of the services they deliver. CDC helps enable bidirectional information sharing among service providers in facilities and communities.
- CDC is developing strategies to improve access to age-appropriate OVC services for children of key populations (e.g. female sex workers, men who have sex with men, and people who inject drugs), and how best to link them to treatment if infected with HIV.

BENEFITS OF OUR WORK

CDC's OVC work has many benefits for the health of children and their families, including direct benefits such as linkage to HIV testing, antiretroviral treatment, or increased household income, as well as longer-term outcomes, such as better parent-child relationships, improved early childhood development, improved safety, and reduced exposure to violence and abuse. CDC's OVC services strengthen entire families, and therefore, will have a broader impact for the health and well-being of communities and countries as a whole.