









# **Successful OVC transition**

**Learning from 4Children Lesotho's Experiences 2017-2018** 



# Introduction

This learning brief captures the experience of transitioning a large USAD-funded orphans and vulnerable children (OVC) project from one USAID grantee to another. It shares the key steps and the critical success factors that enabled a smooth transition process, including undertaking project start up, contracting implementing agencies, implementing administrative processes, recruitment and training, and – most importantly - the management of the transfer of a large OVC caseload, with minimum disruption to service provision nor negative impact on beneficiaries.

The information included herein is drawn from documentation and observations by key staff from the Coordinating Comprehensive Care for Children (4Children) project who were directly involved in the transition. The key steps of the transition process were noted, checked against project records and internal and external communication, reviewed by 4Children staff and critical success factors were identified.

This learning document is not a formal or external evaluation; rather, it is a reflection from those directly involved within 4Children. Where possible, informal feedback from other actors such as University Research Company (URC), implementing partners and community volunteers and community stakeholders were also solicited.

In the past few years, several PEPFAR countries have transitioned OVC programs to new partners or new geographic areas. 4Children Lesotho hopes that these experiences can be of use to others who are involved in a similar transition exercise, in order to:

- a) promote the smoothest possible transition with minimum negative impact on beneficiaries avoiding interruption in service delivery whenever possible;
- b) identify potential human and financial resource efficiencies during similar handover or transition processes; and
- c) contribute to a sustainable response for children affected by HIV.

#### **ABOUT 4CHILDREN**

Initiated in September 2014, 4Children is a five-year USAID-funded consortium of organizations led by Catholic Relief Services (CRS) with partners IntraHealth International, Maestral International, Pact, Plan International USA and Westat. The project aims in part to strengthen and build the evidence base for effective OVC programming through research and evaluation.

4Children Lesotho is housed within the CRS Lesotho office and, together with three other DREAMS implementing partners, has been providing a comprehensive package of services targeting the most at-risk adolescent girls and young women (10-24 years) in Maseru and Berea districts.

#### **OVERVIEW OF VULNERABLE CHILDREN IN LESOTHO**

The Kingdom of Lesotho, a country of just under two million people, is among the countries hit hardest by HIV. An estimated 25% of Basotho aged 15 to 49 years are living with HIV, and approximately 21,000 Basotho become newly infected every year; of whom nearly one quarter are girls and young women aged 15-24 years. The country faces a huge challenge in bringing the epidemic under control and will be dealing with the impacts for generations to come.

The impact of HIV and of other socio-economic factors have a huge impact on children. An estimated 27% of children in Lesotho have lost one or both parents, with AIDS being the most common cause of orphanhood.<sup>3</sup> In 2010, an estimated 57% of households lived below the basic needs poverty line. Almost

<sup>&</sup>lt;sup>1</sup> UNAIDS data 2017, http://aidsinfo.unaids.org/

<sup>&</sup>lt;sup>2</sup> UNAIDS data 2017, http://aidsinfo.unaids.org/

<sup>&</sup>lt;sup>3</sup> UNICEF data https://www.unicef.org/infobycountry/lesotho\_statistics.html

two in five children (39.2%) are stunted and 14.8% severely stunted.4

In response to the high numbers of OVC and the vulnerabilities they face, the Government of Lesotho has invested significantly in developing a range of social protection, child protection, health and education strategies to provide an integrated response to vulnerable children.

#### PEPFAR SUPPORT FOR CHILDREN IN LESOTHO

PEPFAR has been making a large contribution to the significant progress being made in Lesotho's response to vulnerable children, especially those affected by HIV, for many years. Currently this support is delivered through the DREAMS program and a longstanding OVC program, due to end September 2018. The focus of these programs is to support OVC services and interventions to mitigate the impact of HIV by building resiliency in children and households and preventing and treating child and adolescent HIV infection in line with the UNAIDS 90-90-90 targets.

PEPFAR and the Government of Lesotho target all children vulnerable to or affected by HIV, not only those living with the virus or who have lost a parent. OVC activities are implemented in the five districts where HIV prevalence is highest (Maseru, Berea, Leribe, Mafeteng, and Mohale's Hoek). The DREAMS program targets the districts where HIV prevalence among adolescent girls and young women (AGYW) is the highest. The OVC program uses a case management approach to identify OVC and their households at or close to clinical services, with case management services being used as a platform to improve identification of HIV positive children, adolescents, and their caregivers and improve access to HIV prevention and care and treatment services.

## PEPFAR/USAID LESOTHO'S OVC INTERVENTIONS

From 2012-2015, PEPFAR/USAID contracted Management Sciences for Health (MSH) to support the Ministry of Social Development and other local partners through the "Building Local Capacity (BSL) Project". In October 2015, USAID ASSIST (Applying Science to Strengthen and Improve Systems), implemented by URC, continued to implement this work begun by MSH, and added the component of quality improvement (QI).

Due to the end of URC's global grant, ASSIST, it was not possible for URC to complete the work to the end of the five-year cycle. Therefore, PEPFAR/USAID requested that 4Children Lesotho continue the work for the last twelve months of the project; from 1 October 2017 to 30 September 2018.

## **Box 1: 4Children Lesotho OVC project**

The 4Children OVC project is a one-year program that will reach 48,647 orphans and vulnerable children and their caregivers in 46 community councils in the five districts in Lesotho with the highest HIV prevalence - Maseru, Berea, Mafeteng, Leribe and Mohale's Hoek.

The project applies a strengths-based approach that aims to build on the resourcefulness of households and communities and on existing systems and structures that support children and families. The strategic objective is that OVC and their households have improved well-being and resilience. This is achieved through three intermediate results:

OVC and their households have received appropriate care and support services. This is grounded in the use of quality case management as a platform for quality care and support services for OVC households. The case management approach is applied to identification of and improved access to health and HIV services, quality education services for pre-school through to secondary school, improved financial management skills including financial literacy and access to savings and loans groups, and increased access to services that promote child protection and prevent violence;

<sup>&</sup>lt;sup>4</sup> UNICEF data https://www.unicef.org/infobycountry/lesotho\_statistics.html

Stakeholders implement program quality improvements, using Community Improvement Teams, that are community-level groups that are supported to address social problems in their communities and that can engage with enhanced coordination structures;

Ministry of Social Development (MoSD) has developed a standardized HIV-sensitive case management system, with support to the MoSD to develop a harmonized framework for case management for vulnerable children.

The program's objectives contribute to all five priorities of the National Strategic Plan for Vulnerable Children (NSPVC) 2012-2018:

- Priority 1: Raising awareness and commitment to vulnerable children's rights and needs through advocacy and social mobilization;
- Priority 2: Strengthening the capacity of households and communities to protect, care for, and support vulnerable children;
- Priority 3: Strengthening social, legal and judicial protection of vulnerable children and their households;
- Priority 4: Scaling up availability and access to services by vulnerable children and their households; and
- Priority 5: Systems strengthening.

# Key steps in the transition process

The transition from the URC OVC project to 4Children was very rapid, as the timeline below (Box 2) illustrates. The initial request from USAID Lesotho to 4Children Lesotho was made in early August 2017. Formal handover of the project from URC to 4Children was completed by 31 October 2017, and all interventions were fully operational by January 2018, following an intensive recruitment and training program in the first two months of the project year, November to December 2017.

The key activities included:

- communication of the process internally within URC and 4Children, involving management and all affected staff;
- communication of the process to implementing partners and significant stakeholders, especially the Ministry of Social Development and the National Child Protection Coordinating Committee;
- review of the current ASSIST (URC) program and rapid assessment of key strategic interventions required for the 12-month period of implementation, undertaken by 4Children through site and partner visits and accompanied by URC who showed their engagement with the handover process;
- decisions and recruitment related to staffing;
- communication with beneficiaries, to ensure smooth transition.

Box 2: Timeline of significant steps in the transition process, August 2017 – January 2018		
23 August 2017:	USAID Lesotho emails CRS Lesotho advising them of the wish to transition the OVC project from URC to 4Children.	
29 August 2017:	First formal meeting between CRS Lesotho and URC leadership and USAID Lesotho, at which USAID Lesotho requested the proposed transition. USAID left the two implementing partners to jointly plan the proposed transition; the two organizations agreed on a tentative agenda for a three-day handover workshop.	
1-6 September 2017:	URC accompanied the 4Children Chief of Party to visit all six local implementing partners under ASSIST to collectively explain the transition process and to understand the project approach and partner expectations, skills and needs.	
7-8 September 2017:	A two-day transition meeting was conducted, at which all programmatic,	

operations, monitoring and management staff from both URC and 4Children attended. Both 4Children and URC management developed and agreed upon the agenda and methodology prior to the meeting. The result was a handover document clearly setting out roles and responsibilities, clear time-bound action points and a summary of key decisions.

Early September: Existing partners assessed and discussions beginning on workplans and finances.

13 September 2017: Meeting with directors from the five implementing partners to discuss their

expectations and begin developing workplans; individual workplans developed in

parallel with overall workplan and start-up training needs identified.

29 September 2017: Workplan submitted to USAID.

October 2017: Recruitment of staff, prioritizing existing project staff from URC through open

recruitment process.

24 October 2017: USAID approved workplan.

31 October 2017: URC hands over the complete project database, having completed their end of

year reporting to USAID, finalizing the full handover process.

End November 2017: All partners receive budgets, scopes of work, and signed contracts. Priority

capacity building training is delivered to implementing partners and rolled out to

their community volunteer case workers by January.

27 November 2017: Official project launch, opened by Principal Secretary of the Ministry of Social

Development and USAID.

1-15 December 2017: Two weeks of intensive start-up training for all social workers employed by

partners, updating on case management and introducing new curricula (Rethabile parenting, Singing to the Lions violence response, nutrition)

8 January 2018: Training in use of case management (revision of existing practices and

introduction of new essential elements) to all partners, over a two-week period.

22 January 2018: Case management work began in the field; assessments and referrals actively

underway.

# **Ensuring quality OVC support during transition**

Any transition process can potentially cause disruption to service delivery. USAID Lesotho, URC and 4Children all recognized that vulnerable children and their caregivers and families experienced as limited disruption as possible. Transition was necessary because URC's global ASSIST award was due to expire before project end, rather than due to technical or management concerns. This did facilitate the process of keeping children and their families at the heart of the transition process.

By the start of January 2018, the 36,074 already enrolled children and families were immediately reassessed and continued to receive services, five existing sub-grantees were able to continue work with already trained and qualified staff and volunteers, and there was minimal disruption in delivery of services to vulnerable children and families.

The following considerations assisted in this smooth transition.

1. Technical considerations placed at center of transition plans

USAID Lesotho chose to transfer the project directly into the work of an organization that was already implementing complementary programs in the two project sites. 4Children Lesotho's existing work for USAID under DREAMS was in the two districts, Maseru and Berea, and had staff experienced in OVC approaches; these included case management, parenting and working with local community development partners on children's vulnerability. The rapid transfer in large part was because these considerations were at the fore.

## 2. Strong technical capacity at a senior level from the start of handover

From the start of handover, 4Children invested time in understanding the existing project implementation, by taking time to understand the technical approach and skills that were already in place within the ASSIST project. The 4Children Lesotho Program Director was a qualified social worker and experienced in child protection issues. This made it possible to rapidly identify the technical challenges and opportunities related to case management, and immediately apply this to the operational and financial planning process. The technical review was completed before the full handover meeting and informed the findings.

It is not always possible to have the relevant technical skills and the project management skills in one person. However, it is essential to ensure that there is equal focus on both technical and operational aspects and build this into the transition process from the beginning. The combined technical and management experience enabled 4Children to focus on ensuring quality programming from the start, by: building in key issues into the program design, staffing and capacity building plans; ensuring that the program spoke to the needs of the existing beneficiaries and grassroots volunteers; and ensuring close relationships and collaboration with the Ministry of Social Development, who are key for a sustainable response.

#### 3. Meaningful systems strengthening focus enabled government stakeholder buy-in for transition

4Children Lesotho intentionally involved the Ministry of Social Development from the first day of transition, making it clear that the OVC project was implemented by USAID partners on behalf of and under guidance and leadership by the government. This enabled buy-in from national government staff who therefore promoted active support for handover from key government counterparts at district level, for example with support from District Child Protection Teams. The intentional engagement also enabled some key systems strengthening components of the project to be added to the project for the final year, thus contributing to a more sustainable response.

Already by September, one month after the transition plans began, CRS Lesotho supported the Ministry of Social Development core team to attend a regional case management meeting in Zimbabwe and involved the Principal Secretary (PS) and MoSD senior directors in development of the workplan.

As part of workplan development, a new component was added that sought to strengthen the MoSD

capacity in HIV-sensitive case management. Government partners were invited to the transition and planning meetings in September, to further ensure that the final workplan responded to the needs and challenges faced by government services.

The transition was thus an opportunity to further enhance a sustainable, government-led response to vulnerable children.

# 4. Ensuring that case management and referrals are central to a quality OVC response

Case management was always part of the OVC project. URC had developed a case management approach and the project focused on referrals to available services. This approach was expanded during transition.

"We invested a lot in ensuring strong management of case files. We overspent on that line item, making sure that all beneficiary case files were well organized. We helped partners to organize their own files (in addition to the case files that transferred between partners). Partners felt that was useful because they hired the same staff to improve their own internal case management filing systems in January."

4Children Lesotho management

4Children Lesotho focused on HIV-sensitive case management from the start, scaling up the technical capacity of implementing partners within the framework of the statutory social work and child protection sector. 4Children Lesotho prioritized continuity, using existing project referral and case management tools. However, after a technical review of the current process, looking at case files and talking to implementing partners and URC, 4Children used the transition as an opportunity to place greater emphasis on case management. 4Children built in the resources and proposed interventions that would ensure continuity of service delivery by prioritizing ongoing referrals, investing greater human resources in case management, and building in a case management approach.

A new element of the project was placement of technical expertise within the children's services department into the MoSD to develop a harmonized national case management system. 4Children Lesotho sponsored a MoSD visit to Zimbabwe during the planning process, and then worked with the MoSD to mutually agree on the technical support and capacity building aspects of the project.

# 5. Increasing quality and scope of direct service provision during transition

"School bursaries are allocated in January and so there was an effort to ensure that this happened, even while new and previous staff were being trained in revised case management protocols. This meant that case workers on the ground could continue to provide priority services."

4Children Lesotho OVC team member

"If I am asked what is the most useful part of the new approach, it is the parenting curriculum (Rethabile). It means that we can help families talk together and feel less stressed."

Case worker attached to one of the local implementing partners

The transition offered a chance to scale up the quality and breadth of services that could be provided directly to vulnerable children and families.

4Children Lesotho reviewed the range of services being provided in the initial project. Many of the services were provided through referrals to existing services provided by others. This depends on availability and quality of existing services. The transition offered an opportunity to focus on those services which were not sufficiently available from others.

Staff capacity building included training in use of curricula on positive parenting and post-violence support for children, nutrition and health support and a strong focus on referrals.

# **Operational and management success factors**

Alongside the technical focus of the project, several critical success factors relate to the management and operational approaches that were taken by URC, CRS and USAID Lesotho.

# 1. Transparent planning processes from the start between the two implementing agencies and a firm handover agreement

The 4Children Lesotho project, was clear about the importance of investing in a transparent handover process, based on mutual respect for organizational needs and a commitment to ensuring continuity of process and uninterrupted services to OVC and their families. URC committed the time and resources necessary to enable this transition and to ensure rapid information sharing.

A three-day meeting held in August 2017 included senior management from both URC and CRS Lesotho/4Children, from Chief of Party/Deputy Chief of Party, human resource and financial management.

A comprehensive handover plan was mutually developed and this agreement between the two parties underpinned all the subsequent actions. Senior leadership engagement and commitment to the process was important and was a factor in encouraging all stakeholders to stick to agreed roles and responsibilities during transition.

"When I needed some information or wanted to hold a meeting with project staff, URC were very willing to help."

## 2. Existing award infrastructure and overlapping award periods between the two parties

Select core staff from CRS and URC were available to work together for several months on the transition period. The handover process was able to begin before CRS negotiated an award with USAID because CRS Lesotho/4Children already had an open award (the 4Children/DREAMS award), and a fully functional office. As such, CRS was able to re-deploy relevant project staff (including a Project Director) to assist with transition; these staff had the materials (computers, vehicles, etc.) needed to complete this work without any additional procurement requirements. CRS' robust in-country presence ensured handover meetings could be scheduled on short notice and include all relevant personnel (technical staff, monitoring and evaluation, human resources, operations, and senior managers).

URC also received a brief extension period which meant they had an active award throughout the first few months of CRS' implementation. This was critical because it meant that URC staff were able to dedicate time during the final month of their project to supporting the handover and transition, and to use the extension period to wrap up reporting and other key close out activities. Had they not received this extension, the core staff needed to support transition likely would have been unavailable during the critical handover period.

### 3. Open communication from USAID to all stakeholders

USAID contributed to the smooth process by being an active facilitator of the handover. USAID made it clear to all stakeholders that URC's performance was not in question, rather that the ASSIST global award was ending prior to the OVC implementation phase in Lesotho, and that therefore a temporary one-year solution was needed. Although this may not always be the case in other transitions, the fact that USAID actively engaged and facilitated meetings and spoke to stakeholders made it easier to understand the need for the transition, thus mitigating any potential resistance. USAID supported the process of sharing of information.

# 4. Building on an existing partnership and collaboration

Although not formally partners, both implementing agencies were already working together in the implementing districts, through the USAID-PEPFAR DREAMS Initiative and through engagement in a range of coordination bodies at national and local levels. Lesotho is a small country and people already know each other well. In this case, knowing the key people concerned and having a track record in two-way collaboration assisted. This may not always be possible in other contexts but the two intensive handover workshops that were planned could be a way to ensure understanding of how the organizations operate.

"Relationship management really worked because I knew them well. When I asked them to schedule the meetings they did it willingly. We were referring girls for DREAMS activities to each other already so there had already been lots of collaboration in the field."

4Children Lesotho management

## 5. Flexible use of resources to facilitate a rapid transition

The top priority in transition was to avoid any time lag or unnecessarily interrupt services. A common challenge is the contractual processes that may often take a long time and restrict funding. In this case, the existing open award between USAID and CRS/4Children brought flexibility that enabled a more rapid and smooth transition.

USAID Lesotho confirmed that certain costs incurred by CRS could be incurred from 1 October 2017, though

the formal workplan was neither developed nor approved and the award modification was not final. For example, the Project Director was able to start work on the project on 1 October 2017, before the modification was finalized, as were several other key staff. Such flexibility from USAID's side reduced the risk of loss of staff or a break in work. In addition, all partners involved in the transition appear to have worked on the basis of mutual trust, with negotiations being based on good faith. This enabled people to act rapidly without having to rely on lengthy protocol except where required, and to speedily resolve problems, remove obstacles and mitigate against possible risks.

#### 6. Mobilization of surge capacity

CRS, as one of the world's largest organizations providing emergency response services and humanitarian relief, drew on its extensive knowledge and capacity related to rapid startup of new and often complex projects to inform start up planning, notably ensuring "surge support" to support the high-workload associated with startup and to fill gaps while recruitment processes were underway. Extensive attention was paid to securing necessary, highly qualified short-term staff to assist 4Children Lesotho team as they embarked on starting up this large, new activity. Examples include:

- Immediate mobilization of operations staff to support the handover process deployment of a Senior Operations Manager who could work on partner capacity assessments and contracts even before the workplan was approved, meaning that implementing partners could immediately start work on the day of handover. Of the six implementing partners under URC, five continued the work and the case load of the sixth organization was redistributed between the remaining five.
- Deployment of two short-term start up specialists (one operational and one technical) for five to ten
  weeks who could provide support in developing the workplan, enabling other project activities to
  continue whilst the new OVC project was being developed.
- Recruitment of ten temporary workers (who were DREAMS interns who had built up their skills during the DREAMS program) for three months, to enable handover of case files from URC to 4Children Lesotho and to enable handover of files between partners. This was a costly but essential activity, to ensure data integrity, accompanied by the purchase by CRS Lesotho of lockable filing cabinets and case management files for all partners, accompanied by training in managing case management files and storage.

CRS also had an in-country team with pre-existing understanding of USAID's systems, processes and procedures. So, for example, CRS could provide operational support to rapidly set up sub-awards to partners, in parallel to development of the workplan. CRS had the technical and administrative absorptive capacity for rapid project start up.

### 7. Rapid recruitment

Likewise, CRS emphasized the importance of prompt recruitment of full time personnel. To facilitate this, CRS' Human Resources personnel were engaged in the process from the initial handover meeting with URC. This allowed them to begin working on staffing plans, job descriptions and recruitment strategies as the workplan was being developed.

Throughout recruitment, 4Children Lesotho worked closely with URC to ensure that there was an open and transparent recruitment process for the new project, but that there was as little loss of existing skills and capacities as possible. 4Children Lesotho already had staff who were experienced in working in this area working in the DREAMS project; as the DREAMS project scaled down, staff were encouraged to apply for the new OVC work. URC staff were also encouraged to apply. Five former 4Children DREAMS staff were appointed to the OVC program, two staff from other CRS projects, and five URC staff were hired by CRS, bringing along institutional memory.

# **Ongoing challenges and conclusions**

There were also challenges in the transition process, in addition to the unavoidable challenge of the need to

rapidly mobilize the planning:

- URC engaged implementing partners through fixed-obligation awards, which meant that partners were paid based on deliverables and had extensive budget flexibility, so long as their milestones were achieved. CRS, however, engaged partners as sub-awardees, in which partners received financial advances which needed to be liquidated with full supporting documentation. Partners needed training and support in adapting their processes and systems to this new sub-award system. It was a hectic time for partners as they were also working to start up their programmatic activities and, thus, some partners experienced challenges with financial management and reporting during their first few months. CRS' team continues to provide ongoing support to partners to maximize compliance with USAID rules and regulations for subawards and ensure consistent partner cash flow.
- There was also a shift in the roles expected of partners, from an approach that primarily focused on identification of OVC and referral to existing services, to more direct service delivery, linked to enhanced capacity in case management. Partners were expected to undertake active case management and provide a wider range of services directly, including education (homework clubs), parenting training, nutrition and food security training and extension work, and psychosocial support training and support. This has increased the work load overall and caused confusion among some partners and field staff, requiring greater investment in training. There is an ongoing need to provide support to this changed approach.

Despite these challenges, the transition process has been considered by all involved to have largely been smooth and successful, with minimal disruption to service delivery. Stakeholders, including most importantly the Government of Lesotho, have reported feeling satisfied that the change has been a transparent process.

In conclusion, effective transition of an OVC project from one USAID implementing partner to another can be achieved over a three to four-month period. However, it requires:

- the commitment of and open communication between both partners;
- Ideally both transition agencies having active awards and equipped staff on the ground, committed to the transition;
- strong technical knowledge in the receipt partner to be able to anticipate technical challenges, design a robust program and ensure that there is no disruption of service for vulnerable children, their households or community members involved in the projects;
- extensive cross-functional surge support in place by the receipt partner during the initial months, because of the high human and other resource demands needed for programmatic start up, relationship building, staff recruitment, and other critical start up activities.

Coordinating Comprehensive Care for Children (4Children) is a five-year (2014-2019), USAIDfunded project to improve health and well-being outcomes for Orphans and Vulnerable Children (OVC) affected by HIV and AIDS and other adversities. The project aims to assist OVC by building technical and organizational capacity, strengthening essential components of the social service system, and improving linkages with health and other sectors. The project is implemented through a consortium led by Catholic Relief Services (CRS) with partners IntraHealth International, Pact, Plan International USA, Maestral International and Westat.











