

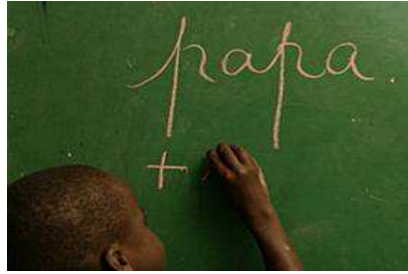
Global Perspectives on Orphans and Vulnerable Children

CRS

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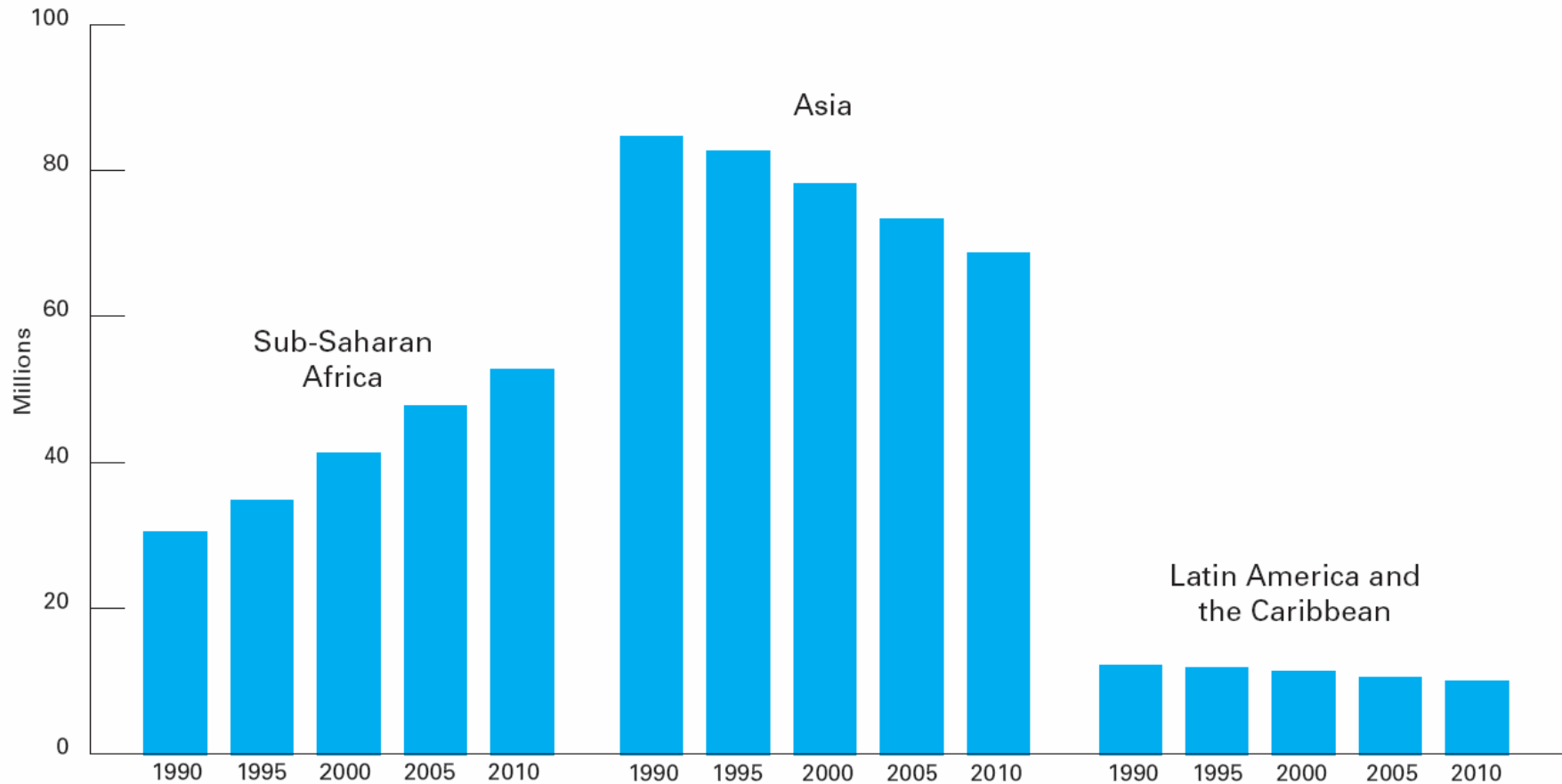
Global Situation of OVC

- 133 million children globally had lost one or both parents due to all causes, including AIDS, as of 2005
- Around 15 million children have lost one or both parents due to AIDS of which 12 million are in sub-Saharan Africa
- In low and concentrated epidemics, only a small proportion of children are affected by AIDS but are likely to face discrimination, especially where parents are already stigmatized due to their perceived behaviours.
- Children and their needs are increasingly being integrated into national policy frameworks, HIV/AIDS plans of action and poverty reduction strategy papers.
- In 2007, 24 countries globally had completed national plans of action for OVC



Global Situation of OVC

Number and growth of orphans (by all causes) by region



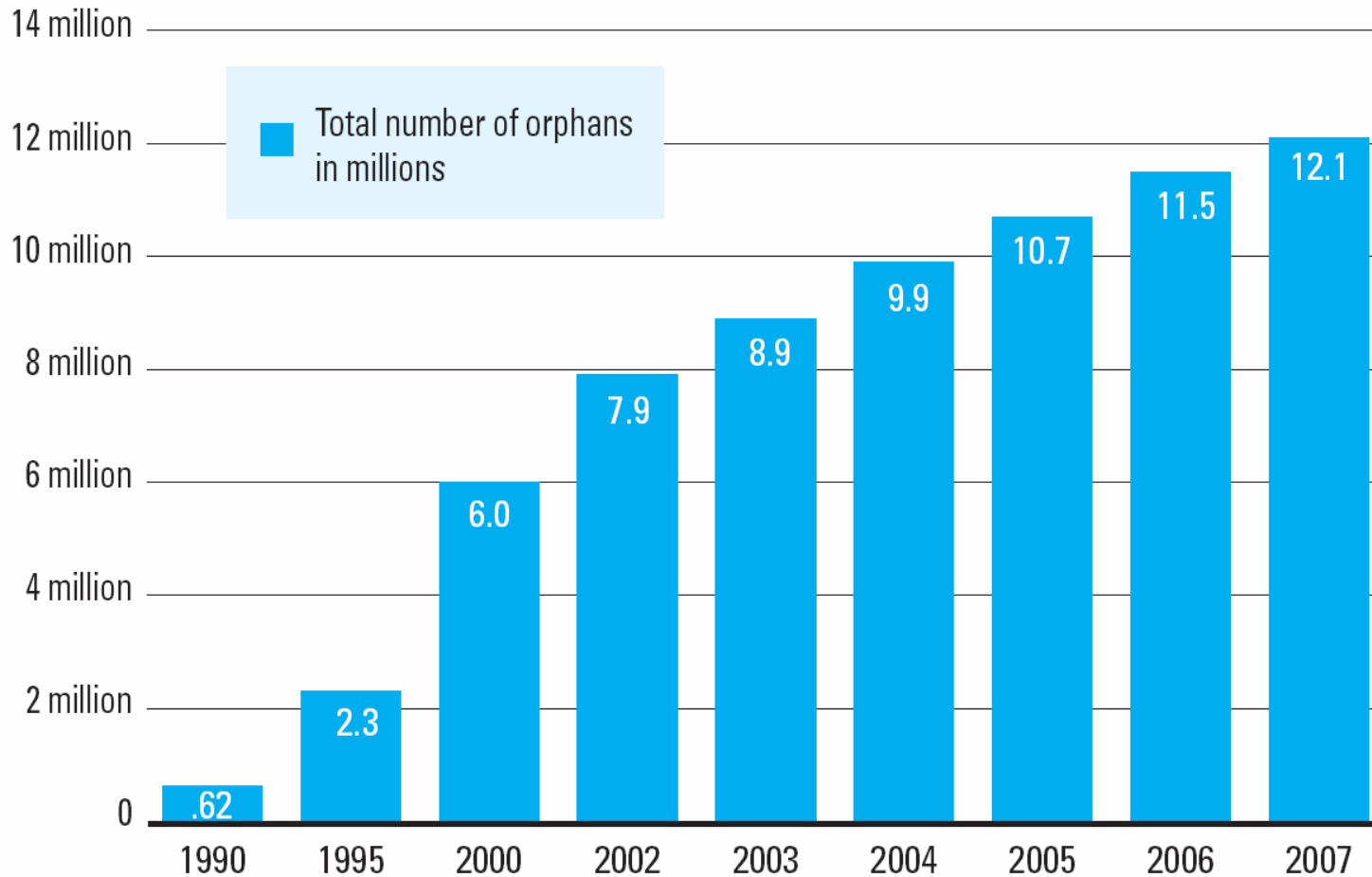
Source: UNAIDS and UNICEF estimates, 2006.

* Unless otherwise indicated, the figures on orphans in this document include orphans from all causes.

Source: UNICEF / UNAIDS 2006



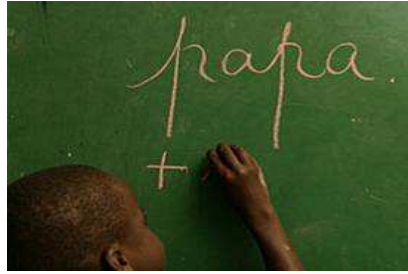
Estimated number of children under 18 who have lost a parent (or both) to AIDS in sub-Saharan Africa (1990–2007)





Global Programming Challenges in addressing OVC

- National partners involved with OVC are different from those working on prevention and treatment.
- Services for OVC are usually delivered by small community and faith-based groups with limited capacity and difficulty in scaling up.
- Government ministries responsible for children and social welfare tend to be small, poorly funded, politically weak and also poorly staffed to fulfill the requirements expected by international partners.
- Scaling up demands wider knowledge of, quantification of, and quality assurance for existing, usually disconnected, service providers for whom little national or international guidance exists and of which national and district governments may, in fact, be unaware .



Minimum Package of Services for OVC - Difficult to define

- It has been difficult to achieve consensus among partners regarding a minimum package of services for OVC – even within organizations the standards have changed over time
- Some argue that a comprehensive programme to support children should include all essential elements including food, health care, education, clothes, shoes, bedding, psychosocial support, economic self-sufficiency, etc.
- Others hold that some of these elements are not ‘essential’ or far exceed the situation of most children living in poor households with both their parents
- Varying availability of funding, level of need, and socio-economic situations also make a global standard difficult to agree on
- The inclusion of psychological and economic support are two areas in which minimum packages can differ
- Recent OVC costing work at UNAIDS and UNICEF has included cash transfers as a part of its “core” package



Package of Services for OVC

PEPFAR “6+1”	UNAIDS (2007)	OVC Costing Project (UNICEF)
<ol style="list-style-type: none"> 1. Food and Nutritional Support 2. Shelter and Care 3. Protection 4. Health Care <ul style="list-style-type: none"> • General Health Needs of OVCs • Health Care for HIV-positive children • Prevention of HIV/AIDS 5. Psychosocial Support 6. Education and Vocational Training 7. Economic Opportunity/Strengthening 	<ol style="list-style-type: none"> 1. Education (Primary/Secondary/Skills) 2. Health care support 3. Family/home support 4. Community support (identification of OVC in the community, outreach for street children, training and supporting full-time community workers, child care) 5. Administrative costs (e.g. birth certificates and other administrative and Institutional arrangements necessary for implementing OVC care). 	<p>The core set contains the following interventions:</p> <ol style="list-style-type: none"> 1. health care support 2. nutritional support 3. home 4. economic support (including microfinance, income generating activities, and seeds for food crops) 5. educational 6. cash grants to households <p>The extended set contains all of the above plus</p> <ul style="list-style-type: none"> • psychosocial support (including prevention of sexual abuse) • legal support (including help with birth registration and succession planning) • community support (such as support for street children and child care centers).



Global Response to OVC

- There is a growing database of evidence from many bodies of research: JLICA, IATT, country and regional level organizations
- A synthesis document of the evidence collected will be developed for the Global Partners Forum (GPF) in Dublin in October
- The GPF will help countries, service providers and international partners set priorities, judge quality and scale up appropriately
- Key global frameworks exist to guide response to OVC: The framework, the Enhanced Protection Framework and the M&E guide



What do we know about programming for OVC?

Emerging evidence from the global and regional Inter-Agency Task Teams on Children affected by HIV/AIDS and other research is showing:

- Assistance for vulnerable children in communities has been carried out mainly by families, church-affiliated groups and other small organizations. Although their sustainability is not always assured, many small groups and organizations provide essential support and do excellent work. Successful programs reinforce their capacities, and do not try to replace them or remove children from the community.
- While orphanhood is clearly one important dimension of child vulnerability, other factors – such as household poverty and rural-urban residence - are not only important but in some cases have a much stronger quantitative association with child wellbeing (*Situational analysis in Eastern and Southern Africa - UNICEF*)



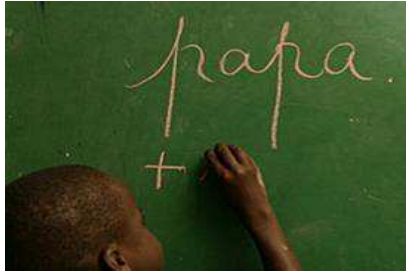
What do we know about programming for OVC? (continued)

- Singling out AIDS orphans can be stigmatizing and in high prevalence countries there is a large overlap (> 80%) between children affected by AIDS and children who are deemed most vulnerable
- Cash transfers can make a difference especially if they are part of a larger programme of social protection led by the government and civil society
- Weakest areas of national response to OVC in Africa is in policy, legislative review and M&E (*Draft Policy and planning effort index report 2008*)



Challenges that continue to persist

- Hardest to reach vulnerable populations are still not accessing services – According to recent household surveys conducted in 11 high-prevalence countries, only an estimated 15% of orphans live in households receiving some form of assistance
- Children without caregivers, who are abandoned or residing in institutional care are still not receiving adequate resources, attention and support
- Most interventions are not adequately costed: many are taken for granted, with little recognition or reinforcement of the best practices
- There is still a lack of monitoring and evaluation of national responses to OVC
- USG, DFID and the Global Fund expect results to specify children affected by AIDS. This distinction is impossible to make in practice and probably an obstacle to accountable programming
- A need to find a way to monitor needs and progress for children affected by AIDS without creating systems that force AIDS-related exclusion and associated resentment and stigma



The Way Forward

- Scaling up care for children affected by AIDS is different from scaling up clinic-based services. Governments need to look at what is being done and who is doing it and then try to replicate good practises, devise minimum quality standards and try to build on community strengths
- Increased recognition of the need to build systems of support, adding value to community based programs
- Cross links between civil society/FBO's and government so that government can play an increased role in leading and coordinating national response



The Way Forward

- Increased understanding of the need for AIDS-driven but not AIDS-exclusive programming (protection for all vulnerable children)
- Dramatically different situations and epidemics, disempowerment of parents and unhelpful state interventions threaten child welfare e.g. in the former Soviet Union
- Many health systems in Africa were built on the back of immunisation campaigns, social welfare systems could be built on the back of the Children affected by AIDS response
- Mapping is one way to start effective programming



Key Programming Questions

Key programming questions for global stakeholders addressing children affected by HIV and AIDS as the way forward:

- How to integrate HIV/AIDS and social protection in low prevalence and concentrated epidemics
- What makes a cash transfer successful (in a low and high prevalence setting)?
- When extended families are not available as caregivers what are the alternatives?
- What can government do to assure quality in community programming?

**Thank you for all
you are doing !**

