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Policies for Orphans and Vulnerable Children:

A Framework for Moving Ahead

by

Rose Smart

POLICY

July 2003

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Germany
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The views expressed in this paper, however, do not necessarily reflect those of USAID.

Introduction

The HIV/AIDS epidemic is shattering children's lives and reversing many hard won children's rights gains. Following more than a decade of inadequate action, there is now an absolute imperative that the global community and every individual nation urgently mount large-scale, multifaceted responses to secure the future of all orphans and vulnerable children (OVC).

Purpose of the Paper

The paper has four main objectives:

- To present a summary of the global OVC situation and current policy responses;
- To outline existing policy frameworks for responding to OVC;
- To identify policy-level gaps in national responses to the growing crisis of OVC; and
- To propose a country-level "OVC policy package" and recommendations for future policy dialogue and action.

Focus

The paper has three explicit emphases. First, a recognition that the overwhelming majority of OVC live in developing countries, in particular in sub-Saharan Africa, and this is therefore the focus of the paper and the source of most of the examples that are cited. Second, an emphasis on HIV/AIDS affected children (as opposed to infected children), while recognizing that many OVC may be both affected and infected. And finally, a focus on the policy level, as opposed to the program or intervention level, though this distinction is somewhat artificial and at times difficult to make.

This final focus means that the paper does not attempt to present any of the implementation and service provision challenges that are currently in the public debate, such as how to scale up responses and roll out successful pilot projects. In addition, the brief does not permit a comprehensive exploration of specific issues that have clear policy implications such as the dilemma of community-based versus institutional care; the importance of including psychosocial support for OVC as part of comprehensive and holistic support; the critical need to vigorously address child sexual abuse; and the challenge of keeping infected parents alive to reduce or delay orphanhood. These issues are adequately covered in other publications, as well as within national and international forums.[1]

> *"The children of the world are innocent, vulnerable, and dependent. They are also curious, active, and full of hope. Their time should be one of joy and peace, of playing, learning, and growing. Their future should be shaped in harmony and co-operation. Their lives should mature, as they broaden their perspectives and gain new experiences."*
>
> World Declaration on the Survival, Protection, and Development of Children
> September 30, 1990

Target Readership

This paper is written primarily for individuals with strategic decision-making responsibilities for HIV/AIDS programs, in general, and for OVC programs, specifically—including USAID personnel (such as health and population officers in missions), other donors, and program managers in government and in civil society structures (such as nongovernmental organizations [NGOs] and faith-based organizations [FBOs]).

Methodology

Three main methodologies were used in preparing this paper: a literature review; an analysis of information provided by POLICY Project offices in Benin, Cambodia, Haiti, Kenya, Nigeria, Uganda, and Zambia; and papers presented and dialogue with participants at the Eastern and Southern Africa Workshop on Orphans and Vulnerable Children held in Windhoek, Namibia, in November 2002.

The country-level information from POLICY Project staff was provided in response to a questionnaire. The questionnaire covered the legal and policy environment within countries related to both children and HIV/AIDS,

OVC definitions used in policies, the forms of state support (if any) available for children, and whether or not an OVC assessment had been done and if the results had been used in defining appropriate responses. Except for a couple of instances, most of the information provided in the questionnaires concurred with other sources of information.



Concepts and Definitions

Definition of a Child

In most international and national instruments, children are defined as boys and girls up to the age of 18 years. The age of 18 years relates primarily to the generally accepted age of majority, though in all countries there are legal exceptions, for example, the age at which a child may be married, make a will, or consent to medical treatment.

- In South Africa, a child may consent to medical treatment, such as an HIV test, without parental consent from the age of 14 years.[2]
- In Sri Lanka, Sri Lankan Kandyan and Muslim laws regulate the minimum age for marriage. Girls as young as 12 may be married with parental consent.[3]
- In Ethiopia, a minor may make a will alone when he attains the age of 15 years.[4]

In the context of HIV/AIDS, the definition of a child has particular relevance in light of

- The age at which compulsory education ends;
- Any differences between girls and boys, for example, in relation to marriage and the age of sexual consent;
- Legal capacity to inherit and to conduct property transactions; and
- The ability to lodge complaints or seek redress before a court or other authority.

Definition of an Orphan

The definition of an orphan varies from country to country (see Table 1). The main variables are

- Age – children up to 15 or up to 18 years; and
- Parental loss – mother, father, or both parents dead.

Table 1. Definitions of Orphans from Selected African Countries

Namibia	A child under the age of 18 who has lost a mother, a father, or both – or a primary caregiver – due to death, or a child who is in need of care.[5]
Ethiopia	A child less than 18 years of age who has lost both parents, regardless of how they died.[6]
Botswana	A child below 18 years who has lost one (single parents) or two (married couples) biological or adoptive parents.[7]
Uganda	A child below the age of 18 years who has lost one or both parents.[8]
Rwanda	A child who has lost one or both parents.[9]

Definition of a Child Orphaned by HIV/AIDS

The report, *Children on the Brink*—a joint publication of UNAIDS, UNICEF, and USAID—has become the standard reference for definitions and estimates related to OVC. In *Children on the Brink 2002*, the UNAIDS Reference Group on Estimates, Modeling, and Projections[10] defines a child orphaned by HIV/AIDS as a child, under 15 years of age, who has lost at least one parent to AIDS.

Other variables presented in the estimates of OVC include

- Orphans as a percentage of all children;
- Number and percentage of children orphaned as a result of HIV/AIDS as compared with total orphans; and
- A breakdown of children who are maternal, paternal, or double orphans.[11]

A frequently expressed concern about the definition used to quantify and predict numbers of orphans is the age range of 0–14. The rationale for using ages under 15 is statistical and methodological, linked to the age categories used in most Demographic and Health Surveys, as these are a primary source of information. This statistical necessity should not imply that services for OVC be limited to children under age 15.

The recent trend to define orphans due to HIV/AIDS in terms of the death of one or both parents, as opposed to the previous focus on maternal death, addresses the findings of research conducted in Uganda that showed that paternal orphans may be even more seriously affected than maternal orphans.[12]

A final concern that is being widely debated is that the orphan estimates do not adequately reflect children who are vulnerable, as a result of all causes, including HIV/AIDS. Countries seeking to quantify the current and future burden of OVC may need to supplement their data on orphans with information from a situation analysis that covers all vulnerable children.

Terminology and Concepts Relating to Orphans and Children Affected by HIV/AIDS

Four issues are covered in this section:

- Terminology used to describe orphans and vulnerable children;
- The relevance of identifying the causes of orphanhood;
- Stigma and discrimination associated with HIV/AIDS; and
- Defining vulnerability in different contexts.

Orphans and Vulnerable Children

There are multiple terms used to encompass orphans and (other) vulnerable children, only some of which relate specifically to vulnerability resulting from HIV/AIDS. These terms[13] include children affected by AIDS (CABA or sometimes shortened to CAA); children and adolescents affected by AIDS (CAA, which is reportedly used in Cambodia); CINDI, or children in distress (which is frequently used in South Africa); children in extremely difficult circumstances (CEDC, a term used in Zimbabwe, and previously by UNICEF); children in difficult circumstances (used in Zambia); children in need of special protection (CNSP, used in Kenya);[14] and children from disjointed households (used in recent research from Tanzania).[15]

For the purposes of this paper, the abbreviation OVC is used, meaning orphans (from all causes) and vulnerable children.

Causes of Orphanhood

It is universally agreed that there is merit in distinguishing between different causes of orphanhood and vulnerability only as far as this allows for a better understanding of circumstances, vulnerability, and need. Distinctions such as whether a child is an orphan because his or her parents died of AIDS or from some other cause should never be used at the programmatic level to include or exclude certain categories of children from their entitlements.

Yet there are a number of examples of programs that provide support exclusively to children who are orphans because their parents died of AIDS or to those children infected with HIV. For example, in Benin, children under 10 years with AIDS qualify for free medical attention, and children orphaned by AIDS qualify for support consisting of food security, clothes, and free education.[16] While the intentions of this sort of targeting may be good, this can compound the problems that surround so-called "AIDS exclusivity" (AIDS treated differently than other diseases) and can worsen the stigma that may be associated with an "AIDS label".

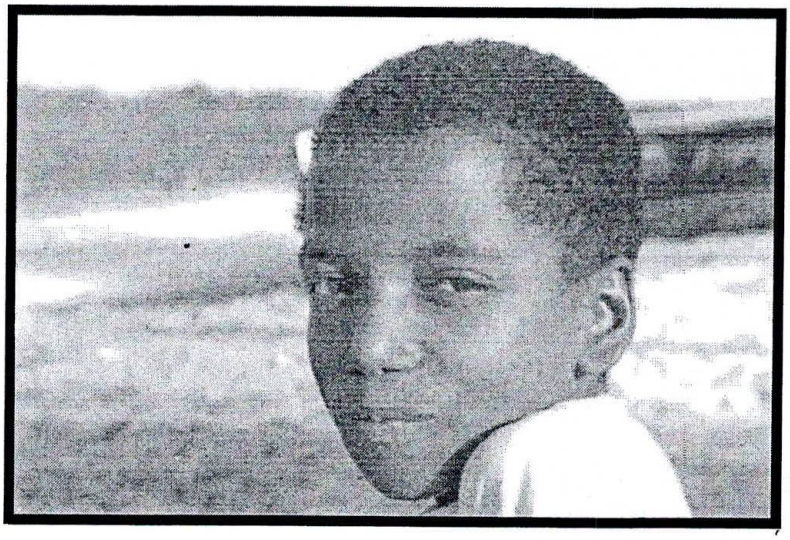
Stigma and Discrimination

Even in countries with well-established epidemics, HIV/AIDS-related stigma and discrimination are often pervasive. Typically, this is not restricted to individuals who are infected but affects their families as well. Children from HIV/AIDS-affected households report experiencing stigma and discrimination on many levels and in all aspects of their lives.

Within the extended family, children orphaned by HIV/AIDS tell of being expected to work harder than other children in the family and of being the last to get food or school fees. Within the community, they are socially ostracized and marginalized, by adults as well as by other children. Discrimination at schools, in health services, and in other institutions compromises their rights and frequently limits their access to opportunities and benefits.

Vulnerability

Vulnerability is a complex concept to define, as is illustrated in local/community definitions of vulnerability, which often include disabled or destitute children; in policy and support provision definitions, which list categories of children; and in working definitions, which are used in various documents (see Table 2).



The concept of vulnerability is not only restricted to individuals, such as children, but is often used to refer to households as well.

Finally, there is evidence that challenges the assumption that orphans are the most vulnerable children. Studies by Ainsworth and Filmer,[17] and Huber and Gould,[18] where non-enrolment and non-attendance at school were used as proxies for vulnerability, found that, in many countries, poor children (rather than orphans) were most likely not to be enrolled or to be out of school. Though generalizations across countries (28 countries in four regions in the Ainsworth and Filmer study) can be challenged, the link between poverty and vulnerability seems well established, suggesting that policies to raise enrolment among the poor will also have a positive impact on disadvantaged OVC.

Table 2. Children Defined as Vulnerable

Botswana – policy definition[19]	▪ Street children ▪ Child laborers ▪ Children who are sexually exploited ▪ Children who are neglected ▪ Children with handicaps ▪ Children in remote areas from indigenous minorities
Rwanda – policy definition[20]	Children under 18 years exposed to conditions that do not permit fulfillment of fundamental rights for their harmonious development, including: ▪ Children living in households headed by children ▪ Children in foster care ▪ Street children ▪ Children living in centers ▪ Children in conflict with the law ▪ Children with disabilities ▪ Children affected by armed conflict ▪ Children who are sexually exploited and/or abused ▪ Working children ▪ Children affected/infected by HIV/AIDS ▪ Infants with their mothers in prison ▪ Children in very poor households ▪ Refugee and displaced children ▪ Children of single mothers ▪ Children who are married before the age of majority
South Africa – local/community definition[21]	Child who: ▪ Is orphaned, neglected, destitute, or abandoned ▪ Has a terminally ill parent or guardian ▪ Is born of a teenage or single mother ▪ Is living with a parent or an adult who lacks income-generating opportunities ▪ Is abused or ill-treated by a step-parent or relatives ▪ Is disabled
South Africa – working definition for Rapid Appraisal[22]	▪ A child who is orphaned, abandoned, or displaced ▪ A child, under the age of 15 who has lost his/her mother (or primary caregiver) or who will lose his/her mother within a relatively short period
Zambia – definition for accessing support[23]	In Zambia, Community Committees identify OVC to quality for the Public Welfare Assistance Scheme in terms of the following criteria: ▪ Double/single orphans ▪ Does not go to school ▪ From female/aged/disabled-headed households ▪ Parent/s are sick ▪ Family has insufficient food ▪ Housing below average standard

Scale and Impact

In countries around the world, the HIV/AIDS epidemic can be depicted as a succession of three waves (see Figure 1). The first wave of HIV infections is followed some years later by the second wave of AIDS illness and death. This, in turn, is followed by the third wave of children who have been orphaned by HIV/AIDS, with the associated impacts at multiple levels.

The HIV/AIDS epidemic is producing orphans on an unrivaled scale. Historically, large-scale orphaning has been a sporadic, short-term problem associated with war, famine, or disease. Orphaning caused by HIV/AIDS is and increasingly will be a long-term, chronic problem, affecting developing countries throughout the world.

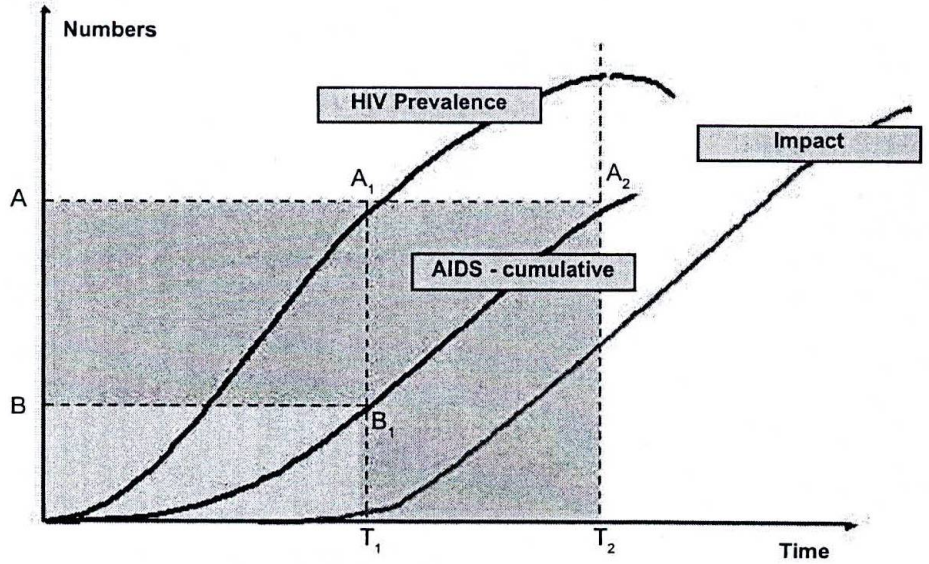
In mid-2002, there were more than 13 million children under 15 who had lost one or both parents to AIDS, the vast majority of whom live in sub-Saharan Africa.[24] Future estimates suggest that in the year 2010, more than 25 million children will be orphans.

Although the overwhelming majority of OVC are living with surviving parents or extended family, many of them are being cared for by a remaining parent who is sick or dying, elderly grandparents—who themselves are often in need of care and support, or impoverished relatives struggling to meet the needs of their own children. Increasing numbers of children are living in child-headed households, with minimal or no adult supervision or support.

> *"We're just beginning to understand that where AIDS is concerned, gender inequality is lethal. It requires a campaign, across the continent and the world, to enshrine gender equality in the family, in the laws, in the institutions, and in the apparatus of the State."*
>
> Stephen Lewis
> UN Secretary General's Special Envoy for HIV/AIDS in Africa
> Conference on HIV/AIDS and the "Next Wave" Countries
> Washington, DC
> October 4, 2002

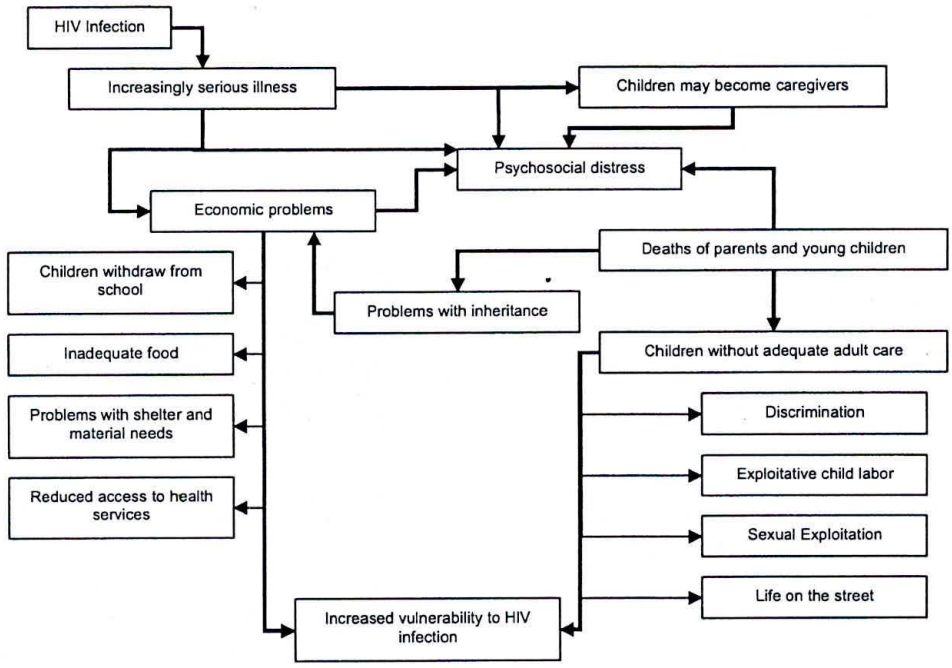
The human and social costs of the epidemic are enormous. For children in seriously affected communities, the whole nature of childhood is changing fundamentally. Children are at increased risk of losing opportunities for school, health

Figure 1. Epidemic Curves, HIV/AIDS, and Impact



Source: Whiteside (2002)

Figure 2. Problems Among Children and Families Affected by HIV/AIDS



Source: Williamson (March 2000)

care, growth, development, nutrition, and shelter. Moreover, with the death of a parent, children experience profound loss, grief, anxiety, fear, and hopelessness with long-term consequences such as psychosomatic disorders, chronic depression, low self-esteem, learning disabilities, and disturbed social behavior. This is frequently compounded by "self-stigma"—children blaming themselves for their parents' illness and death and for the family's misfortune.

Discrimination is pervasive and destructive, based on a host of factors such as gender, poverty, orphanhood, and residence (rural, slums, homeless children, children living and/or working on the streets, and children placed in alternative care). In addition, girls (and women) are commonly discriminated against in terms of access to education, employment, credit, health care, land, and inheritance.

Figure 2 depicts the typical range of problems experienced by children and families affected by HIV/AIDS.

At the family level, the epidemic causes incomes to dwindle and assets to shrink as breadwinners fall ill and die. This, in turn, results in family structures changing and households fragmenting, becoming poorer and facing destitution, particularly those headed by grandparents or headed by children themselves.

At the community level, the growing demands on communities as a result of the HIV/AIDS epidemic are multiple and multifaceted. That communities have an enduring capacity to cope is a presumption that figures prominently in the literature and that frequently underpins policy and practice. The presumption, however, is seriously flawed. The reality, particularly in communities seriously affected by HIV/AIDS, is of coping mechanisms strained to the breaking point and traditional safety nets unraveling.[25]

At the societal level, commonly across seriously affected countries, the epidemic is deforming the demographic profiles of nations. HIV/AIDS is also a potent factor contributing to humanitarian crises on the African continent—there are currently 14.4 million people facing starvation. And, when economies falter, as is happening in many African countries, the number of people living in poverty increases and the gap between the rich and poor widens, further fueling the HIV/AIDS and poverty cause-and-effect relationship.

> *"AIDS threatens more than the capability of a household to function as an economic unit, the entire social fabric of the family is potentially disrupted or dissolved."*
>
> Mann et al. (1992: 196)
> (as cited in Baylies [2002])

Legal and Policy Frameworks for OVC Responses

HIV/AIDS and human rights international guidelines define the parameters of a rights-based, effective response to the epidemic in terms of establishing appropriate governmental institutional responsibilities, implementing law reform and support services, and promoting a supportive environment for groups vulnerable to HIV/AIDS and for those living with HIV/AIDS.[26]

This section seeks to cover legal and policy milestones that apply to children in general and OVC in particular, including:

- International and national legal and policy instruments;
- Frameworks for responding to the issue of OVC; and
- Principles to guide responses.

International and National Legal and Policy Instruments

There are a number of international conventions, goals, and other instruments that define the framework for action for OVC. Some key examples are listed below.

1. In September 1990, the World Declaration on the Survival, Protection, and Development of Children was agreed at the World Summit for Children. Signatories committed to a 10-point program to protect the rights of children and to improve their lives.[27]

2. The Millennium Summit in September 2000 reaffirmed international commitment to working toward a world in which sustaining development and eliminating poverty have the highest priority. It also identified a number of Millennium Development Goals, some of which are relevant to the rights of all children, including OVC, in particular those related to education:

   Universal primary education—By 2015, children, boys and girls, able to complete a full course of primary schooling.

   Achieve gender equality—Girls and boys have equal access to all levels of education.

3. Article 26 of the Universal Declaration of Human Rights, which also deals with the right to education, states that:

   Everyone has the right to education... Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship...

   This right includes the right to receive HIV-related education, particularly regarding prevention and care. It is the state's obligation to ensure, in every cultural and religious tradition, that appropriate means are found so that effective HIV/AIDS information is included in educational programs inside and outside schools.

4. Many nations have committed to the Education for All (EFA) goals set at the World Conference on Education for All in Jomtien, Thailand, in 1990 and reviewed at the 2000 meeting in Dakar, Senegal, when 164 governments committed to achieving education for all by 2015 or earlier.[28]

5. The International Covenant on Economic, Social and Cultural Rights (1996) is the pre-eminent international treaty dedicated to the protection of economic and social rights. Article 9 recognizes the right of everyone to social security and Article 11 recognizes the right to an adequate standard of living, including adequate food, clothing, and housing, and to the continuous improvement of living conditions.

6. The Convention on the Rights of the Child (CRC) is a framework that guides programs for all children, including OVC. The four pillars of the CRC are:

   - *The right to survival, development, and protection from abuse and neglect;*
   - *The right to freedom from discrimination;*
   - *The right to have a voice and be listened to; and*
   - *That the best interests of the child should be of primary consideration.*

7. More recently, in June 2001, the UN General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS set specific targets for all signatory nations. Recognizing that children orphaned and affected by HIV/AIDS need special assistance, nations must:

   By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counselling and psycho-social support, ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;

   66. Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;

   67. Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa.

> *"Yet despite this expression of commitment, the actual response [to HIV/AIDS] has been limited in scale, fragmented and shamefully short of what is required to halt this preventable tragedy."*
>
> Report on the Africa Leadership Consultation
> Urgent Action for Children on the Brink,
> Johannesburg, South Africa
> September 9-10, 2002

Turning to national frameworks for action:

1. Most nations have constitutions that protect the basic human rights of all citizens, including children.

2. In addition, most also have laws governing sectors (e.g., education, welfare, and health) that define rights and access to these services. For example, the government of the United Republic of Tanzania has a Primary Education Development Plan (2002–2006) that articulates the vision of universal primary education within existing policy frameworks, the country's Poverty Reduction Strategy Paper, and its Vision 2025.[29]

3. Poverty reduction strategy papers (PRSPs), frequently set within a debt relief context, associated with the highly indebted poor countries (HIPC) initiative, focus efforts on reducing income poverty; improving human capabilities, survival, and social well-being; and containing extreme vulnerability among the poor. So far, OVC, as one of the most significant consequences of the HIV/AIDS epidemic, have not been explicitly recognized in PRSPs—a situation that is widely regarded as a lost opportunity.

4. The development of a national HIV/AIDS strategy is a well-established early response by governments to deal with the HIV/AIDS epidemic. In almost all national strategies, care and support for OVC is a priority area though it is often implicit, within the concept of care and support for the infected and affected as opposed to being explicitly stated. It should also be noted that other priorities, such as the prevention of HIV transmission to men and women who have or may have children, and the prevention of mortality (of infected parents) are strategies that have the potential to improve the OVC situation.

5. Many countries have child-focused legislation, such as a Children's Act (Kenya) or Children's Statute (Uganda) that regulates protection of and services for children. Few countries, however, have specific national orphan policies (Botswana, Malawi, Rwanda, and Zimbabwe are exceptions). There does, nonetheless, appear to be the intention, in a number of countries, to develop such policies.

6. Finally, at the national level, sector-wide approaches (or SWAPs) are increasingly seen as a way to achieve long-term development and poverty eradication targets, to redress the problem of fragmented interventions and to ensure an equitable, efficient, and sustainable sector. SWAPs imply collaboration by key stakeholders and pooling of human, financial, and material resources for planning, implementation, monitoring, and evaluation.

   Mainstreaming HIV/AIDS into SWAPs is gaining popularity, particularly in health, education, local government, and agriculture SWAPs and could conceivably create real opportunities to effectively and holistically address the issue of OVC, as well. The emphasis on multisectoral structures, on institutional reform, and on increased civil society participation all offer opportunities to improve support for OVC.

Frameworks for Responding to the Issue of OVC

A number of model frameworks for responding to OVC have been developed, three of which are summarized below.

Family Health International (FHI)[30] developed a set of activities to achieve the objective of improving the well-being and protection of OVC and families and reducing the burden of HIV/AIDS on these children and their families.

The activities suggest a useful framework that could be used by countries, ministries, and donors. They cover:

- Conducting assessments and supporting participatory strategic and program planning;
- Strengthening community mobilization to increase the capacity of communities to identify vulnerable children and to design, implement, and monitor their own OVC support activities;
- Fostering community-based care and support of OVC;
- Integrating OVC support with home-based care, voluntary counseling and testing and mother-to-child transmission prevention activities;
- Strengthening medical care, including home-based care, for children living with HIV/AIDS;
- Providing training and support for individual counseling and succession planning for children affected by HIV/AIDS;
- Supporting comprehensive, culturally appropriate psychosocial interventions for OVC;
- Assisting in the development of strategies and partnerships to create or maintain household resources and community safety nets;
- Supporting child-headed households and children as caregivers;
- Supporting interventions to reduce institutionalization and abandonment of children; and
- Monitoring and evaluating OVC programs.

Should these activities form the basis of a framework for action, it is proposed that three additional aspects be added, namely, emphasis on creating an enabling policy environment, reducing discrimination, and preventing parental infection.

Children on the Brink 2002[31] presents five strategies for intervention, which have been widely accepted. These are:

- Strengthening and supporting the capacity of families to protect and care for their children;
- Mobilizing and strengthening community-based responses;
- Strengthening the capacity of children and young people to meet their own needs;
- Ensuring that governments develop appropriate policies, including legal and programmatic

frameworks, as well as essential services for the most vulnerable children; and

- Raising awareness within societies to create an environment that enables support for children affected by HIV/AIDS.

Like the FHI framework, the strategies recognize the need to raise awareness, mobilize responses (at different levels), and then strengthen those responses within an enabling legal, policy, and programmatic framework.

The Rapid Appraisal[32] of children living with HIV/AIDS in South Africa proposes a framework for action for OVC consisting of the following ten elements:

- Multisectoral policy development;
- Advocacy;
- Mainstreaming HIV/AIDS and children's issues into key program and development areas;
- National and provincial capacity building;
- Local and community capacity building;
- Building capacity in children;
- Establishing priority needs across a continuum from prevention to care and support;
- Research;
- Project and program development; and
- Mobilizing and coordinating the response.

Once again this framework echoes the same key themes. An enabling legal, policy, and programmatic framework that addresses stigma and discrimination and facilitates initiatives at all levels—community, local, provincial, and national—and that is developed consultatively and based on research. In addition, the framework proposes advocacy, awareness, and mobilization activities and strengthened individual, family, community, and sectoral responses that are holistic in nature, needs-driven, and mainstreamed into broader development programs.

Principles to Guide Responses

Finally, a set of principles to guide action for OVC has emerged from consultations during and after the XII International AIDS Conference. These appear in a number of publications, in slightly different forms, but with essentially the same meaning. One example is given below in Table 3.

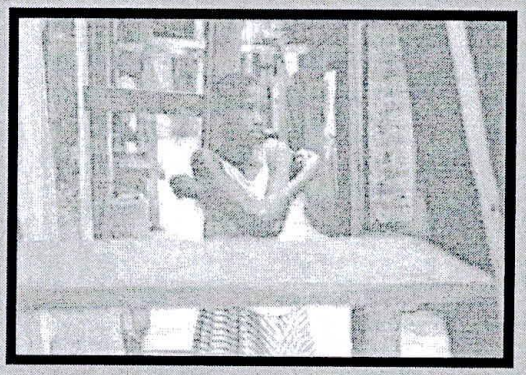
Table 3. Guiding Principles for OVC Responses[33]

- Strengthen the protection and care of OVC within their extended families and communities.
- Strengthen the economic coping capacities of families and communities.
- Enhance the capacity of families and communities to respond to the psychosocial needs of orphans, vulnerable children, and their caregivers.
- Link HIV/AIDS prevention activities, care and support for people living with HIV/AIDS, and efforts to support orphans and other vulnerable children.
- Focus on the most vulnerable children and communities, not only those orphaned by AIDS.
- Give particular attention to the roles of boys and girls and men and women, and address gender discrimination.
- Ensure the full involvement of young people as part of the solution.
- Strengthen schools and ensure access to education.
- Reduce stigma and discrimination.
- Accelerate learning and information exchange.
- Strengthen partners and partnerships at all levels and build coalitions among key stakeholders.
- Ensure that external support strengthens and does not undermine community initiative and motivation.

A Decade of OVC-Related Events

There have been many international and regional events that have shaped global thinking and planning around OVC, the more significant of which are listed below.

In **1994**, at a workshop in Zambia on support to children and families affected by HIV/AIDS, the Lusaka Declaration was adopted. Issues such as the need to assess the magnitude of the problem, the place of institutional care, the need for material and financial support for affected families, survival skills and vocational training for OVC, and their right to basic education were all reflected in the declaration.



In **1998**, a UN General Discussion on "Children living in a world with AIDS" was held. The committee stressed the relevance of the rights contained in the Convention on the Rights of the Child to prevention and care efforts, recalling that HIV/AIDS was often seen primarily as a medical problem, while the holistic, rights-centered approach required to implement the convention was more appropriate to the much broader range of issues that must be addressed.

In June **1998**, a regional CINDI conference was held in Pietermaritzburg, South Africa, at which country representatives committed to setting up OVC Task Teams in their countries.

In November **2000**, an African regional meeting on OVC was held in Lusaka, Zambia, at which countries made commitments and plans to address the issue of the growing numbers of OVC in their countries.

In June **2001**, the UNGASS was convened to review and address the problem of HIV/AIDS in all its aspects as well as to secure a global commitment to enhancing coordination and intensifying efforts. The resulting Declaration of Commitment on HIV/AIDS includes a specific section and set of policy and strategy actions on OVC for signatory states (see page 10 above under international legal and policy instruments).

In **2002**, the UN Special Session on Children resulted in the World Fit for Children Declaration.

In April **2002**, in the spirit of the Pietermaritzburg and Lusaka meetings, a regional workshop on OVC was held in Yamoussoukro, Côte d'Ivoire for Central and West African countries with representatives from 21 countries. Country representatives committed to setting up task teams in their countries to develop action plans to ensure the realization of the targets pertaining to OVC set forth in the UNGASS declaration.

In September **2002**, an Africa Leadership Consultation entitled "Urgent action for children on the brink" aimed at developing consensus on priorities for a scaled-up response to the OVC crisis and proposed actions to mobilize the leadership, partnerships, and resources required to deliver on the UNGASS commitments.

And, in November **2002**, an Eastern and Southern Africa workshop on OVC (with representation from 20 countries) was held in Windhoek, Namibia, to assess the progress of countries toward meeting the UNGASS goals.

Current Responses and Policy Gaps

What needs to be done to secure the future of OVC has been clearly articulated in frameworks and consultations, but the "how" remains elusive. Recent research, reviews, and debates indicate some of the challenges and practical ways forward.

Phiri and Webb[34] identified the following five main policy challenges:

- Reaching consensus on policy-related definitions of OVC;
- The emergence and realization of rights-based approaches to programming for OVC;
- The replication and scaling up of "good" practices in support of OVC;
- Effective flow of "resources to the base"; and
- Mobilizing political will.

At a planning meeting held in November 2002,[35] the Interagency Task Team on OVC identified several practical actions to move the policy process forward:

- Develop a collaborative process to gather evidence (research) on effective models of program implementation;
- Expand collaboration on *Children on the Brink 2004* and include data on children up to 18 years of age;
- Strengthen advocacy through development and use of presentation materials and toolkits;
- Develop and implement costing of specific program approaches;
- Develop and implement a collaborative monitoring and evaluation framework to measure progress toward UNGASS goals, including indicators, survey instruments, and special studies (e.g., children outside of family care);
- Demonstrate serious OVC response scaling-up effort in one or more "expanded partnerships" countries; and
- Mobilize and sustain significant scale-up of OVC responses (inclusive of children without family care) by strengthening collaboration and organizational capacity development for long-term management of OVC response processes and programs at local and national levels.

Proposed OVC Policy Package

The following "OVC policy package" has emerged in the process of researching this paper. The package consists of 12 components, all of which should be considered as countries define their responses to addressing the needs of OVC. The components are:

1. Laws protecting the rights of all children
2. National HIV/AIDS strategies that include an explicit focus on OVC
3. National OVC policy and guidelines
4. Targeted issues-based advocacy
5. A multisectoral OVC structure
6. Situation analysis and needs assessment



7. Regular national OVC consultations
8. Mechanisms for defining and identifying the most vulnerable children
9. State support for OVC (education, food security, etc.)
10. An OVC focus within development and PRSPs and as a criterion for HIV/AIDS-related funding
11. An emphasis on education
12. Monitoring of policy implementation

Each of these program components is described below, with examples where appropriate, and recommended actions.

1. Laws protecting the rights of all children

In all countries, there should be laws that specifically protect the rights of children, such as national constitutions and child-specific laws (e.g., the Children's Statute in Uganda), as well as laws that focus on specific issues and rights such as education and nutrition.

The laws should promote equality and prohibit discrimination in access to rights and services, like education and health care; protect children from abuse and exploitation from harmful practices (such as exploitative child labor and some harmful traditional/cultural practices); protect their rights to inheritance; promote appropriate models of alternative care for children without adequate family care; and define roles and responsibilities of duty bearers.

An example is the Constitution of the Federal Democratic Republic of Ethiopia, which recognizes the right of every child to life, a name, and nationality, parents or legal guardians, and protection from exploitative practices that may be hazardous or harmful to his or her education, health, or well-being.

> *The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality, and, as far as possible, the right to know and be cared for by his or her parents.*[36]

However, having a good legislative framework does not automatically translate into benefits for children. For this to happen, a process to improve knowledge of the laws and policies needs to be undertaken with decision makers in different sectors as well as with service providers.

This was recognized in South Africa, when Save the Children (United Kingdom) commissioned the development of training modules on children, HIV/AIDS, and the law that can be integrated into existing pre-service and in-service training programs.[37]

Recommended actions:

- Undertake a comprehensive audit and review of national legislation and policies with a view to ensuring full compatibility with the principles and provisions of the CRC and other international instruments, such as was done in 1998, in South Africa, when the Law Commission reviewed all relevant legislation, prior to proposing amendments to the Child Care Act.[38]
- Communicate key messages, such as the right to equality and nondiscrimination, to service providers and people at the community level.
- Ensure that effective and child-friendly systems to implement the law and to redress abuses and grievances (individual or collective) are in place and functional.

2. National HIV/AIDS strategies that include an explicit focus on OVC

The range of OVC issues tend to be overlooked when subsumed within a broadly worded priority dealing with HIV/AIDS-related care and support. The examples in Table 4 indicate if and how OVC are provided for within national HIV/AIDS strategies.

Recommended actions:

- Strive for the recognition of OVC as an important priority within national HIV/AIDS strategies. This may be difficult to achieve when countries are still at an early stage in the epidemic, and evidence of an emerging OVC crisis is not readily apparent. If, however, this is successfully done, it will allow for a much more proactive approach that anticipates the future magnitude of the problem and develops and implements plans accordingly.

- Also, ensure that this recognition is reflected in operational budgets and that the costs of implementing OVC strategies are not simply subsumed under budget lines for treatment and care.
- Ensure representation from the children's sector in all HIV/AIDS strategic planning processes.

3. National OVC policy and guidelines

A national OVC policy would define the problem, the structures to oversee planning, implementation, and monitoring the services and support available for OVC. Each of these aspects could then be detailed in guidelines for use by service providers.

Table 4. Examples of Objectives Covering OVC Within National HIV/AIDS Strategies[39]

Cambodia	To ensure community support for children and adolescents affected by HIV/AIDS.
Uganda	To reduce the vulnerability of individuals and communities to HIV/AIDS with a focus on children, youth, and women. To promote AIDS care, social support, and protection of rights of PLWHA and affected individuals and families.
Nigeria	To encourage counseling of those infected and affected by AIDS ... and provide financial assistance to orphans.[40]
Haiti	To reduce the impact of HIV/AIDS on families affected by HIV.
Kenya	To provide treatment and support along a continuum of care for the infected and affected.

Table 5. Zimbabwe's National Orphan Policy[41]

Zimbabwe's policy emphasizes that

- Care and protection of orphans must comply with the CRC and the African Charter on the Rights and Welfare of the Child;
- Institutional care is a final and temporary resort;
- Additional human and financial resources are needed for orphans and to cover sustainable health and nutrition programs;
- Public awareness campaigns must be conducted on orphans' needs and children's rights;
- Capacity building is needed to counsel orphans and caregivers;
- Guidelines and a legal framework are required to ensure education for all children;
- Government must protect the property rights of orphans by means of legislative changes and legal assistance in matters of intestate inheritance;
- The Department of Welfare will lead the coordination, implementation, monitoring and information sharing through the Child Welfare Forums at national and subnational levels; and
- Grassroots implementation is the responsibility of communities, local government, and NGOs.

Examples are Zimbabwe's *National Orphan Care Policy* (see Table 5), Rwanda's *National Policy for Orphans and Other Vulnerable Children,*[42] Nigeria's OVC policy[43] and South Africa's *National Guidelines for Social Services to Children Infected and Affected by HIV/AIDS*[44]—all of which define the categories of vulnerable children and provide a framework for action, describe the preferred models of care and support and the functions of various role players and agencies, and specify assessment, reporting, and monitoring tools and mechanisms.

Nigeria[45] describes the responsibilities of different role players and levels of government as follows:

- *The Federal Government of Nigeria shall enact, disseminate, and enforce legislation focused on protecting the rights of OVC, as citizens of Nigeria, especially as regards their access to basic housing, education, health care, food, and clothing;*
- *The Federal Government of Nigeria shall enact, disseminate and enforce legislation focused on protecting inheritance and property rights of OVC;* and
- *The three tiers of the government of Nigeria shall facilitate private organizations, communities, and families for organizational, community, and family-based OVC support initiatives.*

Recommended actions:

- Develop the policy and guidelines, based on data and information from situation analyses. In an analysis of 11 African countries represented at the East and Southern Africa OVC workshop that have conducted or commissioned OVC situation analyses, only two were found to have used the information to develop national OVC policies (with two more reporting to be "in the process").[46]
- Develop the policy and guidelines in a consultative manner to ensure relevance and ownership.
- Ensure that dialogue and discussion with children, and particularly with vulnerable children, is effected throughout the process.
- Disseminate the policy to all stakeholders, particularly grassroots organizations.
- Provide support to translate policy into implementation, and institutionalize the means to monitor this policy/practice transition.

4. Targeted, issues-based advocacy

Particularly in countries where there is little appreciation of the scale of the problem of OVC, it is important to conduct advocacy to raise awareness, clearly identify the policy actions that are essential to supporting OVC, address stigma, and promote action. Agencies such as UNICEF and Save the Children have long histories of successful advocacy for children's rights. Those experiences could serve as a platform for much greater and more targeted advocacy for OVC.

Such an example took place in 2001, in South Africa, when ACESS (the Alliance for Children's Entitlement to Social Security) was formed, representing over 45 organizations that support the call for a comprehensive social security system for children.

> *"We believe in a society that takes care of its vulnerable members, in a world where children do not suffer from hunger, abuse, cold, illness, or hardship.*
>
> *We believe that all children should be able to benefit from a comprehensive social security system. The system must ensure children's survival and a standard of living adequate for their development. Furthermore, it must create an environment that enables all children to enjoy their constitutional rights, especially the rights to equality, dignity, health, education, participation, and protection from abuse and neglect."*
>
> ACESS Vision

Other examples of where advocacy may be relevant include the following:

- Treatment programs to prolong the lives of infected mothers;
- Special consideration of and support for child-headed households;
- Meaningful involvement and participation of children in policy processes, advocacy, and action;

- Corporate involvement in OVC programs and responses;
- Action to keep children in school and follow up for children who have dropped out of school; and
- Food security and practical ways of monitoring the nutritional status of OVC.

Recommended actions:

- Promote the establishment of grassroots child advocacy organizations.
- Promote children's rights and make HIV/AIDS an advocacy issue within broader children's rights advocacy strategies.
- Where necessary, build HIV/AIDS-related capacity among children's rights advocates.
- Increase children's participation through the establishment of bodies such as the "children's parliament" for deliberating on children's issues and to act as a forum for children's advocacy activities.

5. A multisectoral structure focusing on OVC

Custody of laws, policies, and services for children is often relegated to non-key ministries, or sections of ministries, or spread among a number of ministries with the resulting problems of defining roles and responsibilities. Similarly, responsibilities for OVC are often situated within different structures that have little or no history of collaboration, coordination, and communication.

A feasible solution is to create a multisectoral OVC structure. Such a structure should include representation of all relevant stakeholders and have a defined and official mandate, reporting processes, and built-in accountability mechanisms. However, to bring together stakeholders who may not have worked collaboratively on an issue in the past and then to maintain their representation over time are challenges that require a concerted effort.

Malawi is a good example, as it was the first country in the region to create a National Task Force on Orphans (NTFO). The body was established in 1991 within the Ministry of Women, Youth and Community Services (MOWYCS), and includes national and district government representatives from the MOWYCS, the Ministry of Health through the National AIDS Control Program, prominent NGOs and community-based organizations, two major religious bodies in Malawi, and representatives of key UN agencies. Members of the NTFO, with advisors, developed *Policy Guidelines for the Care of Orphans in Malawi and Coordination of Assistance for Orphans* in 1992.

In Zambia, a multisectoral OVC structure has been formed within the Country Co-ordinating Mechanism, as one of the technical expert working groups to advise on various aspects of the national response to the HIV/AIDS. Its multidisciplinary composition includes health experts, social workers, PLWHA, youth, and others.

Recommended actions:

- Ensure that membership of the multisectoral structure includes key ministries (Education, Welfare, Health, Agriculture, Justice, Youth, Gender, Local Government, and Housing), NGOs and FBOs, child rights organizations, and donors.
- Institutionalize communication and reporting mechanisms between the structure and the sectoral partners (public, private, and civil society), and include mechanisms to receive feedback from sectoral partners.

6. Situation analysis and needs assessment

Quantifying the OVC problem and describing it in a way that allows for recommendations and action to flow from the information has been recognized since the original Lusaka Declaration as central to a meaningful OVC strategy. Yet, even where this has been done, country reports acknowledge that there are gaps in the available information. These gaps can compromise planning, budgeting, and service delivery. Table 6 provides examples of the data on OVC collected by selected countries.

The terms of reference for the Ugandan OVC situation analysis, carried out in 2002, focused exclusively on orphans (and did not encompass other vulnerable children) yet they provide an indication of the wide range of information that needs to be considered.[47] The study was required to

- Estimate the numbers of orphaned children (both under age 18 and under age 15) through a desk review;

- Identify the effects of HIV/AIDS, armed conflict, and any other causes in creating orphans;
- Identify the rights of orphans that are being unfulfilled or violated;
- Quantify the present and future costs of these problems to Ugandan society;
- Describe the current roles, programs, service coverage, and alternative approaches to responding to the orphans crisis;
- Estimate the ratio of orphaned children reached/not reached by various services;

Table 6. Examples of Country-specific Data Collected

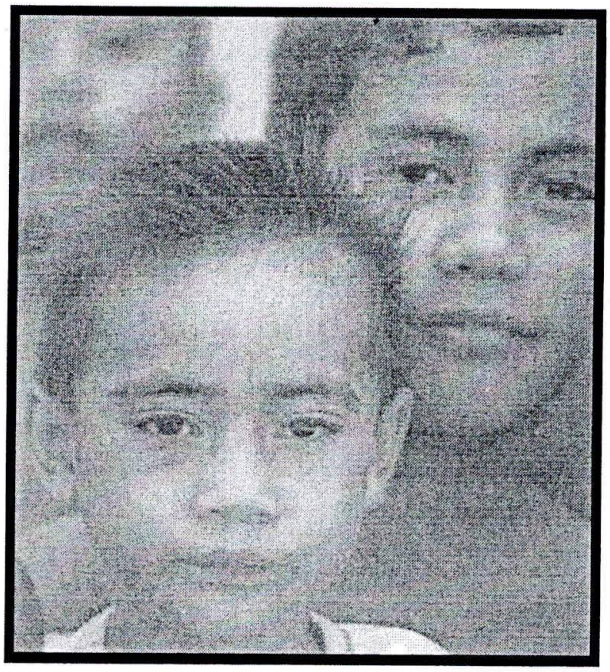
Country	Data
Swaziland[48]	# of orphans currently # of orphans projected % of children in child-headed households % school attendance of children in child-headed households
Namibia[49]	# of orphans # of AIDS and non-AIDS orphans # of orphans projected Geographical distribution of orphans
South Africa[50]	# of orphans # of orphans projected % of orphans in the population # of children living in poverty # of children living or working on the streets
Botswana[51]	Age of orphans % of children who have dropped out of school % of children effectively homeless Profile of caregivers (% who are grandmothers) % of orphan-headed households

- Propose recommendations toward the development of a national policy on orphans; and
- Propose a system, including indicators that will monitor and evaluate the effects of interventions.

Recommended actions:

- Use a set of standardized data, a range of methodologies, and core indicators that form the basis for country-level analyses and assessments. This would improve the potential for comparisons across countries and regions.
- At the country-level, conduct a baseline and thereafter regularly repeated studies (possibly every five years) that include both quantitative as well as qualitative investigations, which could provide the basis for and validation of models of future scenarios. This would serve as a useful way of tracking both OVC trends and the effectiveness of interventions.
- Disaggregate data on HIV/AIDS and OVC by age and gender and reflect the situation of children living in different circumstances and of children in need of special protection. Such data should then inform the design of programs and policies targeted to address the needs of different groups of children.
- Routinely collect data on children not living in households, for example, street children and children in institutions, to monitor trends and possible shifts between different types of care as well as to track those children outside of recognized care systems. Make necessary programmatic revisions.
- Use tools (such as SPECTRUM[52]) to model future scenarios, upon which planning and resource allocation can be based.
- In all these processes, always seek to capture the voices and experiences of children themselves, but with due regard for ethical principles and practices of child participation.
- In the study design, be aware of and preempt the possibility of raising expectations by identifying needs that subsequently remain unmet.

7. Regular national OVC consultations



A national consultation is an ideal platform at which to present the findings of a situation analysis and then to formulate plans for action.

An example is the national conference on the implications of orphanhood in Botswana in September 1998. Following the conference, the government of Botswana declared "the problems of orphanhood a national crisis." A short-term plan of action (1999–2001) was subsequently implemented, headed by the Ministry of Local Government. The plan covered models of care, implementation challenges, scale-up and roll-out strategies, sustainability, and monitoring and evaluation.

Recommended actions:

- Channel the energy and creativity generated by such a conference into real action—the consultation process should be a vehicle for action and not an end in itself.
- Hold repeat consultations that have a mandate to review progress and redirect strategies.

8. Mechanisms for defining and identifying the most vulnerable children

Two important research papers (discussed in the section on "terminology and concepts" above)[53] support the position that it is necessary to re-examine the assumption that orphanhood is synonymous with vulnerability. Although the focus of both papers is the right of children to education, the findings have wider application, in particular making the link between poverty and vulnerability.

By creating a common understanding of vulnerability and institutionalizing the criteria and processes, it becomes possible to identify, assess, support, and monitor the most vulnerable children. The primary aim of the system should always be to benefit OVC, and such systems would serve no useful purpose in situations where there are no interventions or services for OVC in place or planned. Certainly identifying OVC for the sole purpose of collecting data must be resisted, there are other, more efficient ways of doing this, such as using modeling techniques. But, where interventions and services for OVC do exist, the systems that are developed and used should be country and community specific, provide for the gender disaggregation of information, be linked to special protection measures for OVC, and facilitate access to their entitlements.

Such a system could, for example, build on experiences with identification and registration systems in Rwanda, in the aftermath of the genocide.[54]

Recommended actions:

- Adopt definitions and identification mechanisms that are flexible and responsive enough to capture the most vulnerable children, yet are rigorous enough to be institutionalized in policies and processes.
- Ensure that the identification of OVC is part of a continuum that includes safety nets, interventions, and services.
- Accompany such processes with broad-based community-awareness campaigns and systematic capacity-building programs to ensure that the systems operate effectively.
- Develop and field-test a generic vulnerability assessment tool and a process that can be used by countries to amend the tool for local use.

9. State support for OVC (for example, education and food security)

State support may take the form of exemption from school fees, school feeding schemes, grants, or free health care. Countries vary significantly in terms of the state support that is available for OVC (see Table 7).

Even when support is available, for example policies that on paper provide free universal primary education, the reality is that many children have dropped out of school. Children drop out of school because fees were not paid despite government policies to ensure their protection and right to education, or school levies and other school expenses are imposed, which the family is unable to afford. In addition, children may not attend school due to family demands, such as the need for children to generate income to replace lost adult income, or to care for ill family members at home.

One positive example, from Tanzania,[55] that has resulted in a massive increase in enrollment, is the establishment of a National Education Fund to pay for the education of children from disadvantaged groups, including children orphaned as a result of HIV/AIDS.

Recommended actions:

- Where state support does exist, put mechanisms in place to ensure that the support is accessed by these children and/or their caregivers and that it does indeed benefit the children concerned (e.g., does their nutrition improve when food parcels are provided to households caring for OVC). Typically in countries where social grants are available, many of the poorest families cannot access them for a host of reasons, and where they do, the situation of children often does not improve.
- Review current policies and processes that support orphans (e.g., no school fees, assistance with uniforms, etc.)—but not other vulnerable children.
- Inform all members of society about legislative protections available, and, in particular, make efforts to inform community leaders, women, and children.
- Alongside the support, establish an independent, effective and child-friendly body and system to monitor the implementation of the support, to ensure (as far as is feasible to do so) that the children concerned do benefit and to investigate individual or collective complaints.

10. An OVC focus within development and PRSPs and as a criterion for HIV/AIDS-related funding

There are currently opportunities being missed for the integration of OVC into broader development and poverty reduction policies and laws. Uganda has shown that it is both possible and effective to mainstream HIV/AIDS into its Poverty Eradication Action Plan (PEAP) by:

- Incorporating HIV/AIDS responses into planning in all sectors; and
- Linking the four PEAP pillars to the three National Strategic Framework goals.

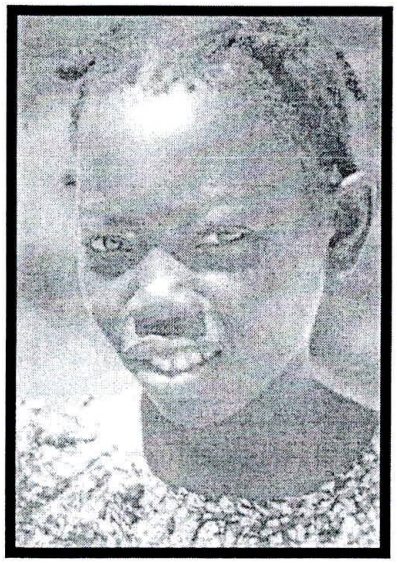
The Poverty Eradication Working Group has developed guidelines on HIV/AIDS mainstreaming to facilitate this process.[56]

Recommended actions:

- Analyze the extent to which HIV/AIDS has been integrated into HIPC debt initiatives and PRSPs and, more specifically, whether or not the issue of OVC is addressed. This would serve both as a valuable lobbying tool and as a measure to improve the sustainability of programs.
- Conduct an analysis of proposals to the Global Fund for HIV/AIDS, Tuberculosis and Malaria (GFATM),

Table 7. Examples of Countries With and Without State Support for OVC[57]

State Support Available	Limited, or No State Support for OVC
Benin Botswana Kenya Namibia South Africa Zambia	Cambodia Haiti Nigeria *(though the national HIV/AIDS strategy does specify 'financial assistance' to orphans)* Uganda



and especially of those that received funding, for any focus on OVC. One of the essential characteristics of a successful GFATM proposal is that it should "give due priority to the identifiable communities most affected or at most risk."[58]

- Conduct advocacy to ensure that OVC-related activities are prominent in these strategies and processes.

11. Emphasis on education

Schools and teachers are critical to the development of OVC, especially in the wake of the loss of parents and parenting. The school system also provides an opportunity to provide psychosocial support—one of the needs of OVC that is most often neglected in favor of meeting critical material, economic, nutritional and other physical needs.

Recommended actions:

- Ensure that HIV/AIDS and OVC are both prominent in national EFA plans of action.
- Promote policies and practices that favor gender equity and nondiscrimination, school attendance, and holistic support for OVC.
- Establish systems at the school level for recording (and regularly updating) basic information on OVC and on these children's home circumstances. This information can and must inform action; for example, assisting decisions by those teachers responsible for monitoring vulnerable children and for making appropriate referrals.

12. Monitoring of policy implementation

Monitoring policy implementation represents a major challenge, as there are few well-developed indicators that capture the number of children reached, their location, the quality of care, and whether activities are making a difference in the lives of children. There are even fewer indicators that would monitor OVC responses at the policy level.

The CRIS or Country Response Information System currently being developed by UNAIDS does not have any OVC indicators. The lack of indicators was identified as a priority at the 2002 Eastern and Southern Africa workshop on OVC and led to the formation of a small working group tasked with developing a set of 10 or 20 indicators for the national level, which could be adjusted for the community level. Within the range of indicators developed, a further challenge will be to ensure that some indicators can be used to measure and monitor the quality of care.

The working group will be guided to some extent by the UNGASS declaration, which suggests areas that should be monitored, namely:

- National policies and strategies;
- Governmental capacities;
- Family and community capacities;
- Enrollment in school;
- Access to shelter, good nutrition, health services, and social services; and
- Protection from abuse, violence, exploitation, discrimination, trafficking, and loss of inheritance.

Conclusion

There are opportunities to advance policy development, implementation, advocacy, and dialogue in all elements of the minimum "OVC policy package" described above, but there remains one further challenge—namely, how to translate policy into practice. The "disconnect" between policies, principles, and frameworks on the one hand and practice and action on the other is a major impediment to effective responses for OVC—one that needs to be much more openly acknowledged and affirmatively addressed.

The challenges typically identified by countries suggest what needs to be done to move beyond rhetoric to action:[59]

- Give attention to operationalizing policy;
- Expand partnerships;
- Improve coordination, including at the provincial and local levels;
- Create awareness of available services;
- Create a common understanding of policies that aim to address the impact on children;
- Build capacity at all levels, including at the community level;

> *"... we must do anything and everything to protect children, to give them priority and a better future. This is a call to action and a call to embrace a new morality that puts children where they belong—at the heart of all agendas."*
>
> Graça Machel,
> Expert of the Secretary-General of the United Nations,
> Impact of Armed Conflict on Children
> UNICEF, 1996

- Create a database of the numbers and characteristics of children who are defined by countries and communities as vulnerable;
- Fast track access to social grants (where these exist);
- Implement comprehensive child care legislation;
- Strengthen systems (e.g., health, education, etc.) to operate not merely at a functional level but at an emergency response level; and
- Identify and address barriers to action.

These challenges must be met if OVC are to have a future!

Endnotes

[1] For example, see Phiri and Webb (2002), which discusses the issue of institutional versus community-based care.

[2] Section 39 of the South African Child Care Act, No.74 of 1983.

[3] Sri Lanka IRCO, Add.40, paras. 11 and 28 – from UNICEF; Hodgkin and Newell (2002: 10).

[4] Art 308(2), CCE.

[5] Multisectoral OVC Committee, under the Ministry of Women's Affairs and Child Welfare, Namibia.

[6] Child, Youth, and Family Welfare Organization, Ethiopia, 1992.

[7] Definition of an orphan who can qualify for orphan benefits.

[8] POLICY Project respondent, Uganda.

[9] MINLOC (2002).

[10] Consisting of representatives from UNAIDS, UNICEF, the U.S. Bureau of the Census, and USAID.

[11] UNAIDS, UNICEF, and USAID (2002).

[12] Monk (2000).

[13] The list is not comprehensive, and some of the terms are used more widely than the country examples given.

[14] Children's Act of Kenya – communication from POLICY Project respondent (Kenya).

[15] Huber and Gould (2002). The term refers to children where both parents are alive, but the child lives with one or neither of them. Reasons for this include relationships splitting up, migration of one or both parents, and other reasons.

[16] POLICY Project respondent (Benin).

[17] Ainsworth and Filmer (2002).

[18] Huber and Gould (2002).

[19] SWDS (2002).

[20] MINLOC (2002).

[21] Bambisanani Project (2001).

[22] Smart (2000).

[23] Presentation at Eastern and Southern Africa Workshop on OVC (November 2002).

[24] UNAIDS, UNICEF, and USAID (2002).

[25] Baylies (2002).

[26] Extract from the Second International Consultation on HIV/AIDS and Human Rights, Geneva, September 23-25, 1996.

[27] http://www.unicef.org/wsc/declare.htm

[28] *Dakar Framework for Action, Education for All: Meeting Our Collective Commitments*, 2000.

[29] Government of the United Republic of Tanzania (2001).

[30] FHI (2001a).

[31] UNAIDS, UNICEF, and USAID (2002).

[32] Smart (2000).

[33] UNAIDS, UNICEF, and USAID (2002). See Appendix III.

[34] Phiri and Webb (2002).

[35] Report of the second meeting of the Interagency Task Team on OVC, UNICEF, November 2002.

[36] Art 7(1), CRC and Art 36(2) Ethiopian Constitution.

[37] Save the Children (2001a, 2001b).

[38] South African Law Commission (1998).

[39] POLICY Project respondents.

[40] The revised HIV/AIDS policy will include the following objective: 'Support for the people affected by HIV/AIDS (orphan and vulnerable children care)'.

[41] FHI (2001b).

[42] MINLOC (2002).

[43] Policy Project respondent in Nigeria.

[44] South Africa Department of Social Development (2002).

[45] POLICY Project respondent.

[46] Analysis (untitled) circulated at the Eastern and Southern Africa Workshop on OVC in Namibia, November 2002.

[47] Wakhweya et al. (2002).

[48] Government of Swaziland and UNICEF (2002).

[49] SIAPAC (2002).

[50] HEARD (2001).

[51] SWDS (2002).

[52] The computer models comprising SPECTRUM are used to project the need for reproductive health services and the consequences of not addressing reproductive health needs. Each model includes a detailed user manual that not only describes how to use the software but also includes sections on data sources, interpreting and using the results, a tutorial, and a description of the methodology. The models included in the SPECTRUM system are: DemProj, FamPlan, AIM, RAPID, Ben-Cost, NewGen, and PMTCT. For more on SPECTRUM, please see http://www.policyproject.com/software.cfm.

[53] Ainsworth and Filmer (2002) and Huber and Gould (2002).

[54] IRC (n.d.)

[55] Government of the United Republic of Tanzania (2001).

[56] Okema (2002).

[57] POLICY Project respondents and presentations from country representatives at the Eastern and Southern Africa Workshop on OVC, Namibia, November 2002.

[58] GFATM criteria for funding proposals (2002).

[59] Extracted from country reports presented at the Eastern and Southern African workshop on OVC in Namibia (November 2002).

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