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MISSION REPORT

**DFID WORKSHOP ON EFFECTIVE O.VC PROGRAMMING AND LINKS TO
SOCIAL PROTECTION**

Johannesburg South Africa

13-14 July 2005

prepared by

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1. Introduction:

DFID UK organized a workshop in Johannesburg South Africa to discuss how best to provide social protection support to orphans and vulnerable children in Africa. The specific objectives of the workshop were:

- To improve understanding on what makes for effective orphans and vulnerable children (OVC) programmes and links to social protection programmes.
- Enhance understanding on how social protection instruments can be merged to provide better protection and
- To discuss what needs to be done to scale up responses and help to ensure that resources get to the people who need them.

In particular, the workshop focussed on emerging lessons and best practices on social protection responses to orphans and vulnerable children regarding especially:

- Effective programming at community level,
- Workable funding modalities to ensure that funds get to the community based interventions,
- Critical policy issues and research needs,
- Good practice in OVC programming.

Resource persons were invited from international organisations, whose work has focussed on HIV/AIDS. Given its work on HIV/AIDS, gender and the orphan crisis that ECA was invited. It is especially in connection with its documentation of the good practice cases in OVC programming that CHGA was invited to share its findings. The mission objective, therefore was to participate in the workshop, as a resource person and to present a paper on **HIV/AIDS Specific Issues for Children—stigma, Prevention and Treatment Agenda for Children, and Gender. (See Paper attached)**. In addition to presenting a paper, I also participated on a panel of discussants on how to develop better joint agency working on Social protection of OVC's.

2. Key issues of discussions were:

- What is the relevance of the existing analytical frameworks and to what extent are they being applied?
- How best can vulnerable children be protected without losing sight of the special needs of HIV+ orphans?
- How best can money get to the people who need it most? If social protection is to depend on donor funding mainly, to what extent are they sustainable?
- Do social protection programmes for OVC's conflict with economic growth?

3. Some of the major observations were that:

- There is a need to define and adopt an African perspective in the protection of OVC's, with a greater emphasis on putting resources at community level, and greater partnership with African institutions,
- In addressing the OVC's, the relationship between gender, HIV and the vulnerability of children should be addressed,
- Social protection should address both the long term and short needs of OVC's,
- Political buy into social protection will have to be related to clear understanding of social protection at higher levels. This will need capacity building for both state and non state actors
- Demand driven vs. supply driven funding for social protection needs a paradigm shift in the funding processes,
- Links between social protection and PRSP's is very important, but the social analysis of PRSP's needs to be strengthened.

4. In concluding the workshop discussions, it was agreed that the DFID social protection programme would need to consider the following issues further :

- Conditional as against unconditional cash support for community programmes,
- Cost effective funding solutions
- Supply versus demand response
- Indigenous versus imported models of OVC protection
- Gender dimensions of HIV/AIDS
- Capacity of state and civil society organisations and impact on scaling up social protection
- Leadership: how to get political buy in
- The link between social protection and PRSP especially as a means of linking emergency to long term development goals.

**HIV/AIDS Specific Issues for Children–stigma, Prevention and
Treatment Agenda for Children, and Gender**

**DFID Workshop on Effective OVC Programming and links to Social
Protection: Making The Money Work.**

**13-14 July 2005
Johannesburg South Africa**

**By Hilda Tadria, Regional Advisor
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I. INTRODUCTION:

Presentation will focus on identifying some key common issues of HIV/AIDS orphans in the African region, examples of cases of what is working or not in support of the orphans, some lessons that have been learnt and recommendations on how to address some of the key concerns. This will be addressing one of the workshop objectives, which is improved understanding on what makes for effective OVC programmes. Hopefully, this would also be contributing to one of the expected outputs i.e.: What do we know about effective programming at community level.

What is the Commission on HIV/AIDS and Governance in Africa (CHGA)?

1. Established in February 2003, the main objectives of CHGA are:

- a) To assess the long term implications of the HIV/AIDS epidemic on government capacity and economic development in Africa, and
- b) To mobilise political will in support of adopting the necessary policy and programme measures in the field of human resource capacity planning and scaling up treatment. The specific mandate of the Commission is to chart the way forward on HIV/AIDS and governance in Africa in three crucial and interrelated areas:
 - Assessing the implications of sustained human capacity losses for the maintenance of state structures and economic development;
 - Determining the viability (technical, fiscal and structural) of utilizing anti-retroviral (ARV) medication as an instrument of mitigation; and
 - Synthesizing best practices in HIV/AIDS and governance in key development areas with a view to formulating policy recommendations.

2. From CHGA's perspective States' ability to maintain critical state structures in the face of declining life expectancy and increasing mortality will depend on three interrelated factors:

- Government's understanding of the long-term development challenges posed by HIV/AIDS and the social and economic costs of denial, complacency and inaction;
- Their capacity to formulate and implement appropriate policies and programmes for mitigating the development impacts of HIV/AIDS; and
- Their ability to marshal adequate and sustained resources to support these policies and programmes.

3. Methodology:

- Commissioners' meetings
- Field based research on three levels: the macro, sector and micro levels focussing mainly on impacts and implications; the second research theme focussed on Health systems, ARV prices, WTO and the third theme focussed on HIV/AIDS, Gender, and OVI's, as well as the family and community.
- Thematic Interactive sessions were organised at sub-regional level as follows (see reports):
 - "AIDS and the world of work" in Accra for Western Africa (**main message:** the need to recognise HIV/AIDS as a workplace issue and to show cooperate/institutional commitment);
 - "Scaling up AIDS treatment in Africa" in Botswana for Southern Africa (**main message:** support to mothers and scaling up PMTCT to postpone maternal orphan-hood);
 - "Impact of HIV/AIDS on Rural Livelihoods and Food Security" in Ethiopia for Eastern Africa (**main message:** need for a strategy for empowerment of communities and ensuring that resources get to the grassroots where the response is carried out, and where the traditional family system is over burdened);
 - "Impact of HIV/AIDS on gender, orphans and vulnerable children" in Cameroon. (**Main message:** address the gender dynamics that are that underpin the spread of HIV and lead to the feminisation of the epidemic; and institutionalise guidelines and mechanisms to monitor the quality of child care givers whether in institutions, communities, child headed households or foster homes).

4. HIV/AIDS orphans in Africa, the crisis, issues and challenges

This paper was prepared as a contribution to CHGA's examples of good practice cases in the treatment and care for HIV/SIDS affected children. The paper is based on interventions that were identified in the field, as well as survey of literature on the Orphan crisis in Africa. This paper, which will be ready for distribution by CHGA within a month, also forms the basis for this presentation.

In order to prepare the paper, seven countries (Cameroon, Mozambique, Ethiopia, Uganda, Kenya, Botswana and south Africa) were visited, but cases have been profiled¹ only in four countries. These are:

¹ Each of these was visited between April and July 2004. Staff was interviewed in all the cases, child-headed households were visited on site in Masaka, Uganda (for one full day) and Kwa Zulu Natal,(for three days) while children's homes were observed in Kenya (there days in residence at Nyumbani home) and Botswana (for one half day at Tlokweng).

The SOS Children's Village in Tlokweng, Botswana,
Nyumbani Children's Home in Kenya,
The Isibindi model of the National Association of child Care Workers in
KwaZulu Natal, South Africa;
Uganda Women's Efforts to Save Orphans, Uganda.

II. WHAT ARE SOME OF THE CRITICAL ISSUES AND CHALLENGES THAT WERE COMMONLY SITED?

Critical issues:

The high numbers of orphans and the speed at which they are being created reveal the magnitude and range of issues that have to be addressed. In particular:

- Increased homelessness of orphans;
 - A disproportionate number of orphans involved in child and unskilled labour as compared to their non- orphaned cohorts;
 - Inadequate and/or poor socialization, transfer of knowledge and social skills was identified as a key issue in the exclusion of orphans from the formal education system and mainstream society; This learning process breaks down when parents die. This has negative consequences in the reintegration of orphans into society. Orphans, who may lack access to education and other types of services, as well as growing up on the margins of social life, may find it very difficult to become productive members of society as adults. Communities as well as societies at large find themselves ill prepared to absorb the growing number of young adult orphans. The psychosocial trauma children experience especially many of them witness the deaths of their parents.
 - There is the issue of stigma and ensuing discrimination. This exacerbates their already disadvantaged position and lower access to testing, treatment and care.
 - There is complex interplay between gender, orphans, violence and HIV/AIDS as exemplified by aggravated negative impacts of gender inequality on orphans, especially girls
1. *Girls orphans are sexually exploited and experience high sexual and physical abuse within their extended and adopted families:* one of the most disturbing trends in the orphan crisis is the increasing number and severity of abuses against girls, by members of their own families. The exploitation of girls as domestic labourers is, in many cases, accompanied by physical and sexual abuse even in cases where girls are living with their close relatives. In many of the cases reported to the Human Rights Watch, some girls had either contracted HIV, or become pregnant. In one survey in Tanzania, where almost half of domestic workers are children, over 22% of the children in domestic work reported as having been sexually abused. In a Human Rights Watch study in Zambia, many people reported that uncles, stepfathers, fathers, cousins, and brothers sexually

abused female orphans being cared for by relatives, but the children failed to report because of fear of loss of support. In addition, women and girls' reproductive rights are still contestable in the patriarchal African societies and orphan girls are particularly vulnerable to sexual violence and exploitation. All this makes girl orphans, doubly vulnerable, and particularly exposed to sexual abuse and other forms of exploitation, further increasing their vulnerability to HIV infection.

2. *Girl orphans are often overworked:* because women traditionally play a major role in the care economy, this role seems to fall on the shoulders of the young girls in orphaned households. In some studies, it was noted that although more boys than girls were perceived to provide family leadership, girls were found to be doing most of the domestic work and making the decisions on the major day-to-day operations in the child-headed households, yet traditional gender roles favour males for leadership in the home whether they provide it or not.
3. *Girl orphans are more likely to drop out of school than boys:* The unequal division of labour has direct negative consequences for the girls' development. For example, several country studies² have reported that one of the explanations of the gender gaps in school attendance, even among orphans, is that girls rather than boys are usually the first to be withdrawn from school, as they are expected to take on the roles of domestic work and care giving. As HIV prevalence increases, the total number of girls of all ages enrolled in primary school decreases.
4. *Dispossession of property:* Many women and their children are dispossessed of their property, as a result of patriarchal rules of male dominance. In a patriarchal ideology, the social system revolves on hierarchical rules, which determine the rules of inheritance, where property is transmitted from male to male, within both the patrilineal and matrilineal systems. Consequently, the ideology of male dominance and its hierarchical rules validates the dependency and therefore subordination of children (boys and girls) but especially that of women, irrespective of their age. The dispossession of women often leads to homeless children.

III. MOST COMMON CHALLENGES:

The good practice cases have indicated challenges that are of common concern. In the first instance, most of the people working with HIV/AIDS affected or infected orphans expressed the view that ideologically, there is a general lack of genuine interest in, and understanding for the suffering of orphans and vulnerable children at individual, social, national as well as international levels. In addition all organizations identified the following challenges:

² HIV/AIDS and child labour: A state-of-the-art review with recommendations for action. A synthesis report, by Bill Rau, paper No 6, International Labour Organisation.

- **Inadequacy of resources and policy guidelines needed to sustain quality treatment and access to drugs for the children affected by HIV/AIDS.** In particular, experience shows that, although voluntary counselling and testing (VCT) is available for adults, in some countries, modalities have not been put in place for children and therefore access is very limited. For the treatment programmes, the challenge is accessing formulations that are appropriate and cheap for children. For example in South Africa, at the time of the study, there was no special grant for HIV+ orphans. Currently, the Care Dependency Grant available in South Africa is limited because it targets children with severe disabilities but excludes children with chronic illnesses and moderate disabilities. In addition, according to regulations on access to PEP, a child under 14 yrs cannot consent to an HIV test if not accompanied by parent(s) or adult(s). This poses a serious problem for younger orphans and for organisations whose major clients are orphans, many of whom maybe HIV+.
- **The vulnerability of orphans,** whether in child-headed households or in foster care and extended families are another common challenge of. In particular, these children experience persistent stigmatisation and abandonment, sexual and physical abuse, labour exploitation and disinheritance.
- **The biggest challenge cited is the difficulty of reintegration of the adolescent children who are HIV/AIDS positive into mainstream society.** For the organisations providing institutional support, the success of the care programme means that children are now entering into adulthood, where they will need to join mainstream society as workers, and will want to start their own families. For children who are orphans, or were abandoned at birth, there is no inheritance and therefore no access to land, the most common productive resource in the area. Other questions arise, how will the HIV+ orphans cope with the need and processes for establishing their own families, in an essentially discriminative world? For now, these challenges remain daunting.
- **Another challenge is related to disclosure.** A staff member of one of the organizations articulated this challenge clearly: “originally, the focus of the programme was to keep the children as happy as possible within the shortest time. Now, they are growing up, living longer, and beginning to interact with the rest of the world. There is a psychosocial question, how will they cope with the gradual realisation of the implications of being HIV positive and social reintegration? Most of them have grown up hearing about HIV/AIDS and taking medicines; this is normal for them, but every time they go out to schools or to a work place, they are made to feel that their ‘normal’ world is not so normal after all”.
- **How to care for orphans: community based care vs. institutional based care.** Both community-based and institutional care can work. There are two main types of care currently in practice: community-based, where orphans are cared for within the extended family and community structure, and institution-based, such as

orphanages. Some programmes employ a combination of the two. However, there are positive and negative aspects of both. The community-based model, where orphans are mainly cared for within the extended family, has long been hailed as the African solution to the orphan crisis. However, sexual and other types of abuse are rife within this care model, as is exploitation of orphan labour. Girl orphans are particularly vulnerable. Abuse has also been found in institutions, where understaffing and neglect is a common problem. However, there are good examples of care for orphans through community support for orphan-headed households; and good examples for institutions such as orphanages providing material and psychosocial support for extended family and communities caring for orphans. What matters is that the children are tracked and monitored properly, to ensure that their rights are respected and their needs are met.

Many organisations and service providers acknowledged that separation and special treatment of HIV/AIDS affected/infected orphans might enhance stigma. *But the reality of the challenge is, how do you tell a child affected or infected with HIV/AIDS, who was abandoned or orphaned at birth and disowned by relatives; or was taken in and physically and sexually abused by the so called protectors, that she or he is just like everybody else and needs no special treatment?* Institutional based care offers an important option for the most vulnerable children, especially those who are HIV+, while Community based care is important in reducing stigma, and in providing a basis for community education and capacity building for combating the spread of HIV/AIDS. (See cases attached)

IV. WHAT SHOULD BE DONE: KEY RECOMMENDATIONS REGARDING AFRICA'S ORPHAN CRISIS AND THE GENDER DIMENSIONS OF HIV/AIDS.

First and foremost, fundamental change needs to take place at the individual, social, policy and institutional levels if the situation of orphans and the processes through which they are being created are to be reversed. But if there is any area where change needs to take place urgently, it is in the way African governments deal or fail to deal with the abuse of children's rights, which is manifested in the vulnerabilities of orphans and HIV+ children discussed above.

The recommendations identified below relate to:

- a) The escalation of orphans,
- b) The weakening traditional safety net and the extended family systems,
- c) Reduction in the different vulnerabilities of orphans such as school drop out, sexual abuse and exploitation, child labour, dispossession, stigma and discrimination,
- d) Integration of orphans into the mainstream society; and
- e) Efforts to minimize gender related impacts.

1. Overall Recommendation: Implement member States commitments to protecting orphans and vulnerable children:

In 2001, the General Assembly adopted a declaration of commitment on HIV/AIDS in which Heads of State and Government committed themselves, by 2003 to:

- Develop national policies and strategies for strengthening government, family and community capacities,
- Provide to orphans appropriate counselling and psycho-social support;
- Ensure their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; and
- To protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance".¹

By the end of 2003, very few African countries had national policies on orphans, and there were still no national programs in place in many of the hardest hit countries.¹ In order to reverse this trend, mechanisms should be put in place to enforce the implementation of governments' commitment to protecting orphans and vulnerable children. Inability to do so has direct implications for the sustainability of stable social-cultural, political and economic systems.

2. A monitoring and evaluation as well as reporting mechanism should be put in place to at different levels to ensure implementation of commitments.

3. Recommendations to address the escalation of orphans:

Government and donors should invest in HIV and mother-to-child prevention measures, and in eliminating other social processes that lead to creation of orphans at source. Actions to be undertaken by governments as well as civil society, and supported by donors should include:

- a. Establishment of community based Voluntary Testing Centres that are accessible to and user friendly for women and adolescent girls, and that integrate HIV/AIDS services into family planning and reproductive health services.
- b. Enhanced HIV/AIDS education for women and increased resources for prevention of mother to child transmission treatment,
- c. Establishment of a special fund that aims at empowering women and girls within their local communities as a way of reducing dependency and vulnerability to infection. Micro-credit programmes are increasingly being used to support families affected by HIV/AIDS (for example in Uganda). However, there is need to expand the capital base of these service providers such as strengthening national and community database for tracking the magnitude and nature of the problems of orphans at community level.

4. Recommendations to address sustainability of livelihoods for the orphans:

There are several ways in which the livelihoods and entitlements of orphans can be guaranteed and sustained. A Fund should be created to support capacity building activities of orphans, such as:

- a. Ensuring that orphans have access to a basic education, life survival and technical skills. For many orphans, it will be necessary to extend their education beyond the formal school system as many of the orphans will have dropped out of school at a young age.
- b. A specific recommendation³ is that Artisan training programmes should be established to cater for orphans who have dropped out of the school system. Community based tracking systems should be used to identify the orphans to be supported.
- c. Once the children have gone through the artisan apprenticeship, they should be given resources (financial and managerial) to start their own businesses.
- d. Government institutions and NGO's should be supported to establish legal measures and mechanisms for the protection of children's property and other entitlements. To ensure the operationalisation of the legal measures, community based paralegals could be trained to help HIV/AIDS affected families to prepare wills that guarantee protection of the children's property interests.⁴

5. Recommendations to address the social vulnerability of orphans:

- a. Strengthening community support to orphans as a means of ensuring integration of orphans in the mainstream society: Some examples of good practice cases in community based support of orphans have been identified in Kenya, Uganda and South Africa (Kwa Zulu Natal) and provide a basis for the recommendation which

³ This particular recommendation is based on the experience of Uganda Women's Efforts to Save Orphans (UWESO). It is an example of a good practice case in which an Artisan Training programme for orphans who dropped out of school before completing primary education is being successfully carried out. Children are facilitated to apprentice with an identified artisan near their home. The community usually identifies the orphan to be supported. After the artisan programme, children are given business management training and then loaned money to start their own business. The money comes from the UWESO savings and Credit Scheme for Orphans Entrepreneurs (U-SCORE)

⁴ For example a good practice case is in Kwa Zulu Natal, where one NGO with community based programmes for supporting vulnerable families, i.e. child/grandmother -headed households, and terminally ill parents, employs a group of childcare workers who help parents to prepare 'memory boxes' in which the children and parents put all the valuable family documents. This 'memory box' is given to children and the identified guardian at the death of the parents. In addition, childcare workers help orphans to get their birth certificates and parents' death certificates, as these are the only documents that enable the orphans to get their entitlements from governments.

focuses on enhancing capacity of communities to supervise and monitor the well-being of orphans in foster homes and child-headed households. National NGO's working at community level should be supported to provide community based training on child socialisation as well as monitoring the well-being and social integration orphans in the community and their foster homes⁵.

- b. Strengthening law enforcement structures to monitor and protect children from violence and abuse: African governments should be required to establish Child friendly law enforcement structures at community level to provide security to orphans and child-headed households and to work together with community based organizations and volunteers in monitoring the well-being of orphans. These should also be monitoring and evaluation mechanisms to ensure that government meet their commitments made for protection of orphans and vulnerable children.
- c. Providing social protection for HIV+ children and orphans: African governments should be encouraged to develop and provide good practice guidelines and a vetting/monitoring system to ensure that existing institutions provide positive environments for the orphans. In addition, governments should be encouraged to make budgetary allocations to support institutions taking care of orphans⁶. Specifically, a resettlement and reintegration Fund should be established to provide micro-credit for orphans who reach adulthood and have to make a transition from institutionalised care into the society⁷.
- d. Improving access to HIV/AIDS treatment for HIV+ children: Although in many countries guidelines on, and access to voluntary counselling and testing as well as treatment for adults have improved, access to medical and nutritional care is still a major problem for HIV+ children, especially the orphans. Institutions providing care to orphans should be supported upfront to provide adequate and appropriate medical care for the orphans in the institutions⁸. But most importantly, governments should as a matter of priority establish counselling and testing centres for orphans and vulnerable children. These centres should also be given the

⁵ A good example of how this works is in Uganda where UWESO trains volunteers who then undertake supervisory and monitoring visits to child-headed households. The volunteers also provide social skills during the monitoring visits. In Kwa Zulu Natal, the National Association of Child Care Workers trains childcare workers who then work with different child-headed households, to provide supervision and social skills.

⁶ In Botswana, the government makes an annual contribution to the SOS children's villages.

⁷ One of the major challenges that Nyumbani Children of God Relief Institute in Kenya and The SOS Children's Village in Tlokwenq are now facing is how to reintegrate, into mainstream society, orphans who reach adulthood but have no property of their own, or homes to go to. At Nyumbani Home, children who were abandoned because of HIV/AIDS are reaching maturity as a result of good health. In Botswana, orphans who reach maturity are given a small resettlement package until they find a job.

⁸ Again, the SOS Children's Home in Botswana benefits from governments support in providing medical treatment to the HIV+ children in the Home.

necessary capacity to provide psycho-social counselling for orphans in order to help them deal with the trauma of losing parents.

- e. Retention of orphans in the formal school system: there is evidence to show that orphans are more likely to drop out of school than non-orphans. Governments should eliminate school fees for orphans. The Fund for orphans should also be used to reward schools that encourage enrolment and retention of orphans, as well as protection of girls from sexual harassment and abuse. In addition, school curricula should integrate a sensitisation programme on HIV and orphans.

6. Recommendations to address the Gender dimensions of HIV/AIDS:

The relationship between gender inequality, the subordination of women and girls in society and extreme vulnerability of women to negative impacts of HIV/AIDS is still not fully appreciated. In the long run, these can only be mitigated through strategic social and economic empowerment of women and fundamental changes in cultural attitudes and practices regarding women and girls. The recommendations focus on aspects that are directly related to the gender dimensions that affect orphans:

- a. Protection of women and children's property rights:
Many countries now show that one of the major impacts of HIV/AIDS is loss of family property for widows and orphans or women who are HIV +:
- Governments should review their gender policies in order to redefine and entrench women's rights of ownership of family property.
 - Paralegal services and counselling should be provided at community level to help family heads to make wills that protect the inheritance rights of orphans and widows,
 - Community groups should be mobilised and sensitised to work with law enforcement agencies in protecting properties of the widows and orphans.
- b. Eliminating/reducing violence against women and girls: violence against women has escalated in the wake of the HIV/AIDS pandemic, therefore:
- African governments should put mechanisms in place to enforce legal protection of women's human rights, and to prosecute violations of human rights. A starting point is to train cadres of men and women among the law enforcement officers and the legal sector on gender based violence. These would provide leadership in community policing, monitoring and protection of women and girls rights and security.
 - Although domestic violence is the most common cause of injury against women, it is still not treated with the seriousness it deserves. Actions that should be undertaken to address this include: i.) Development of a

regional research to document and highlight the nature and prevalence of violence against women and how this links to HIV/AIDS. ii) The results of the study should then be used to design and initiate a campaign at local, national and sub-regional levels to address violence against women. iii) A special gender-training programme should be designed for all structures of the law enforcement systems, in countries where such a programme does not exist. iv) Community level paralegal trainers should be trained to educate women and girls about their human and legal rights, especially as they are contained in the national statutes and in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) which have been signed and ratified by most African states, and the Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa.

c. Supporting and reducing the excess burden of care in HIV/AIDS affected families:

- Governments and the donor community should establish a Fund to provide support to the care of HIV/AIDS affected families so that caregivers can perform their roles efficiently and effectively.
- The care burden of women has increased significantly as a result of the pandemic, yet this burden remains unacknowledged in national programming and resource allocation. There is need to define the value of the care economy and the magnitude of the contribution women make in this economy. On the basis of this, governments and donors should encourage the development of Community Based Home Care Programmes and provide support for them. The Fund recommended above would provide micro –credit (with realistic borrowing terms for the borrowers) specifically targeting the care economy. This will go along way to support women as caregivers, but may also encourage men to be involved in this economy⁹. Secondly, the Fund would be used to provide basic treatment kits that are necessary in home-based care.

d. Enhancing prevention measures against HIV infection among women and girls:

because of the persistent gender inequalities, data on HIV/AIDS show clearly that young girls are highly vulnerable to HIV infection. One of the major risk factors is the persistent sexual violence against women and girls. Governments should take necessary steps to criminalise sexual violence. Actions to address violence against women and girls should include:

⁹ In Uganda, UWESO has established a savings and credit scheme specifically for women and men providing support to orphans. In each group of five borrowers, one must be a man.

- Gender Sensitization and skills training for Law enforcement systems and officials in order to enhance their capacity to identify and deal with gender-based violence. This should go along way to addressing the high tolerance of gender-based violence that is still characteristic of many African societies.
- Increased access to women controlled methods of prevention. Research in preventive methods that can be applied and controlled by women has to be intensified. In addition, the female condom should be subsidized and marketed as effectively and aggressively as the male controlled methods are.

V. EXAMPLES OF CASES OF GOOD PRACTICE IN PROTECTION OF ORPHANS.

- a) **SOS Villages in Botswana provide a real haven for orphans and other vulnerable children as the story of one little girl, Ernie, shows.**

Ernie was admitted to one of the SOS children's Village in 2002 when she was eight years old. Orphaned in 2001, she was entrusted to her mother's sister who was looking after her own children and four other orphans. Although she received rations from the council for all the orphans, she refused to feed Ernie, declaring her a bad omen and excluding her from being part of the family. Ernie slept outside the house most of the time, and because her aunt also managed a Shabeen (local name for a bar) as her full time business, Ernie was open to sexual abuse. By the time the social welfare intervened, Ernie had stopped going to school because she had developed genital warts and smelt, as she had problems passing urine. By court order, she was placed under the care of the SOS Village. She has now been confirmed to be HIV+ and is undergoing a series of operations, with funding arranged by the SOS Village. Ernie cannot go to school yet because she still has to go through a series of operations for the genital warts, but 'she is just beginning to smile', as one of the carers observed.¹⁰ No one was ever brought to answer for the abuse Ernie went through.

¹⁰ This real life story was narrated by the staff of the SOS Village and illustrates not only the vulnerability of girl orphans even under the care of close relatives and the breakdown in traditional safety net systems, but the need for institutionalized care for some of the most vulnerable children.

b. UWESO in Uganda provides community based care and support to child-headed families

The impact of UWESO's community Childcare and Support Programme is best illustrated by the case of Abigail¹¹, a child head of household.

Abigail is a fifteen-year-old girl who after the death of their mother became a head of her household in 2002 at the age of thirteen, when she assumed responsibility for her two siblings and an uncle. Their father had died much earlier. Her brother is now fourteen years, her sister 12 years, and their adopted uncle is five. That at the age of thirteen, Abigail Nabukalu could agree to keep her uncle (kojja, or maternal uncle), who was then three years old, is the most touching act of generosity. Agnes's uncle had been entrusted to her mother when his own mother died. At the death of her own mother, Agnes decided that this was as much his home as it was theirs. Besides, no one seemed to want to claim him. Since assuming the role of head of household, Abigail has displayed responsibility and maturity that amaze her mentors. She gets up early in the morning to prepare her sister and uncle for school, and then with her brother, works in the garden. (When I visited her, her banana plantation looked as neat as that under the care of an adult man or woman.) After she has sent the other children to school, she goes to a tailoring class, paid for by UWESO. Unfortunately, her brother does not go to school because, as it was explained, the impact of malaria has left him with some speech disabilities. But even if he could go to school, as he so badly wants to, the family could not afford the additional requirements, in spite of the universal primary education programme. Abigail's mentor, an UWESO member, explained that her Christian upbringing prepared her well and that by the time her mother died, Abigail had acquired all the basic homecare skills. After a long conversation in which Agnes had kept quiet, mostly, she was asked what frightened her most, her quick response was **"Watching the evening come and knowing that we shall be sleeping in the house one our own"**, revealing what a child she still is. Abigail's answer to a different question, however, revealed that the girl child had already learnt to perform her tasks as an adult. Asked how she knows it is time to get up and start working, she smiled and said, **"I know it is time when the birds start singing"**.

¹¹ Abigail Nabukalu's home in Masaka was visited in April 2004, during a field visit in Uganda to profile UWESO as a good practice case.

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DFID Workshop on Effective OVC Programming and links to Social Protection: Making The Money Work.

**13-14 July 2005
Johannesburg South Africa**

Objectives:

- Improved understanding on what makes for effective OVC programmes, and the links with social protection programmes
- Improved understanding of how Social Protection instruments, the UNICEF Framework, National OVC plans can come together in the context of the Three Ones
- Focus attention on what needs to be done to scale up responses and help ensure resources get down to those who need it.

Outputs:

- Better common understanding and agreement regarding frameworks, terms and policy options relating to social protection and OVCs
- Emerging lessons and best practice on social protection responses to OVCs, shared across Africa Division
 - What do we know about effective programming at community level
 - Workable funding modalities to ensure financing gets to effective community-based interventions (in different settings (fragile states, MICs, better performing states)
- Critical policy issues, gaps in knowledge and future research needs identified
- An ongoing virtual group to share lessons and good practice on OVC programming
- Identification and agreement on key interlocutors and how Africa Division will work with them

Day One: Morning

A. Introductions and scene setting

9.00 – 9.15

Short Introduction (Stephen Kidd Policy Division DFID) including how this meeting fits in with other international meetings/ processes coming up in 2005 relevant to OVCs

9.15 – 9.30

African Union / Aids Watch Africa - AU commitments to OVCs and SP (Mrs Sadequa Rahim AU)

B. Key policy frameworks for OVCs and SP

9.30 – 9.50

i) HIV/AIDS specific issues for children– stigma, prevention and treatment agenda for children, (Hildria Tadia UN ECA Commission for HIV AIDS and Governance in Africa (CHGA) Emerging findings from CHGA .

9.50 – 10.10

ii) UNICEF Framework what is it – the RAAAPs and National OVC plans. How do these dovetail with other existing plans, processes: (PRSPs, macro-economic planning, National AIDS Plan). Examples of how DFID is supporting implementation of the UNICEF RAAAPs and national OVC plans. Doug Webb UNICEF)

10.10 – 10.30

Questions and answers.

10.30 – 11.00 Coffee

11.00 – 11.20

Social Protection – what do we mean by this and how do the main SP instruments meet childrens' needs? (DFID Sonya Sultan)

11. 20 – 12. 10 Break Out discussion

How helpful are these policy (HIV/AIDS, SP and OVC) frameworks at a country level, where are they key synergies and where does more work need to be done?

12.10 – 12.45

Present back and discussion

12.45 – 13.45 Lunch

Day One Afternoon

Effectiveness of social protection interventions for OVCs

13.45 – 14.00

A. **UNICEF:** Update on their review of social protection programmes in Eastern and Southern Africa Region (ESAR) which includes reviews of conditional and unconditional cash transfer safety nets, public works safety nets and education safety nets. The livelihoods approach being promoted by UNICEF, FAO and WFP. (David Alnwick –UNICEF)

14.00 – 14.20

B. **World Bank:** perspective on how OVC interventions relate to wider social protection strategies and cross-agency work – (Marito Garcia WB)

14.20 – 14.50

C. **AU (Mrs Sadequa Rahim) and NEPAD (Prof Eric Buch)**
Reactions to World Bank and UNICEF frameworks

Coffee 14.50 – 15.15

Panel discussion – chaired by Stephen Kidd

15.15 – 16.00

How to develop better joint agency working on Social Protection/OVCs at a country level to support nationally owned priorities (e.g. PRSPs)

16.00 – 16.30 Wrap up – how do we continue DFID engagement with key partners on OVC/SP issues.

DAY 2 Morning (DFID Participants only)

A) The instruments being used – practical responses to the needs of OVCs:

9.00 – 9.15

1. International best practice an overview on social protection instruments and relevance for OVC programming (Sonya Sultan)

9.15 – 10.00

2. Country level perspectives on effective community based responses
SHORT presentations from

- Kenya - Ada Mwangola – cash transfers to OVCs,
- Zambia – Bruce Lawson- McDowall -cash transfers to households
- Zimbabwe – Rachel Yates -Targeted -food transfers and alternatives

10-10.15 : Questions and answers

10.15 – 10.30: Coffee

10.30 – 11.15

- Ensuring quality and access to education for vulnerable children
Graham Gass and Halima Begum
- Linking ARVs and wider UNICEF OVC framework with safety nets – what is being done? Julian Lambert and Marilyn McDonagh TBC
- Tom Kelly on – safety net work within Southern Africa TBC

11.15 –11.30 Questions and answers

Discussion Break out groups

11.30 – 12.15

Where are the main gaps in our approaches and knowledge?

12.15 – 12.30 feedback

12.30 – 13.30 Lunch

DAY 2 - Afternoon

B. How funds get to those who need them on the ground?

13.30 – 13.45

1. Overview of country actions and meeting 'Taking Action' strategy commitments Liz Peri

2. Approaches in different state contexts

- 13.45 Mozambique – how to support community action in DBS context Alicia Herbert –
- 14.00 DRC/Sierra – Working in post-conflict context Julian Lambert
- 14.15 Zimbabwe: Working with UNICEF and national NPA - Rachel Yates

14.30 – 13.00 Plenary discussion on key challenges

15.00 – 15.30 Coffee

C. Way forward (Break out groups) 15.30 – 16.00

- Ways of effective working within DFID – Interest in the virtual OVC grouping
- Areas for joint policy work
- Feeding into future OVC/SP events

16.00 – 16.30 **Wrap up**

How do we continue DFID engagement with key partners on OVC/SP issues?

Key Documents (to be circulated prior to workshop)

- i) Draft social protection policy paper
- ii) UNICEF framework iib) RAAAP 2 Communique
- iii) UK's Taking Action – 2004
- iv) Recent HIV/AIDS briefing
- v) DFID commitments to OVCs recent stocktake
- vi) Country returns on OVC programming
- vii) Statistical marker (PIMS) for OVC
- viii) HIV/AIDS and Social Protection Discussion Paper – Rachel Slater
- ix) World Bank OVC and Social Protection Paper – Subbarao
- x) Kenya country example of SP/OVC work
- xi) DFID Hunger and Vulnerability Strategy Paper
- xii) Global Partners' Forum 2005
- xiii) Children on the Brink

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