

**Strengthening National Responses:
Southern Africa Workshop on Orphans and
other Vulnerable Children
Maseru, Lesotho
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Technical Briefing Papers

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INTRODUCTION

Briefing papers comprising five theme areas have been written to prepare workshop delegates and guide theme-related sessions. The papers include:

- ? **Collaborative Situation Analysis**
- ? **National Consultations and Coordinating Structures**
- ? **Costed Strategic National Action Plans**
- ? **National Monitoring and Evaluation Strategy**
- ? **Policy and Regulatory Framework**

These papers have emerged from the regional consultations covering orphans and other vulnerable children (Lusaka, Yamoussoukro, and Windhoek) and the on-going experiences of each country. Prior to attending the upcoming workshop, delegates are encouraged to review and discuss the briefing papers among themselves and with other stakeholders. It is hoped that these briefing papers will facilitate consensus and mobilize action in each of the topic areas.

The papers are intentionally brief. Reading them should spark questions and points needing further exploration. To this aim, each paper covers key questions to guide critical thinking and country-specific critique. Referencing their own country experiences, delegates can use the briefing papers to synthesize the status of their country's response to orphans and other vulnerable children.

Over the years, many different approaches have been adopted in an attempt to reduce the impacts of HIV/AIDS on children and their families. It is not possible or desirable to write "ideal" guidelines that can be followed step by step in every situation or in every country. The most effective national responses are those designed to meet the specific needs of the country. Therefore, the briefing papers introduce the main principles of each theme area, remaining flexible enough so that they can be adaptable to delegates' own reflections on their experiences.

After reading the briefing papers, delegates are likely to be primed for maximizing their country's on-going action and building on it to adjust, re-orient or expand responses to children and families affected by HIV/AIDS. Specifically, delegates will be more tuned to:

- Being situation-specific
- Getting to the root of an issue
- Planning realistically
- Assessing and assuring resources
- Foreseeing practical management structures
- Anticipating challenges
- Learning from others

With the jump start offered by the briefing papers, the November 2003 workshop is on course for strengthening responses to protect the rights promised to the children and, in so doing, preserve each country's culture and values beyond the AIDS crisis.

CHAPTER ONE

What is a Situation Analysis?

A situation analysis provides a synopsis of a particular situation at a given point in time. It is a process of gathering and analyzing information to guide planning and mobilize action. A situation analysis can be useful to different audiences for a variety of purposes, including:

- ? Policy and strategy development
- ? Advocacy efforts at multiple levels
- ? Stakeholder and community mobilization
- ? Intervention targeting and design

In the context of children and families affected by HIV/AIDS, situation analysis involves gathering information about the epidemic, its consequences, household and community coping responses, and relevant policies and programs. It concludes with analyzing the information gathered, identifying geographic and programmatic priorities, and making specific recommendations for action. Situation analysis provides a basis for making hard choices about how and where to direct available resources to benefit the most seriously affected children and families. The process by which a situation analysis is undertaken can increase awareness of the impacts of HIV/AIDS on children and families, strengthen collaboration and coordination among partners, and facilitate the development of a common agenda for strategic action.

Situation analysis also serves as a useful tool for building a framework and creating a mechanism that allows for continual assessment and analysis to address and respond to the changing needs of the situation of children and families impacted by HIV/AIDS. As the situation analysis findings gradually become a less accurate representation of reality, periodic monitoring can help guide and adjust interventions.

Key Principles

Ensuring a Collaborative Process: Conducting a situation analysis as a broadly inclusive, highly participatory process provides a vital opportunity to bring together key participants – those already engaged and those who will need to be involved as the process continues – to identify the best steps to take. If key stakeholders participate actively, they are more likely to feel ownership of and commitment to the findings of a situation analysis. These stakeholders might include:

- ? Relevant government ministries
- ? International organizations
- ? Donors
- ? Nongovernmental organization (NGOs/CBOs)
- ? Associations of people living with HIV/AIDS
- ? Religious organizations
- ? Universities
- ? Community and civic organizations
- ? Youth groups
- ? Private business sector
- ? Other concerned groups

Ensuring stakeholder representation, inclusion, and parity when undertaking a situation analysis is more likely to result in united action for orphans and vulnerable children. Often, people associated with sectors not normally involved with children need have not recognized the significance of the children affected by HIV/AIDS crisis. Experience has shown that by engaging these stakeholders in the production of the situation analysis (for example, asking the private sector to produce a section on the economic

implications of so many vulnerable children) may convince them that they too have a role to play in reducing the affects of HIV/AIDS on children and their families.

Tapping Existing Knowledge and Resources: It is important to capitalize upon already existing resources and infrastructure in a country prior to seeking additional resources. One of the key functions of the situation analysis is to develop a list of contacts and resources that can be tapped into for information and knowledge on children and youth affected by HIV/AIDS. A plethora of existing data and documents, both formal and informal, exists in all countries. There is also much to be gleaned from other countries.

Enhancing Capacity: The process of developing a situation analysis should in itself build national and local capacity, knowledge, and skills. While external assistance can be valuable, local knowledge and skills should be used as much as possible. The individuals with the best knowledge of the situation of children and families are likely to be local people who are involved with nongovernmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs).

Maintaining Joint Ownership: It is important that all stakeholders, including the government and local authorities, actively participate with clearly defined roles and have shared ownership of the final analysis and dissemination.

Taking a Multi-sector Approach: The effects of HIV/AIDS on children and families can be all encompassing. A situation analysis needs to be undertaken in an interdisciplinary manner and across sectors to note the range of effects. Information should be gathered from sectors such as education, health, agriculture, business, economic development, policy/regulatory, and social services/welfare.

Why Conduct a Situation Analysis?

Situation analysis generates credible technical information on the current and future magnitude of orphaning and other effects of HIV/AIDS on children and families. It can lead to a working understanding of priority issues that will have a significant impact on the politics surrounding these issues. It provides an overview of the political and programmatic response to date and its adequacy, identifies major gaps in knowledge and practices, and estimates the extent of service provision, coverage, and unmet need. For program heads and policy makers, it should provide clear answers to the questions: "Why should I care about these issues?" and "How can I even begin to make a difference?"

If a situation analysis is to lead to effective decision-making, planning, and action, it must not become an end in itself but serve as a springboard for building consensus and momentum toward specific actions. Recommendations to be relevant and realistic, they need to be attainable, which in turn depends on resources, capacity, and political will. In general, a situation analysis is conducted to obtain information on:

Epidemiological and Demographic Context of HIV/AIDS and OVC in the Country:

- ✍ The nature and pattern of the HIV/AIDS epidemic within the country
- ✍ Implications of demographic patterns on the epidemic and concentrations of problems
- ✍ Trends in orphaning
- ✍ The types and scale of current and projected problem situations

Societal and Cultural Implications:

- ✍ Social, cultural, and religious influences and resources
- ✍ Community support for AIDS-affected households
- ✍ Media coverage and portrayal of HIV/AIDS and those affected

In-Country Response to the Problem:

- ✍ Household coping strategies
- ✍ Effects of knowledge and attitudes about HIV/AIDS on these coping strategies
- ✍ Economic vulnerabilities and resources
- ✍ Availability and accessibility of services, including education, health, and social services
- ✍ Activities of groups addressing the needs of vulnerable children
- ✍ Interventions that have the potential to be effective and sustained at scale
- ✍ The policy and legal framework for protecting and caring for impacted children
- ✍ The existing formal and informal literature, as well as tools, guidelines, etc.
- ✍ An estimate of available local, national, and international resources
- ✍ The comparative advantages, strengths, and weaknesses of government and civil society in providing services and a delineation of their respective roles and responsibilities
- ✍ Existing resources, potential resources, and estimated total requirements
- ✍ Quality and extent of care options for orphans, including institutional care.

General Steps in a Situation Analysis

Managing the Process

A participatory situation analysis usually begins with a lead person rallying involvement of other interested and committed persons who want to improve the well-being of orphans and other vulnerable children. Essentially government and major (national and international) agencies agree on the need for a situation analysis. A coordinating structure or steering committee will help guide the situation analysis and assure its results lead to action. The most effective steering committees have broadly inclusive representation (government, NGOs/CBOs, persons living with HIV/AIDS, youth, private sector, etc.) with well-defined time commitments and role clarity. This advisory group is not equivalent to the day-to-day staffing needed to implement a situation analysis. Level of effort required will depend on the scope of the situation analysis as well as available resources.

The steering committee will make decisions to guide the following:

- ? Leadership/coordinating structure and accountability
- ? Conceptual framework and objectives
- ? Work plan
- ? Study methodology
- ? Study costs and itemized budgets
- ? Participatory analysis
- ? Publication and dissemination

An appropriate role for steering committee members is fostering and maintaining communication with audiences who can take action on the situation analysis findings. Stakeholders are more likely to use the findings if they feel they have participated in creating the results and are consulted and kept informed throughout the situation analysis process.

Defining Goals and Objectives

Determining how the results will be used helps define the goals of a situation analysis. Often the goal of a situation analysis is to develop a quantitative and qualitative description of the magnitude and conditions of HIV/AIDS vulnerable children in a delineated geographical area (country/s, district/s, communities).

Setting out objectives is a stepwise process that leads to the overall goal. Objectives might include:

- ? Measuring the quantitative extent of the orphan situation
- ? Describing the conditions facing orphans, families, and communities due to AIDS
- ? Identifying and describing coping strategies
- ? Identifying factors that influence problems or coping, positively or negatively

- ? To the extent possible, quantifying the effects of HIV/AIDS on children and families and projecting how the nature and magnitude of these problems might change over time
- ? Describing the roles, programs, coverage, and approaches of government bodies, international organizations, NGOs, religious bodies, civic organizations and grassroots groups currently or potentially involved with children and families affected by HIV/AIDS
- ? Identifying priorities among the problems identified
- ? Identifying geographic areas for priority attention
- ? Identifying potentially effective policies, programs, and other actions
- ? Laying the groundwork for monitoring the effects of HIV/AIDS on children and families as well as the impact of interventions

Defining the Problem

A written overview of the national context that has made the situation analysis necessary should include a description of the social and economic situation. Quantitative and qualitative data from previous studies, surveys, and surveillance data can help describe the situation and lend credibility to the analysis. This process elucidates knowledge gaps, resource requirements and constraints, existing best practices, and key challenges.

Determining the Geographic Scope

The geographic scope of a situation analysis may be the entire country or some portion of it. Programs addressing HIV/AIDS-related problems are often concentrated in the area where such problems first generated serious concern. It is possible that other seriously affected areas will have received little attention. It is important to include such neglected areas.

Determining Required Technical Skills

A team of specialists needs to be assembled to conduct the situation analysis. The team that carries out a situation analysis will use and address information from such fields as public health, social welfare, child welfare, economics, education, religious affairs, culture, statistics, epidemiology, community development, anthropology, psychology, and law. It will identify and collect information from administrative documents, studies, reports, and program descriptions. Direct research in affected communities requires skills in interviewing as well as group and community work. It may also involve special skills in conducting surveys, focus group discussions, or other information-gathering activities. Findings in one technical or geographic area will raise issues to consider in others.

Determining Required Resources

If more than one organization is involved, each will have to define the staff time and other resources it will commit to the process and/or the additional funds it will need to carry out its respective areas of responsibility.

Determining the Time Frame

The time frame for carrying out a national situation analysis can range from a few weeks to several months. The amount of time needed is influenced by such factors as the size of the country, the stage of the epidemic, how widespread it is, the diversity of the most seriously affected populations, budgetary considerations, and the availability of information and data. Operational factors that may affect the time frame include the sense of urgency for initiating programs, the number of organizations involved, the existence and quality of any previous assessment work, and the resources available for the situation analysis.

Gathering Information

Once decisions are made regarding the core information to be collected, the methodology can vary according to the needs of the situation analysis. Usually, both quantitative and qualitative

approaches are used to gather and analyze information. There is no set formula for how or in what combination methods of information gathering should be used. However, the methodology chosen must be credible in order to sufficiently support recommendations made in the final situation analysis report. Five likely types of information gathering methods to be used are:

Nominal group technique---consensus-building method used to elicit priorities and scope of the situation analysis.

Literature review---collecting and synthesizing existing formal and informal information on the situation of children affected by HIV/AIDS (DHHS, BSS, program reviews, newspaper stories, presentations, etc.)

In-depth interviewing---a technique for asking open-ended questions of key informants, including government officials, health workers, community leaders, teachers, as well as organizations working to benefit HIV/AIDS vulnerable children.

Focus Group Discussion---facilitated, semi-structured query with a group of people such as community members, people living with or affected by HIV/AIDS, home-based caregivers, etc.

Standardized or Structured Interviewing---questionnaires or surveys for collecting information from stakeholders and program beneficiaries, such as caregivers/heads of households and children

If properly executed, your situation analysis will provide the needed evidence to persuade stakeholders to support recommended actions or at a minimum to understand the rationale for proposed actions. The analysis of the information gathered is key to supplying the evidence. Specific types of analysis, in line with the methodology, will be needed to provide credible, adequate, and accurate information.

Reporting Results

Determining how to write requires first determining the purpose of the report and the intended audience. Is the intent to influence community opinion leaders, to inform policy-makers, or promote changes in services for HIV/AIDS vulnerable households, or a combination of these? Being clear about the purpose will help determine primary audiences and how best to reach them. The final report needs to be as accessible, credible, and engaging as possible.

Given the range of likely audiences, a main report and more targeted informational formats (e.g., a brief for policy makers) will be needed. Remember that different groups of people need different kinds of information in different forms and at different times. To promote effective communication, determine which sources and formats of information an audience considers to be convincing, useful, and timely.

Considerable effort should be placed on writing an engaging executive summary highlighting major points. It is likely that many of the most important readers will *only* read the executive summary. The main text of the report should cover methodologies used and attend to the basics of good writing (clarity, accuracy, logical development of ideas).

Making Recommendations

As with other phases of the situation analysis, policy makers and representatives of key organizations and government agencies should be involved in the discussion of the findings and in developing recommendations in a manner that evokes ownership and commitment to implementing the recommendations. Transparency is vital--clearly indicate those recommendations based on the findings of the situation analysis from those that arise by some other means such as expert opinion or consensus of the steering committee.

Some questions to consider when developing and selecting recommendations include:

- ? What is most important?
- ? What actions are necessary preconditions for others?
- ? In what ways are potential solutions to problems interrelated?

- ? Can priorities be established among the recommendations?
- ? Is there a body with clear responsibility to address policy issues related to the vulnerability of children?
- ? Who might be influential in acting to improve/change attitudes, programs, or policies suggested by the findings?
- ? Is the current level of information exchange about needs and services adequate?
- ? How could collaborative action be increased?
- ? What resources (technical and financial costs) will be needed to take action on the recommendation and how can available resources be maximally used?
- ? How can data from the situation analysis inform ongoing monitoring of the impacts of AIDS on children and families be carried out (e.g., help inform indicators)?

Disseminating Results

Contrary to the popular notion that dissemination implies primarily the final report, dissemination is a process, not a one-time product or event. To foster a climate in which the situation analysis is seen as relevant, involve stakeholders in as many dissemination activities as possible. Maintaining frequent communication with key groups through visits, telephone calls, e-mail correspondence, or technical support are effective ways to promote interest in and use of the situation analysis findings. A list of key audiences and the best way of reaching them should be determined during the planning phase.

Presenting the findings and recommendations of a situation analysis in a broadly inclusive national conference or consultation can be an excellent opportunity to mobilize action. Beyond increasing the visibility of issues relating to HIV/AIDS vulnerable children, a conference can help lay groundwork for an enabling environment in the following ways:

- ? Furthering discussion of how to interpret and use situation analysis findings,
- ? Encouraging ministries and organizations to define their roles,
- ? Identifying potential human and financial resources,
- ? Generating consensus and support for a strategy to strengthen the capacity of affected children, families, and communities, and
- ? Confirming the need for an on-going coordinating structure(s) to guide agreed upon action.

Anticipating Challenges

Every situation analysis encounters challenges. These can range from resource constraints to skepticism about the applicability and validity of findings. Community members or program staff may not be convinced that change is desirable or possible. Recommendations suggested by the findings may be considered too innovative for the political climate of the time. Or the findings may not be focused enough to provide guidelines for action, and may require conferring again with stakeholders who are able to create and take responsibility for disseminating action-oriented recommendations.

Consider if the findings will have a negative impact or be controversial. Anticipate whether the situation analysis findings might be embarrassing to program administrators, parliamentarians, or other community leaders accountable for decisions and oversight to child welfare programs and policies. Consider whether the news media or citizen groups may take the findings out of context. Be aware that the findings will be used in one way or another, and sometimes those uses will be different from the ones intended.

How the situation analysis results will be used may be outside anyone's control, but responsibility must be taken for anticipating the potential negative uses of the information. By planning ahead, assistance can be provided to stakeholders and members of the situation analysis team to prepare for findings that may be controversial or lend themselves to distortion

Establishing a Monitoring System

Interventions should be evolving all the time as understanding of the situation and needs of children improves. The situation analysis can serve as a platform for establishing a monitoring system with designated responsibility to key players. Intermittent reviews of the core information collected can determine what is most useful and reveal trends in the situation of vulnerable children. Certain indicator statistics, especially those relating to UNGASS, can be compiled and distributed periodically to policy makers and service providers.

CASE STUDY

Situation Analysis of Orphans and Vulnerable Children in Zambia, 1999

During the second half of 1999, multiple groups collaborated to carry out a situation analysis of orphans and vulnerable children in Zambia.

The aim of the study was to understand the current situation of orphaned children in Zambia and to assess current models of care in order to strengthen and improve strategies that aim to address the needs of individuals, households, and communities dealing with orphanhood. Its objectives were to

- ✍ Establish the incidence of orphaned children, both now and for the future
- ✍ Identify serious problems facing families and communities coping with orphans and the causes of the problems
- ✍ Assess community responses to the situation of those children left with only one or no parents
- ✍ Assess models of care and identify successes, best practices, and areas for further development
- ✍ Recommend to the government, the Orphan Task Force, NGOs, and other cooperating partners appropriate strategies that would address the needs of communities dealing with orphaned children

The study was managed by a steering committee with members from government ministries, international donors, the United Nations, an NGO umbrella group, and other organizations with relevant expertise. Specifically, these included representatives of the Government of Zambia Social Recovery Project (funded by the World Bank); Zambia AIDS-Related Tuberculosis Project; UNICEF; USAID; Family Health International; Nutrition and Household Food Security Monitoring System; the Participatory Assessment Group; the Children in Need Network; and the Ministries of Community Development and Social Services, Education, and Health. UNICEF, USAID, The Swedish Development Agency, and the Social Recovery Project provided funding for the situation analysis.

The steering committee supervised the work of five teams of local consultants, each of which produced a report on its respective area within the study. Support for the day-to-day work of the consultant teams was divided among the funding bodies. The teams' areas of focus included

1. Literature review
2. Data review and enumeration (search and analysis of existing statistical data)
3. Community response (impact, perceptions, and coping at community level using participatory methods)
4. Institutional response (profiles of each program addressing needs of orphans and a summary overview and assessment of this sector)
5. Practices of care (in-depth analysis of specific programmatic approaches)

In addition to the reports prepared on each of these areas, there was a summary report, synthesizing the findings of the five teams and making recommendations. These were combined in the final report, *Orphans and Vulnerable Children: A Situation Analysis, Zambia 1999*. Fieldwork for the situation

analysis began in June 1999, and reports were completed by November and presented at a national orphans workshop in December. Participants in that workshop developed a plan of action to respond to the priorities identified.

There were advantages and disadvantages of having all five teams at work at the same time. This approach facilitated communication and discussion of issues among the teams. Key issues were identified by each team independently and then discussed and compared. Some felt, though, that if the literature, data, and institutional response reviews had been done first, key issues would have been identified for more in-depth analysis in the “community response” and “practices of care” components of the study. Findings of the situation analysis have been used in the design of national-level programs.

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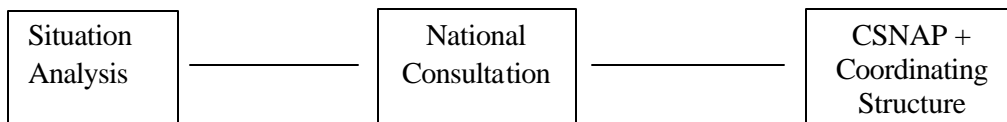
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CHAPTER TWO

What are National Consultations and Coordinating Structures for Children Affected by HIV/AIDS?



Conventionally a national consultation is held after a participatory situation analysis has been completed. The main purpose of the national consultation is to disseminate the findings of the situation analysis and to build consensus among stakeholders on a national response to the challenges facing OVC. This consensus is the foundation for a costed strategic national action plan (CSNAP). A coordinating structure is generally elected and mandated at this national consultation to finalise the CSNAP.

The national consultation is therefore the mechanism which takes the output of a situation analysis, filters it through the values, insights and authority of a large gathering of stakeholders, and gives birth to both a plan (the CSNAP) and a process (the coordinating structure) to respond to the needs of children affected by HIV/AIDS.

Obviously this is a very simplistic overview, and the reality will usually differ in one or more respects. For example, national consultations may occur in two parts; one before and one following the collaborative situation analysis. A situation analysis may be postponed and a rapid assessment or desk review undertaken as a basis for the consultation. Changes do not invalidate the process as long as the outcome is appropriate, large scale and sustainable interventions to protect the rights of OVC in the required timeframe¹.

Objectives of a National Consultation

Experience shows that successful interventions for children generally transcend sectoral boundaries and involve partnerships between institutions and with communities. There is also experienced-based consensus that explicit, top-level political commitment is essential if the size of the response is to bear any resemblance to the scale of the challenge.

A national consultation can facilitate both partnerships and political commitment if it brings top-level political decision makers together with national and local-level actors to:

- ? Understand the scale and gravity of the situation facing OVC in their country (this is made easier by completing a situation analysis or rapid assessment before the consultation);
- ? Recognise that collaborative, multi-sectoral action is the only practical way forward (by examining best practice in this and other countries);

¹ 'Appropriate' action usually requires a solid base of research along with a mandate and active support from a majority of stakeholders – including government. But interventions, even if well designed and widely supported, need to be 'large scale' and 'sustainable' if they are to have any meaningful effect on future generations. The extent to which children's rights are protected is often used as a yardstick by which the interventions are measured. By signing the UNGASS declaration all countries in the region have imposed on themselves a time-frame for implementation.

- ? Identify gaps and assets relating to country-wide response;
- ? Reach consensus on objectives, priorities and a timetable for responding to the crisis (these are the founding principles of a CSNAP);
- ? Commit themselves and their organisations to supporting and participating in future action;
- ? Elect a coordinating structure to consolidate and expand these founding principles into a CSNAP and, possibly, to oversee its passage into policy and law.

Convening a National Consultation

A national consultation needs to achieve a critical mass of support even before it takes place. If major stakeholders believe that the meeting is not properly mandated, or organised, they will stay away or send junior representatives who have no decision-making authority. This is why the process which precedes a national consultation is critical to its success.

One mechanism to ensure the right people attend a national consultation is to include them on the steering committee which convenes the consultation. As the most important stakeholder, government is usually asked to chair this committee and invitations are generally issued in their name, possibly in partnership with agencies providing funding and technical support.

Another tactic to ensure key stakeholders participate in the national consultation is to delegate an aspect of the situation analysis to them. If they are partly responsible for the report, they are certain to attend the event at which it is disseminated and reviewed and are likely to be involved in follow-up action. This is a main reason for undertaking a collaborative situation analysis.

In most cases consultants are hired to provide logistical and technical support to a consultation in areas such as documentation, event management, facilitation and report-writing. This enables conveners to focus on the discussions and encourages neutrality in the presentations and reporting.

The structure and duration of the national consultation will vary according to the objectives decided by the steering committee, the number of delegates attending, and the resources available. Similarly the number of people attending will be influenced by many factors, such as availability and belief in the relevance of the issue to their work. It is usually considered more important to ensure a wide representation of interests than to keep the meeting small and efficient.

In terms of representation, in addition to the more obvious institutional roleplayers it is important to involve children and youth, people living with HIV/AIDS, faith-based organisations, the private sector and possibly organised labour.

With regard to government, departments directly involved with children should be joined by senior decision-makers from law enforcement, the judiciary, legislative development, the treasury, foreign affairs and trade and industry, since they will all be directly affected and need to be part of a CSNAP to protect these children's rights. If the head of state opens or endorses the consultation, this can greatly enhance the calibre of people attending, and the quality of action which follows.

The actual organisation of the meeting will depend on the steering committee and personnel involved. Key points to consider include:

- ? The agenda – specifically whether it will allow delegates to internalise all the issues, and reach informed decisions on future action. A balance must be found between presentations and group discussions, and enough time allowed for opening and closing ceremonies.

- ? Venue, accommodation and transport – the venue should have enough spaces for group work, be close to suitable overnight accommodation for delegates, and transport needs to be provided to and from the venues each day
- ? Timing – to ensure that key delegates are able to attend
- ? Funding – for national consultations it is usually necessary to pay all delegates’ costs including transport and accommodation.
- ? Media coverage – this is an invaluable opportunity to raise public awareness, and to provide the kind of recognition which people working on children’s issues are seldom given.
- ? Facilitation – delegates need an opportunity to contribute and interact. This implies small-group work, which in turn needs a number of facilitators. Using volunteers from each group is not always successful, as their skills and knowledge of the subject matter is uncertain.
- ? Reporting – facilitators or rapporteurs can be asked to submit ‘session reports’ on the deliberations of each group, which can be consolidated along with plenary discussions and presentations into a workshop report.

One element deserves special mention – the registration forms. A national consultation offers a rare and possibly unique opportunity to gather information from a wide range of stakeholders. At the very least, information collected from delegates can provide the beginnings of a database of OVC roleplayers, but they can also be asked to provide valuable information on their organisations, clients, funding and opinions.

Why Participate in a National Consultation?

While those close to the issue of OVC can readily see the benefits of garnering stakeholder support and mobilizing national-level action, others may not jump at the opportunity.

Consideration must be given to the notion of “beneficial exchanges.” For example, what would convince a top-level official from the ministry of trade and industry to participate in a national consultation for vulnerable children? He or she will need to sacrifice time and potentially other resources to commit to the issue of helping children affected by HIV/AIDS.

If a collaborative situation analysis has been conducted, significant action would have been taken to engage the input or involvement of stakeholders from multiple sectors. However, motivation to stay engaged must be reinforced.

Outputs of a National Consultation

The main goal of a national consultation is to mobilise stakeholders by initiating consensus on a CSNAP. However it is not realistic to produce a full-fledged plan at a meeting like this because of the level of detail involved. Nevertheless it is important to use the opportunity to establish a solid foundation and mandate for a CSNAP and to put in place a robust process to formulate and implement it.

The following the minimum points of agreement need to be reached at a national consultation:

- ? Priorities for the next 12 months
- ? What actions are required;
- ? Who is responsible for those actions;
- ? The dates by which those actions should be accomplished.

Ideally these should be supplemented by consensus on:

- ? What steps are necessary to implement these actions;
- ? What resources are available for this process;
- ? How will we measure and evaluate our progress?

In practical terms, a large meeting of stakeholders will seldom manage to agree on the specifics of action, but will usually agree on principles and processes. So their final resolution may be along the following lines:

To establish a coordinating structure, which will finalise a draft costed strategic national action plan taking into account the values, concerns and aspirations expressed at this consultation, to be circulated to all delegates for comment by (date 1). Comments received by (date 2) will be incorporated into the final NPA, which will be implemented/submitted to government under the guidance of the coordinating structure. A second national consultation will be held a year from now at which progress towards the implementation of the NPA will be reviewed.

If this resolution is unanimously supported by all present – including government – it provides a solid basis for appropriate action. However, if the delegates propose another full gathering to approve a draft CSNAP, this can lead to lengthy delays.

Clearly government is the key to this process. The CSNAP will require cabinet approval before it can be implemented, particularly as it will almost certainly envisage a thorough review of resource allocation and policies/ legislation relating to children in general and those affected by HIV/AIDS in particular .

It is also likely that delegates at the consultation will elect an ‘interim’ coordinating structure, and ask that government create a permanent coordinating structure with statutory authority.

Interim Coordinating Structure

As pointed out above, this structure is likely to be elected and mandated at a national consultation and to have ‘interim’ status until a statutory structure can be established. It will often be built on the ad-hoc steering committee which was formed to organise the national consultation. If, however, a country already has an inter-sectoral body working on children’s issues or HIV/AIDS, this structure may be asked to assume responsibility for further action. The role of the coordinating structure usually revolves around the finalisation and implementation of a CSNAP, in line with the principles agreed at the national consultation, but it can have other significant functions as well, for example to:

- ? Facilitate consensus on issues which were not resolved at a national consultation;
- ? Compile an inventory of OVC roleplayers and resources;
- ? Oversee support to sub-national coordinating structures to bolster community representation;
- ? Establish a forum at which OVC roleplayers can meet and exchange views, and possibly act as an advocacy, lobbying or fundraising group for OVC interests;
- ? Oversee research or a situation analysis (if this was not done before the consultation);
- ? Facilitate attendance at international meetings and network with peers in other countries;
- ? Mobilise resources for the development of the CSNAP, or for OVC activities generally.

The membership of a coordinating structure is something of a balancing act – it is important that all key stakeholders are represented (government, NGOs, FBOs, children, women, donors) but equally important that the group is not too large or it may prove unwieldy and ineffective. If it is impossible to keep this group small, one tactic is to establish one or more working committees and report back to the larger group at quarterly or half-yearly meetings.

One mechanism to keep the coordinating committee small is to constitute it in such a way that a seat is reserved for a representative from each relevant government department, one for national NGOs, one for FBOs, one for donors etc. This means that each group of stakeholders must elect a representative, and that this person can be replaced by them at any stage, if they wish.

Permanent Coordinating Structure

One of the key pillars of national OVC programming is to ensure that interventions for OVC (and, indeed, all children) are coordinated so as to identify and fill gaps in services, avoid duplication and speak with one voice to government, donors and other stakeholders.

Obviously this goes further than the role of the interim structure described above, which is seen primarily as a driver for the establishment of a CSNAP. In addition to the roles envisaged for an interim coordinating structure above, a permanent body may:

- ? Ensure coordinated effort between different government departments, both a national and sub-national levels (ideally the coordinating structure is located within the office of the President, or chaired by the President or Vice President, to ensure it has the authority to mediate between departments);
- ? Oversee the review of existing policy and legislation, the drafting and passage of legislation to protect children's rights, and the implementation of programmes to increase the capacity of duty-bearers such as parents, teachers, health workers, police, local leaders etc.;
- ? Ensure the appropriate standards are maintained in all services to children – for example free universal access to education and health care, registration of child-care workers and children's homes, and provision of child and youth-friendly services in areas such as justice and health;
- ? Ensure responsible representation of their country at international conferences and workshops, and advise and support the government on the signing and ratification of international instruments (like the UNGASS declaration).

The nature of these responsibilities requires that a permanent coordinating structure should have legal standing, which usually means it is constituted in terms of an Act of Parliament. Drafting the legislation to establish a statutory coordinating structure may be a key element of a NPA, along with other policy and legislative reform.

Harmonizing Action

A critical question which must be addressed at some point is the relationship between a coordinating structure for children affected by HIV/AIDS and a national HIV/AIDS coordinating body – specifically whether the HIV/AIDS-related coordinating structures (e.g., prevention and mitigation) should be linked or merged.

When exploring the best scenario consider the following: The two structures (HIV/AIDS and orphans and vulnerable children) involve many of the same roleplayers;

- ? The growth in the number of orphans, and the vulnerability of children and their caregivers, are closely associated with the HIV/AIDS pandemic;
- ? Care of those affected by HIV/AIDS at family and community level is an essential component of HIV/AIDS programming;
- ? Top level political intervention, and international funding, are prerequisites for dealing with both crises;
- ? Planning and funding interventions for HIV/AIDS and vulnerable children are closely linked at an international level, eg: at conferences like ICASA and funding of interventions by the Global Fund;
- ? The primary motivating force behind national responses to children affected by HIV/AIDS is a section of the declaration of the UN General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001;

- ? That national HIV/AIDS coordinating councils (or similar) exist in most sub-Saharan African countries already and that it is a simple matter to extend their terms of reference, rather than establishing a similar body for orphans and vulnerable children from scratch.

On the other hand:

- ? The ‘real’ issue confronting children in sub-Saharan Africa is not simply orphanhood, but the larger and more complex issue of vulnerability, of which orphanhood is one manifestation. This vulnerability is certainly amplified by the pandemic, just as poverty and food (in)security are compounded by HIV/AIDS. However, as far as is known, it has never been suggested that poverty-reduction or food-security programmes should be coordinated by a national HIV/AIDS coordinating council, even though many of the protagonists’ arguments apply here as well;
- ? The protection of children’s rights, which is central to addressing child vulnerability, requires a range of legal and logistical interventions (as described under “permanent coordinating structure”) which are unlikely to fall within the authority of a national HIV/AIDS council. Such a body is more likely to maintain a health-and-social-services approach to vulnerable children;
- ? The outcomes of the crisis facing children will endure for many decades as traumatised children with little or no experience of loving adult relationships or social skills become dysfunctional parents and community members. Salvaging the future requires a response which has very little to do with the prevention, treatment and care of HIV/AIDS;
- ? Many national HIV/AIDS coordinating bodies have been in existence for some time. Few have paid much attention to affected children until now. To do so will involve a dramatic change in their organisational culture, which may reduce their effectiveness in fulfilling their original (and critical) mandate. The better solution may be to establish separate but inter-related structures to coordinate the fight against HIV/AIDS, and the fight for the next generation.

Anticipating Challenges

Processes that require consensus and collaborative action among diverse stakeholders will seldom run smoothly, and the difference between success and failure is often the organisers’ ability to anticipate these challenges. When planning a national consultation and a coordinating structure, challenges which may be encountered include:

- ? Limited show of support
- ? Competing priorities among stakeholders (including different government departments and levels)
- ? Conflict among individual participants
- ? Delays or unrealistic deadlines
- ? Lack of resources or capacities
- ? Poor communication.
- ? Competing priorities among Government and donor/partner
- ? Competing priorities among Government and NGO’s etc.
- ? Limited resources – human/financial
- ? Unlimited resources versus lack of skilled personnel
- ? Time – action needed to be taken immediately versus bureaucracy

CASE STUDY ONE

Namibia National Consultations and Coordinating Structures post Lusaka Conference on OVC

The Namibian delegation to the Lusaka OVC Conference consisted of officials from the Ministry of Health and Social Services (MoHSS), Ministry of Women Affairs and Child Welfare (MWACW), UNICEF and an NGO dealing with Early Childhood Development.

The Lusaka conference came at a very opportune time because the Directorate of Developmental Social Welfare Services in the MOHSS (herein-under referred to as the Ministry) had already taken the initiative to commission a study to establish the extent of the OVC crisis in Namibia. The findings of this study indicated that there were reasons for concern, but that very few players are active in the field. Because of some flaws in this study, the Ministry commissioned a second national study in early 1999, namely “A situation Analysis of Orphan Children in Namibia”. The aim of this study was to identify potential interventions and consider the expansion/redirection of existing interventions to assist government in helping orphans and their caregivers better meet their needs.

After the Lusaka conference, the Ministry decided to establish a multi-sectoral task group to organize the First National Consultative Conference on OVC in 2001 and based on the preliminary findings of the 1999 study the conference aims were:

- ? To prioritize issues of concern for OVC
- ? To develop specific strategies for protecting the rights of OVC
- ? To develop terms of reference for all stakeholders
- ? To mobilize all sectors of the community

The Conference was a mixture of information sharing together with task orientated working sessions. The Conference was an overwhelming success and came up with five key strategies listed below, and about twenty recommendations:

- ? Develop a national home-based family and orphan support programme.
- ? Develop a plan of action to mobilize all stakeholders input for a coordinated response to OVC.
- ? To develop a national policy on OVC.
- ? Strengthen existing prevention and care activities through a multi-sectoral and coordinated process whereby they become community owned and of direct benefit to OVC.
- ? Develop and strengthen existing networking forums for OVC at all levels including constituency and regional.

The Conference elected, and members later co-opted, key stakeholders to form a 40 member OVC National Steering Committee (OVCNSC) to oversee the implementation of the conference resolutions. The OVCNSC’s first task was to come up with a working definition of OVC and a comprehensive five-year strategic plan. The OVCNSC was split into six working groups, each with its own work plan. The six working groups were:

- ? OVC policy development
- ? Care and support
- ? Lobbying
- ? Networking
- ? Monitoring and evaluation
- ? Social assistance (grants and allowances)

The performance and team spirit prevailing in the OVCNSC and its working committees was excellent. Other reasons for the success of these groups were committed leadership, technical assistance and being part of a national project that was much publicized and really making a

difference. People also liked to be identified with an initiative that was managed professionally. It is important to keep a strong visibility, even if it sometimes will result in territorial issues being raised.

A year after the first conference the Second National Conference was held, with the following main objectives:

- ? To present the OVC Five-Year Strategic Plan and Achievements/Constraints from the first year.
- ? To reach consensus on the draft National OVC Policy and the adoption of the proposed national OVC definition.
- ? To present and debate current issues affecting OVC, e.g. psychosocial support, registration of OVC, institutionalization, access to quality education, etc.

At the end of the conference, an election for a new OVCNSC was held with the mandate to oversee the implementation of the revised and adopted strategic plan. All available members of the first OVCNSC were re-appointed.

After the transfer of child welfare functions from the MOHSS to the MWACW, a new national and regional structure for coordinating all child-related activities was adopted. It is known as the National Program of Action for Children and has three divisions dealing with OVC, Early Childhood Development and Child Development, with coordinating bodies at the national, regional and constituency levels.

Cabinet has further mandated that this committee now be known as the OVC Permanent Task Force, which reports directly to cabinet. The transfer of child welfare activities from the well-established MOHSS to the new MWACW resulted in the loss of a little momentum but it needed to be done to streamline government functions. It is however a bit risky to make such drastic changes in the beginning of a major national programme. It can be said that the OVC programme in Namibia survived these changes because the foundation was solid, stakeholders, including development partners, are committed to it and a network of NGOs and service organizations have been established in the meantime.

In conclusion, during the past three years, the multi-sectoral OVCNSC, now known as the OVC Permanent Task Force and its working committees have:

- ? Conducted/commissioned surveys and research.
- ? Updated children's legislation.
- ? Developed a number of strong partnerships with NGO's, CBO's, FBO's, government ministries and development partners.
- ? Revised the administration of children's grants;
- ? Adopted a number of guidelines concerning the care, protection and service delivery to OVC.

Participate in the Partnership Menu for HIV/AIDS; Global Fund subcommittees on OVC, social assistance and psychosocial support; the National AIDS Executive Committee, to mention but a few.

CASE STUDY TWO

Jamaica National Consultation

In early 2002 Jamaica's National AIDS Committee (NAC) in collaboration with UNICEF and USAID commissioned a rapid assessment of OVC. The goal was to identify gaps and priority areas for interventions for orphans and children in families made vulnerable by HIV/AIDS.

The rapid assessment was completed in three weeks and immediately followed by a national consultation of children's stakeholders in Kingston on 30-31 May 2002. The consultation was planned by the same committee which supervised the Rapid Assessment, which included representatives of the NAC, donors and consultants.

The consultation took the form of a workshop which brought together 100 delegates from organisations active in the fields of HIV/AIDS, children's health and human rights at national, parish (district) and community level, as well as people living with AIDS. The objectives of the consultation were to disseminate the key findings of the rapid assessment and to identify priorities for action.

The workshop was structured as follows:

First day

- ? Session one – presentations by the consultants who conducted the rapid assessment and a specialist on OVC programming from UNICEF headquarters.
- ? Session two – group work to identify “strategies for moving forward” This group work lasted 45 minutes, and made use of facilitators and rapporteurs drawn from each group.
- ? Session three – a presentation on the national HIV/AIDS strategic plan, followed by plenary discussion on the way forward

Second day

A smaller group of 20 people, identified on the first day, met to consolidate the recommendations from the first day and to plan the way forward. A key decision was made to focus on all orphans and vulnerable children, not only those orphaned or made vulnerable by HIV/AIDS.

The discussions of the first day were distilled into five areas of common concern:

1. Support caregivers so they can support their children;
2. Ensure children's access to existing social services;
3. Provide psycho-social support to OVC and caregivers;
4. Take action to reduce stigma relating to HIV/AIDS;
5. Share information and coordinate action on OVC.

In terms of action, it was agreed:

- ? Action for OVC needs to be coordinated by an organisation working for children, rather than an organisation working in the field of HIV/AIDS (it was ultimately agreed the government's Department of Children's Services would fulfil this role);
- ? To hold district workshops (ie: at Parish level) to explain the issues to district and community-level roleplayers, get their inputs on a national plan of action for OVC, and secure their support for future action;

- ? To involve people living with HIV/AIDS, care givers, relatives, children and young people at every step and to give them leadership roles whenever possible
- ? The processes of holding district consultations, finalising the rapid assessment, and developing a national plan of action would continue simultaneously, rather than in sequence, due to the urgency of the situation facing OVC.
- ? Finally, a series of deadlines were agreed by participants, and responsibilities allocated for immediate action.

In their evaluation delegates felt that not enough time had been allowed for group work, but were otherwise very supportive of the process.

Some observations:

- ? The rapid assessment document was not circulated to participants (and, indeed, has not yet been cleared by government for publication). Feedback to delegates consisted of a PowerPoint presentation which outlined the findings and recommendations of the rapid assessment. Interestingly, nobody complained about the lack of a written report, and Jamaica went on to hold district OVC consultations and produce a national plan of action for OVC without this document.
- ? The Press was allowed to attend and participate in the first day of the consultation, which attracted considerable publicity and public interest.
- ? The idea of holding a large-scale meeting on the first day, followed by a smaller planning meeting on the second, proved successful. Delegates on the first day were advised of this plan and discussed which sectors should be represented and by whom. The smaller meeting on the second day was able to work together (without breaking into smaller groups) and rapidly reach consensus on the way forward.
- ? A significant number of children and caregivers were interviewed for the rapid assessment and their experience, opinions and feelings formed an important part of the report and feedback, but children did not participate directly in the national or district consultations. On the other hand people living with HIV/AIDS were interviewed for the rapid assessment and directly involved in the various consultations and committees.
- ? Although the National AIDS Committee – which is linked to the Ministry of Health – commissioned the rapid assessment and convened the national consultation, the Children’s Services Division in the same Ministry assumed the leadership role for the subsequent district consultations and development of a national plan of action for OVC. This was in line with the recommendation from the consultation that the process should be led by a children-oriented body, rather than an HIV/AIDS-specific organisation.

CASE STUDY THREE

Zambia national consultation on OVC

From 8—10 December 1999, some 200 representatives of government and non-governmental organisations, community-based organisations and donor agencies, facilitators and organisers, gathered at the Mulungushi International Conference Centre in Lusaka to consider the future of Zambia’s children.

The objectives of the workshop were:

- ? To foster political commitment to the rapid establishment of a national policy on orphans and other vulnerable children (OVC);
- ? To reach consensus among roleplayers on a national strategy and action plan on OVC; and

? To set up a mechanism for information sharing, collaboration and access to resources by all roleplayers.

The workshop was convened by the Ministry of Sports, Youth and Child Development (MSYCD) in collaboration with the Ministries of Health, Education, Social Welfare and Finance. Technical and financial support was provided by UNICEF while several other agencies offered advice and logistical assistance.

The gathering coincided with the publication of the six-volume '1999 Situation Analysis of Orphans and Vulnerable Children in Zambia' by a consortium of government and donor agencies, and 'Children Orphaned by AIDS: front-line responses from eastern and southern Africa' by UNICEF. Both documents were distributed to delegates.

The participants represented all levels of intervention in the OVC crisis, and came from every province of Zambia and diverse environments – both rural and urban. The workshop was opened by the Minister of Sports, Youth and Child Development, in the presence of other government ministers and senior officials, and included presentations on the impact of HIV/AIDS on children and the extent to which children are vulnerable, globally, regionally and nationally.

However, most of the workshop was devoted to group-work. On the first working day, each delegate participated in a group dealing with one of the following themes:

- ? Improving livelihood security in vulnerable households (including issues of income generation, microfinance, agriculture, youth training and employment);
- ? Improving vulnerable children's access to education;
- ? Improving vulnerable children's access to health services;
- ? Responding to psycho-social distress among children;
- ? Protecting the child (from abuse, sexual exploitation, disinheritance, child labour etc);
- ? Reducing the vulnerability of children to HIV infection; and
- ? Reducing the vulnerability of street children.

Professional facilitators and rapporteurs were employed to lead and record the group discussions respectively, using an agreed format. In five of the seven themes, enough delegates registered to justify more than one group, and their facilitators were charged with consolidating their output into a single report, at the conclusion of the workshop.

On the second working day, new groups were established to discuss the following themes:

- ? 'Community' (to address the question: 'what should the people be doing?')
- ? 'Organisations' ('what should organisations be doing?' eg: churches, NGOs, CBOs)
- ? 'Government' ('what should Government be doing?') and
- ? 'Funders' ('what should donor agencies and international aid organisations be doing?')

At the conclusion of this session, facilitators met to consolidate the group outputs into a series of conference resolutions, for debate and approval by the workshop plenary.

The workshop also featured the first public announcement of the recommendations of a Technical Task Force established by Ministries of Health; Education; Community Development and Social Services; and Sport, Youth and Child Development.

This Task Force recommended the establishment of a National Orphans and Vulnerable Children Coordinating Committee with a mandate to coordinate support to OVC in Zambia.

Unfortunately, this announcement was delayed until after the workshop group-work was completed – hence the inclusion in this report of recommendations by various groups that such a body should be established.

Following the workshop, theme-group outputs were collated by facilitators and compiled into this report, to be approved and submitted by the workshop steering committee to government, and circulated to media and workshop participants.

Workshop recommendations:

Recognising the seriousness of HIV/AIDS, poverty and other social factors impacting on children, and the importance of the next generation to the future of Zambia, this workshop resolves:

- ? That the President of Zambia should declare the crisis surrounding orphans and other vulnerable children (OVC) a national disaster;
- ? That an appropriate response should be developed by the Disaster Mitigation and Management Unit within the office of the Vice President, in collaboration with other Government Ministries and organs of civil society;
- ? That structures be urgently mobilised at all levels, from grassroots to national, to agree on leadership, coordination and on responses which are appropriate to the scale and urgency of the OVC crisis;
- ? That a workable mechanism be urgently established to facilitate communication, co-ordination and access to resources among all actors dealing with OVC. This mechanism should be built on existing structures within and outside Government.

The workshop also recommended that the declaration of a national disaster should be effected without delay, while the remaining steps should be accomplished within a maximum period of six months.

CASE STUDY FOUR

Coordinating structures in Zambia (with acknowledgement to Robert Keatley)

In the wake of the Situation Analysis of Orphaned Children and first National Consultation on OVC in 1999, an **Orphans and Vulnerable Children Coordinating Committee** (OVCCC) has been constituted in Zambia. It comprises most major stakeholders drawn from government, non-governmental organizations and religious organizations.

The nominated key government ministry in coordinating support to OVC is the Ministry of Youth, Sport and Child Development which works closely with the Ministry of Community Development and Social Services. Other government ministries on the committee include the Ministry of Health, Education, Local Government and Housing and the Ministry of Legal Affairs.

Its main functions are policy making, coordination, advocacy and resource mobilization for the orphan response. The coordination function is particularly important in view of the multiplicity of actors in the orphan response.

The **HIV/AIDS Council** (and Secretariat) is an 'autonomous' body created by government to provide national leadership in the fight against HIV/AIDS through advocacy, policy guidance, coordination and resource mobilization.

It has a number of technical 'expert working groups' to advise on various aspects of the national response to the HIV/AIDS, including on orphans. One such group is the "*OVC Working Group*" whose main function is to advise the AIDS Council and the OVCCC on strategic and technical issues related to orphans and vulnerable children (and related responses). It is multi-disciplinary in composition bringing together health experts, social workers, PLWHAs, youth and others.

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CHAPTER THREE

What is a Costed Strategic National Action Plan?

A Costed Strategic National Action Plan (CSNAP) is about developing realistic and effective strategies that take into account the level and adequacy of the current response, the absorptive capacity of systems and infrastructure to respond further to lessen the impact of the epidemic on children and their families. Most countries already have comprehensive national strategic plans for HIV/AIDS. The purpose of a CSNAP is not to replace these national strategic plans, but to build on them by establishing a process that mobilizes support and action for orphans and other vulnerable children. Lessons learned and best practices from international, regional, and local responses to children affected by HIV/AIDS can guide CSNAP planning. A core guidance document is the internationally agreed upon *Strategic Framework for Orphans and other Vulnerable Children*.

One extremely critical component of a CSNAP is developing budget scenarios. The coordination body for CSNAP must prioritize proposed actions according to available resources. This type of prioritization will ensure a consensus on the priority interventions *and* on the resources available to implement them. Along with developing budgets, designing a monitoring and evaluation plan is essential. Monitoring and evaluation allows for important periodic reviews of critical benchmark indicators and design of a strategy for updating the plan as needed.

With a good collaborative situation analysis and national consultation in hand, most of the hard work of the CSNAP formation will already have been done. Guided by information generated from these previous actions, a CSNAP will involve undertaking the following:

1. Form the coordinating body and define roles;
2. Determine approach to designing the plan;
3. Consider the international guiding principles, programming strategies, and core national level indicators for orphans and other vulnerable children;
4. Confirm priority areas for a national response;
5. Set SMART² objectives in priority areas;
6. Develop strategies and corresponding coordinating structures to reach objectives in priority areas;
7. Examine the strengths and weaknesses of proposed strategies;
8. Revise objectives and strategies where necessary;
9. Plan flexible management and funding to ensure support for emerging strategies;
10. Build in the monitoring and evaluation strategy, especially how UNGASS core indicators will be tracked; and
11. Estimate costs and funding sources for priority actions.

Guiding Principles

The following core principles should compliment a country's own planning principles:

Respect for human rights to ensure that proposed actions do not stigmatize, debilitate or otherwise negatively affect the dignity of the very people the interventions serve, especially children and persons living with HIV/AIDS (PLHAs).

Evidence-based decision making that allows planners and implementers to learn from successes and from areas that need improvements.

Accountability for decisions and funding allocations.

Openness to stating objectives and expected results clearly and reporting back to the public regularly. The shift from an expert-driven to a **broadly participatory process**.

²Specific, Measurable, Achievable, Relevant, Time-frame specific

Why formulate a Costed Strategic National Action Plan?

Urgent attention is required to achieve the UNGASS goals set for 2005 and to generate the resources and partnerships required to support an adequate response over the long term. The CSNAP provides a framework for broad consensus around:

- Engaging and unifying a countrywide response,
- Mapping out interventions and their related costs,
- Addressing gaps in meeting the needs of vulnerable children, and
- Proposing methods for taking local efforts to scale

A CSNAP can be a mechanism to rally senior leaders and decision-makers who have the capacity to mobilize and sustain a quantum shift in the response to orphans and other children made vulnerable by HIV/AIDS.

Coordinating the Process

In most countries, the process for developing a CSNAP will be coordinated by the National AIDS Committee (or other body with overall responsibility for HIV/AIDS policy) in concert with the government agency responsible for child welfare. How the CSNAP coordination structures are organized will determine the operational process of planning as well as the degree to which that process is centralized or decentralized. Countries will need to choose the administrative approach that best suits its own needs and its own resources. Three possibilities include: national level planning; national priorities, local strategies; and provinces set the agenda. There are as many other possibilities as there are countries and administrative structures. The situation analysis may point to the most appropriate coordination model.

Since the government should be in the driver's seat of the whole exercise, there should be solid government representation from different sectors. This will facilitate the integration of activities for orphans and other vulnerable children into national development plans. In some countries, considerable time and energy may be required to build up support for the very concept of a CSNAP for orphans and other vulnerable children, particularly among groups in different sectors who may feel the issue is not their business. Strong personal or institutional leadership may be needed to drive the process.

Experience shows that active participation in the planning process will lead to a strong feeling of ownership. Hence determining roles for all key stakeholders in the CSNAP is an early but essential step towards mobilizing resources, human as well as financial.

Comprehensive representation from all sectors of society includes:

- People Living with HIV/AIDS
- Political leaders
- Religious leaders
- Cultural/traditional leaders/rulers
- Key population groups (children, youth, caregivers)
- Influential community members such as musicians, athletes, spokespersons, business leaders, media representatives
- “Worker bees” — for example, those who lay the groundwork and do the daily implementation
- Current and future implementers of activities for children
- Technical advisors from international and national organizations (including donors)

The coordination body should have appropriate expertise in the different areas to be covered, as well as in strategic planning. If prepared well enough in advance, it is often possible to meet this requirement through a careful selection among the potential participants from the stakeholders

listed above. Persons involved with conducting the situation analysis and the national consultation should be able to make a valuable contribution to formulating the national action plan—the priorities and strategies chosen will depend very much on the results of their analyses.

The length of time it takes to formulate a CSNAP will vary enormously from country to country. It will depend on the size and complexity of the country, the administrative and planning systems already in place, and the level of decentralization at which different stages of plan formulation are to take place. The conclusions of the situation analysis and national consultation will give a rough indication of how complex the task is likely to be in a particular country, and can guide administrators in planning appropriate time frames.

Costing the Plan

When the coordination body identifies strategies, they also will need to identify partnerships that will provide the types of resources (human, financial, goods and services) to enable those strategies to succeed. There will always be a proportion of the national response that must be underwritten by cash from the national treasury or from foreign loans or grants. Mechanisms for generating and disbursing funds should be addressed in the CSNAP. The plan may specify the proportion of funds to be derived from the national treasury, the mechanisms for acceptance, and management of funds from foreign donors. The CSNAP coordination body may also want to put in place some mechanism for tracking the accountability of the various institutions—government, private, and community based organizations that are financed by public or foreign sources to undertake activities for orphans and other vulnerable children.

Adequacy of resources

Assessing the adequacy of inputs – technical, financial, but also goods and services and, not least, human resources – into specific strategies is part and parcel of a critical analysis of the reasons for their success or failure. It also provides the information required for eventual cost-effectiveness analysis and assists planners and other stakeholders in setting priorities for mobilizing resources for potentially effective strategies that may otherwise get discarded. The importance of adequate human resources for the success and effectiveness of an activity cannot be stressed enough. While most people will find it easy to attribute failure to lack of material resources, goods or funding, there is often a reluctance to acknowledge that it can be due to lack of specific expertise, inappropriate skills, or even motivation and commitment.

Maximizing available resources

A widely held assumption concerning resource mobilization for a CSNAP is that it is solely about securing additional or new resources. However, within the context of strategic approaches to planning, it is particularly important to emphasize that mobilizing resources is as much about making judicious or better use of available resources as it is about mobilizing additional ones. An important resource that is often overlooked is the time that people may contribute voluntarily to various essential activities benefiting orphans and other vulnerable children – from high-level political advocacy to community services.

Cost-effectiveness

Cost-effectiveness is a measure of the comparative efficiency of discrete strategies and methods for achieving the same objective (in this case mitigating the impacts of HIV/AIDS on children and their families). It is the responsibility of the coordinating body to advise on how best to use scarce resources. Focusing on the cost-effectiveness or efficiency of the national response to orphans and other vulnerable children involves continuously asking questions such as:

- ? What are the costs involved in a specific activity or group of activities?
- ? What are the returns on that activity, i.e. what are the benefits gained?
- ? What is the opportunity cost of such an activity? In other words, will this be an optimal use of resources or will more be achieved by spending resources on other activities?

Responding to these questions will allow planners to rank interventions that generate comparable results.

While there is some information on costs of community and district-level programs and individual facilities, little exists on costs of large-scale programs. The following four steps can be used as guidelines to estimate the cost of implementing interventions for orphans and other vulnerable children on a large, or national, scale:

Step 1: Establish size of target groups

Step 2: Define current and future coverage for interventions

Step 3: Consider existing implementation constraints

Step 4: Estimate costs

A Mandated Plan of Action

The whole process of a CSNAP will produce political support and working partnerships even before a final plan is produced. However, the plan cannot be used to the fullest until it has been written up and circulated for comment, amended where necessary, and approved by the relevant government structures and other stakeholders.

The opinions of all the major groups involved with the situation analysis and national consultation should be sought; if necessary the CSNAP should be revised to take their concerns into account before a final draft is circulated. This consultation process may be focused into a final workshop bringing together all the major interest groups, or may take place over several months of circulation and revision of drafts. The highest political authority should legitimize the plan. The CSNAP may need to be approved by the president's office or parliament, sector-specific components by the relevant minister and regional plans by the regional assembly or governor.

A mandated national action plan that creates space for both public and private initiative, guiding both towards a clear goal, is one that will do most to change the situations of children affected by HIV/AIDS and their families. The CSNAP should be an indispensable reference for everyone seeking to contribute to a national response. Governments, national and foreign donors, non-governmental organizations (NGOs), private companies, professional associations, researchers, and others should use the CSNAP as a guide to priority areas and activities for orphans and other vulnerable children. The more this group of users have contributed to formulating and "blessing" the CSNAP, the more likely it is to reflect their needs and to ensure that they will be brought into partnership in a coherent, government-led national response.

Anticipating Challenges

The CSNAP coordinating body should prepare to encounter possible challenges such as the following:

Securing multi-sector participation and support

Working with insufficient information from the situation analysis

Negotiating debates over priority actions and required resources

Maintaining momentum and support

Costing the plan realistically

Determining coordinating structures, centralized and/or decentralized, for implementing the CSNAP.

EXAMPLE: Outline of a Strategic Plan

Planning Process

Description of the planning process, including organization, consultations and groups involved in situation and response analyses and plan formulation.

Introduction

Simple overview of the history of HIV, the current situation and the response, including major partners.

Strategic Framework

Guiding principles

Broad strategies

Institutional framework

Priority Areas and Strategies

Brief description of the priority areas for action, including rationale for their being considered priorities, general objective for the area, and broad strategy

For each priority area: key elements in need of response

For each key element:

- specific objectives
- strategy, with its various steps,
 - key initiatives
 - partnerships identified
 - resources, including their source

Management mechanisms

A description of responsibilities and management mechanisms, including for monitoring and evaluation, support for emerging strategies, costs/budget, accountability, etc.

CASE STUDY ONE**COSTING OF THE NAMIBIA NATIONAL STRATEGIC PLAN ON OVC**

With the success of the first Namibian OVC conference and the establishment of the OVC National Steering Committee (now known as the OVC Permanent Task Force), the recommendations and strategies from the conference were condensed into three strategic areas: (1) Ensuring that the rights of OVC are protected; (2) Ensuring appropriate OVC care and support services; and (3) Improving mobilization, integration and networking.

The committee was divided into six focal/working groups: OVC Policy Development; Care and Support; Lobbying; Networking; Monitoring and Evaluation and Social Assistance

Each group came up with short, intermediate and long term objectives within their key areas and at all times working within the three strategic areas. From this a five-year strategic plan was written together with a one-year detailed budget with activities and an estimated budget for the remaining years. Activities that formed part of the strategic plan but that could be carried out under existing services/programmes of government and civil society organisations, were excluded from the strategic plan budget. One example is the Social Assistance Group that was tasked to develop procedures to expedite the payment of existing state grants to children in need of care. Further, a number of activities from the strategic plan were incorporated in the workplans of relevant stakeholders to avoid duplication and overlap in funding and implementation.

A detailed proposal document was then developed that contained key plans of action and the budget requirements of the six focal areas as set out in the strategic plan. This detailed document was presented to current and prospective development partners and donors in a series of presentations on progress and future plans. Development partners and donor organisations were required to indicate support, technical or financial to a specific focal area. This was done to ensure that resources are available for all six focal areas and avoid concentration of support to highly visible activities at the expense of the much needed but

less glamorous processes of developing monitoring and evaluation tools, drafting policies and procedural guidelines, etc.

As it was agreed to review the Strategic Plan on an annual basis, the Second National Conference on OVC under the theme "Facing challenges, Ensuring Futures" conducted such a review. The Conference came up with five key strategic issues that it wanted to ensure were incorporated into the strategic plan and that the activities reflected these key areas. To make the task force more effective and also to incorporate global thinking the taskforce was divided into the following working groups: Care and Support, Health and Nutrition, Education and Human Rights and Child Protection. The same process as detailed above was conducted and again presented to development partners and donors.

It must be pointed out that the OVC Strategic Plan is not a standalone document and must be seen in the context of two other Namibian plans. The first of these plans is the National Strategic Plan on HIV/AIDS (Medium Term Plan II), which recognizes and addresses the extent at which the HIV/AIDS pandemic is growing among Namibians, and its effect on OVC, their extended families and communities. With regard to children and orphans affected by HIV/AIDS, the MTPII addresses the issue of care and support for children and orphans under its Strategy for Access to Services - *To ensure an adequate care and support structure for children affected by HIV/AIDS, including orphans.*

The MTPII further lists the following activities to mitigate the situation affecting OVC, their extended families and the communities where they live.

1. Advocate for public support mechanism for AIDS Orphans;
2. Review and update policy linkages with the Children's Act of 1960 (as amended) and other relevant legislation;
3. Enforce implementation of policy on children affected by HIV/AIDS; and
4. Accelerate the existing support services of orphans.

The other plan is the Second National Development Plan (NDP2). The NDP2 outlines Namibia's broad medium-term policies, objectives, targets, programs and projects of all Government offices, Line-Ministries and agencies, as well as policies jointly designed by the Government, the private sector and civil society organizations. Covering a five-year period between 2000/2001 and 2005/2006, the vision of the NDP2 is "Sustainable and equitable improvement in the quality of life of all people in Namibia".

The Ministry of Women Affairs and Child Welfare through the OVC Permanent Task Force ensures coordination of the OVC Strategic Plan.

CASE STUDY TWO

Towards Developing a Costed National Action Plan for Care of Orphans in Botswana

Botswana Government declared the orphanhood problem as a national crisis needing immediate and long-term interventions and initiated the development of a plan of action on the care and support of orphans. The planning started with a *Rapid Assessment on the Situation of Orphans* and a *National Conference on the Implications of Orphanhood in Botswana*. Based on these, a costed *Short-term Plan of Action on Care of Orphans in Botswana* (STPA)¹ for 1999-2001 (extended to 2003) was developed. The plan was developed through a consultancy which was managed by the Department of Social Services; Ministry of Local Government with technical guidance and financial assistance from UNICEF. The STPA addressed the importance of participatory, multi-sectoral and decentralised approach involving as stakeholders; orphans, care givers, government, NGOs, CBOs and community-based support groups, private sector, media politicians international development agencies, donors and the media.

¹ The STPA is being evaluated to guide the long-term plan (LTPA)

Key Strategic Interventions

The plan addressed the following 6 areas of strategic intervention:

Policy development, institutional Capacity building and strengthening, delivery of social welfare and other essential services, support to community-based initiatives, coordination and management, monitoring and evaluation.

Plan Structure:

Section 1: Executive Summary

Section 2: Conceptual Framework

Section 3: Strategic Issues for Effective Implementation of the Plan

Section 4: The STPA - details of proposed intervention, activities² and responsibilities.

Section 5: The Long-term Framework (Identified issues for developing the long-term plan)

Costing

Community Development Officers costed the food basket developed with assistance from Ministry of Health. The registration of orphans using the *Orphan Assessment and Registration form* guided the budget and allocation of resources. Government would provide most of the funds, with additional resources from private sector and UNICEF. Individual Ministries planned and prepared budgets for their respective components of the plan. The budget presented funding allocations for the following as identified in section 3 on strategic issues :

- ? Professional, technical and administrative staff at Ministry and District levels.
- ? Training, study tours and reflection workshops (for staff, volunteers and communities)
- ? Consultancy fees and staff allowance
- ? Consultative meetings
- ? Review of orphan registration tools
- Social mobilisations and Community volunteers
- Policy development and institutional building
- Monitoring and Evaluation
- Development of guidelines
- Support for NGO initiatives
- Equipment and supplies (vehicles, computers etc)
- Equipment maintenance and administrative costs)

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CHAPTER FOUR

What is a National Monitoring and Evaluation Strategy?

One of the major challenges facing governments, international organizations and NGOs in responding to the increasing number of orphans and other children made vulnerable due to HIV/AIDS is absence of a monitoring and evaluation strategy/system and subsequent data required. Having information available that is reliable and consistent within and across countries is essential for planning and monitoring policies and programmes, national and global advocacy, making decisions about the support that should be provided to families and communities, and providing focus for the different sectors and actors involved.

An effective monitoring and evaluation strategy is nothing more- or less- than an open and critically reflective communication process that will serve to strengthen partnerships and improve practice.

Monitoring means tracking the key elements of on-going activities and progress on a regular basis. In contrast, **evaluation** is the episodic assessment of the change in targeted results that can be attributed to the implemented activities, or the analysis of inputs and activities to determine their contribution to results.

The differences between monitoring and evaluating activities for orphans and other vulnerable children can be simply distinguished by the indicators each measures. Monitoring measures inputs (e.g., training, food, books) and resulting outputs (e.g., number of people trained, children reached). Evaluation measures outcomes (e.g., changes in skills or behavior) and impacts (e.g., major, long term changes in health status).

In the context of UNGASS for orphans and other vulnerable children, monitoring is the careful examination of an on-going national response to the needs of vulnerable children (what are we doing?). Evaluation in this case usually includes examination of the results (What have we achieved? What impact have we had?).

Each country with a costed strategic national action plan for orphans and other vulnerable children uses a corresponding monitoring and evaluation strategy to determine progress in both the national plan and in meeting the UNGASS goals. The monitoring and evaluation strategy normally evolves along with the finalizing of a nation action plan. If a collaborative situation analysis has been conducted, information gathered can be used to inform the national-level monitoring and evaluation strategy, especially the identification of indicators that are the core component of the monitoring and evaluation strategy.

A general rule in the development of any monitoring and evaluation strategy is to ensure that information is pursued from the perspective of how it will be used. For example, what is the specific objective of information gathering, sharing and use? Who are the main decision-making/influencing groups who decide how information will be gathered, shared and used? How do these groups currently gather, share and use information? Under what constraints do they work? How, when and to whom should this information be delivered?

Organizations which act as implementing partners in working towards the achievement of national goals and objectives, must be prepared to develop monitoring and evaluation strategies which meet both their own organizational needs and also those which will provide evidence for the development of a national picture.

A key component of a monitoring and evaluation strategy is **impact assessment**. This process is used to identify lasting and significant changes introduced by a project/programme in relation to its specific objectives. It also considers whether these changes were intended (as defined in the project objectives) or unintended. It is less specific than monitoring and evaluation, but it takes into consideration external influences and events and provides a comprehensive analysis of the roles of implementing partners in

effecting these changes. The efficiency of an impact assessment makes it an appealing process to many stakeholders.

Why Develop a Monitoring and Evaluation Strategy?

A national monitoring and evaluation strategy begins with a collaborative situation analysis and remains central to decision making throughout national strategic planning. Keeping the need for a monitoring and evaluation strategy ever-present can thread together the other planning areas (national consultation, action plan, policy assessment). Approaching monitoring and evaluation in this manner can ensure continuity and sustainability, as well as improve responses.

The following illustrate some key reasons for undertaking monitoring and evaluation:

Accountability

At all levels, organisations and governments are required to be accountable in terms of financial management; policy development, achievement of objectives, and delivery of services. Monitoring and evaluation are an essential component of this reporting process

Learning

If organisations and institutions are to learn from experience and use this in the design and redesign of activities, effective outcome measures and/or impact assessment are essential. Knowing which activities are effectively benefiting vulnerable children informs options for scaling up. Interventions should be evolving all the time as understanding of the situation and needs of children improves. Intermittent monitoring of core information can determine what is most useful and reveal trends in the situation of vulnerable children.

Advocacy

Findings from monitoring and evaluation can be invaluable to efforts to inform and convince policy makers and the general public that a national response to orphans and other vulnerable children is essential and is making a difference in the lives of these children and their families. The monitoring and evaluation coordinating body should consider working closely with child advocates to review the data collection instruments for relevant areas of inquiry that can be further analyzed. Information about the social and economic impact of the epidemic is particularly powerful when aiming to engage sectors beyond health and child welfare.

Management

Monitoring and evaluation is an essential aspect of good management. Valid and reliable monitoring and evaluation systems are needed if programmes at any level are to be implemented effectively, and their successor programmes to be made more effective. Ideally, monitoring and evaluation should be informed by and report on activity planning and implementation .

Who Should be Involved?

No matter how sound a monitoring and evaluation strategy is, it will fail without wide-spread stakeholder involvement. Ensuring that this is done effectively requires planning and commitment. For example, a stakeholder analysis at an early stage will ensure that all key stakeholders have been identified and will allow consideration of the best ways of involving them in the process. Possible benefits to different groups of stakeholders could include the following:

Beneficiary/ Community:

- ? Sense of ownership through participation
- ? Empowerment for change through self-reflection(removal of fatalism through the demonstration of project-effectiveness)

CBO/NGO/ Government counterpart:

- ? Information for planning and strategic choices
- ? Development of good practice

- ? Improved reporting to funding agency
- ? Improved information for fund-raising
- ? Capacity building in project planning and M&E techniques

Donors, International agencies:

- ? Sharing of experience as to supervising the monitoring of project-effectiveness
- ? Recognition and implementation of good practice
- ? Reporting to governments/parliaments

However, it is also important to note that stakeholders will only be able to be involved effectively in the process of monitoring and evaluation if they have sufficient training in data collection and other relevant skills. An understanding of local capacity and a plan to develop this may be a necessary pre-condition for involving stakeholders in the process.

Carefully planned and managed participatory monitoring and evaluation strategies can be powerful capacity-building exercises for key stakeholders in projects and programmes.

Using Indicators in Monitoring and Evaluation Strategies

In essence, an indicator is a measure of the progress made towards an objective. Other definitions include:

- ? Something that provides a basis to demonstrate change as a result of project activity.
- ? Can be quantitative (expressed using numbers) or qualitative (descriptive words).
- ? A marker that shows what progress has been made.
- ? Can be a target (for example, by the end of the project cycle 80 per cent of orphans will have access to education).

Ideally, indicators are cross-cultural, objective and ‘value free’. As well as surveillance, the core indicators also provide means of evaluating programmes and national-level intervention responses.

Indicators at national level are intended to measure a broad range of issues regarding children orphaned and made vulnerable by HIV/AIDS. The indicators help to focus attention in the country on key responses to the welfare orphans and the resulting impacts. However, because the indicators cover a broad range of topics and because substantial resources can go into collecting indicators at national level, the number of indicators in any particular area must remain limited. This means that the set of indicators will not be expected to comprehensively address *all* the specific monitoring and evaluation needs of the national programme in a given country, nor will it cover the much more detailed monitoring and evaluation needs of individual projects for children orphaned and made vulnerable by HIV/AIDS.

In April 2003, the UNAIDS Inter-Agency Task Team (IATT) on Orphans and other Vulnerable Children³ convened a broad coalition of stakeholders and reached consensus on a set of core indicators for the national level measurement of the global goals for children orphaned and made vulnerable by HIV/AIDS. Working from the UNGASS Declaration of Commitment, the group of experts distilled 37 key specific activities for improving the welfare of orphans and other children made vulnerable by HIV/AIDS into key domains that need to be addressed and monitored at the national level. As outlined below, the domains are reflective of the strategies defined within the OVC framework.

Core National Level Indicators

Domain	Indicator
Policies and Strategies	Policy and strategy index reflecting the progress and quality of national policies and strategies for the support, protection and care of orphans and vulnerable children

³ This IATT, which is convened by UNICEF, includes all UNAIDS Co-Sponsors, the Displaced Children’s and Orphans Fund/USAID, International Federation of Red Cross and Red Crescent Societies (IFRC), Save the Children Fund - U.K., Hope for African Children Initiative, USAID, and the International HIV/AIDS Alliance.

Education	School attendance ratio of orphans as compared to non-orphans
Health	Health care access ratio of orphans as compared to non-orphans
Nutrition	Malnutrition ratio of orphans as compared to non-orphans
Psycho-social support	Proportion of orphans and vulnerable children that receive appropriate psychosocial support
Family Capacity	Proportion of children that have three locally defined basic needs met
	Proportion of orphans that live together with all of their siblings
Community Capacity	Proportion of households with orphans and vulnerable children that receive free basic external support in caring for the children;
Resources	Government expenditure per child on orphans and vulnerable children
Protection	Percent of children whose births are registered
	Percent of widows that have experienced property dispossession
Institutional Care and Shelter	Proportion of children who are living on the street or are in institutional care.

These core indicators are being field tested and disseminated along with monitoring guidance. Complementary efforts to build national monitoring and evaluation capacities will be required. Once implemented, these indicators will be of critical importance in validating and documenting best practices in response strategies and in ensuring accountability for the attainment of global goals.

Measuring Indicators

Most indicators should be measurable with already available data. However, special data collection efforts are needed to construct reliable indicators. In general, the costs and difficulty of data collection increase as indicators shift from input through output and effect to impact. It should be possible to collate data for input and output indicators centrally from regular reporting systems, whereas data for many outcome and impact indicators must be collected through, for example, population-based surveys, control group studies, and/or points in time data collection. The cost and incremental benefit of more regular or more extensive data collection must also be borne in mind.

A Data Collection and Analysis Plan

Once a decision has been made about what to measure, a coherent plan must be made. This plan foresees all necessary indicators and takes into account all major data collection efforts within the country, leading to the most efficient use of resources in data collection.

In order to operate successfully, this planning process needs:

- ? high level government leadership
- ? strong coordination
- ? common agreement on an action plan and time-frame
- ? a clearly defined budget and resources
- ? an agreed-upon plan for dissemination of information collected

Making Use of Existing Information

Demographic and Health Surveys (DHS) are conducted once every five years or so.

The inclusion of a module dedicated to orphans and other vulnerable children in the DHS may be sufficient to obtain data on a number of key indicators at the national and sub-national level. Therefore, if possible, the timing of the last and next DHS should be taken into account in devising a data collection plan. The Multiple Indicator Cluster Survey is another data collection tool with potential utility to garner

child-related data. In addition, regular census rounds, typically held every 10 years, can include questions that can help monitor some areas of programming, especially demographic and household impact.

Data may also have been collected by agencies not directly involved in HIV work, such as agencies involved with the Integrated Management of Child Health. Accessing these tangentially related data sources may reduce the data collection burden. The monitoring and evaluation strategy should stipulate mechanisms by which data from other sources will be collected, reported and analysed.

A centralized database or library of all HIV/AIDS/STI-related data as well as child welfare-related data contributes immensely to the efficiency of monitoring and evaluation efforts. What has already been done should be noted and tracked to avoid duplicating studies unnecessarily. The database should list ongoing data collection efforts as well as those already completed, to avoid the duplication of studies before their results are published. It is also exceptionally useful to keep a record of research protocols and questionnaires so that they can be repeated to maintain consistency between populations and over time.

Anticipating Challenges

National coordination of a successful monitoring and evaluation strategy is a challenging process as it requires careful planning, understanding, agreement and implementation by all partners. Challenges that might present themselves include the inconsistent:

- ? Understanding/use of indicators
- ? Use of different tools to collect the same data
- ? Analysis of data collected

CHECKLIST of Monitoring and Evaluation Features

M&E Coordinating Body	<ul style="list-style-type: none"> ? An established presence within relevant Ministries (e.g., MOH; youth and sport, social services) ? A agreed and acceptable budget for M&E of OVC situation ? Formalised links with research institutions; NGOs and leading donor ? A strategy for troubleshooting and/or addressing challenges as they arise. ? Expertise in the following areas: behavioural /social science; child psychology, and epidemiology; ? Expertise in data processing and statistics ? Expertise in data dissemination
Clear Goals	<ul style="list-style-type: none"> ? Well defined national targets (UNGASS and OVC strategies) ? Regular reviews and evaluations of the progress and implementation of these national action plans ? Guidelines and guidance to districts, regions, provinces for M&E ? Guidelines for linking M&E to other sectors ? Coordination of national and donor M&E needs
Indicators	<ul style="list-style-type: none"> ? A set of core indicators (as developed in Gaborone) ? Additional indicators at different levels of M&E ? Indicators that are comparable over time ? A number of key indicators that are comparable with other countries
Data Collection and Analysis	<ul style="list-style-type: none"> ? An overall national level data dissemination plan ? A well disseminated informative annual report of progress towards achieving UNGASS goals ? Annual meetings to disseminate and discuss M&E research findings with policy makers and planners ? A clearing house for generation and dissemination of findings ? A centralised database or library of all OVC related data collection, including on-going research ? Coordination of national and donor M&E dissemination needs
Dissemination	<ul style="list-style-type: none"> ? An overall national level data dissemination plan ? A well-disseminated informative annual report from the M&E coordinating structure ? Annual meetings to disseminate and discuss M&E research findings with policy-makers and other stakeholders ? A clearinghouse for generation and dissemination of findings ? A centralized database or library of all HIV/AIDS/STI-related and child-related data, including ongoing research ? Coordination of national and donor M&E dissemination needs.

TOOLS for DATA COLLECTION

The following table presents a list of some of the most useful tools that can be used in the collection of data for national purposes, with an indication of how they might be used and their specific requirements:

Techniques	Nature of Procedures	Specific Use in behavioural development/ change evaluation	Requirements
Demographic and Health Surveys	? National, randomly selected sample	? Provides national data which acts as a reference ? Can assist with the selection of indicators	? Use of DHS data must be done with careful reference to the scale of the sample
Questionnaire (KAPB) Survey	? Quantitative ? Uses fixed and /or open standardised answers ? Some reliability of answers	? Provides information on self-reported behaviours ? Replicated surveys can quantify the extent of change over time (i.e. baseline and follow up) ? Can demonstrate differences between groups	? List of specific indicators/questions ? Interviewers' presence not essential ? Pre-testing of questionnaire
In-depths interview	? Can be both qualitative and quantitative ? Allows detailed exploration of certain topics ? Information more reliable	? Can provide explanations for behaviour patterns uncovered in KAPB surveys ? Elicits perceptions of gatekeepers and opinion makers ? Can provide new information	? Question guide ? Interviewer's presence essential ? Tape-recorder (optional) ? Need to match age/sex of interviewer and respondent
Focus Group Discussions	? Mainly qualitative data ? Propositions, reactions, explanations, consensus building	? Perceptions on nature of behaviours ? Discussion of why positive behaviours are (not occurring) ? Perceived link or reported behaviours to specific interventions ? Examination of perceived constraints on positive behaviours ? Provides new information	? Selected homogenous group ? Presence of moderator ? Tape-recorder ? Note-taker ? Need to match age/sex of interviewer and participants

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CHAPTER FIVE

What is a Policy and Regulatory Framework?

Appropriate government policies are essential to supporting the protection and well-being of orphans and other vulnerable children and their families. The most obvious form of government policy is a specific policy for orphans and other vulnerable children, as for example Malawi's National Orphan Policy. Such policies express the will of government for a vigorous response to orphans and other vulnerable children, spell out the basic programmatic framework for activities (including preferred models of care and support), delineate the functions of different players and agencies, and may provide incentives or other means to ensure enforcement.

Such a policy can define:

- a) the problem,
- b) the structures to oversee planning,
- c) implementation, and
- d) assessment, reporting and monitoring tools and mechanisms.

From the list above, it is evident that a policy on orphans and other vulnerable children can be a comprehensive mechanism that gives initial impetus and shape to other core tools including the Situation Analysis, Coordination Structures, and a Monitoring and Evaluation Framework.

Government "policy" can of course refer not just to a specific product of policymaking but also to the government's overall approach to a particular issue. In the case of children affected by HIV/AIDS, a specific policy is only one element in a strong national policy approach. Currently few countries even have specific national orphan policies; exceptions include Malawi, Botswana, Rwanda and Zimbabwe. A policy package can be comprised of twelve types of policy, law, activities, and initiatives that may together help create and sustain a vigorous policy and regulatory framework:

- 1) Laws protecting the rights of all children
- 2) National HIV/AIDS strategies that include an explicit focus on vulnerable children
- 3) National policy and guidelines for orphans and other vulnerable children
- 4) Targeted issues-based advocacy
- 5) A multi-sector structure for children affected by HIV/AIDS
- 6) Situation analysis and needs assessment
- 7) Regular national consultations on orphans and other vulnerable children
- 8) Mechanisms for defining and identifying the most vulnerable children
- 9) State support for vulnerable children (education, food security, etc.)
- 10) A vulnerable-child focus within development and PRSPs and as a criterion for HIV/AIDS-related funding
- 11) An emphasis on education
- 12) Monitoring of policy implementation

It is important that countries fully search their own legislation - as well as international laws and other mechanisms - for the inspiration, authority and direction they need as they go about strengthening their policies addressing orphans and other vulnerable children. A multitude of mechanisms including policies, laws, regulations, country plans, international conventions, and expert guidance documents articulate approaches can be deployed or used as a model in setting or strengthening policy for vulnerable children. Furthermore, such mechanisms need not only relate narrowly to orphans and other vulnerable children; other mechanisms related to HIV/AIDS, poverty, children's rights, human rights, and social welfare are important and relevant to protecting the rights of children affected by HIV/AIDS.

Thus a policy framework refers not only to the policies themselves but also to an enhanced set of activities needed to enable and strengthen policymaking, and more broadly, a policy framework refers also to a larger universe of policy and norms related to the protection and care of children at risk for HIV/AIDS and for human rights abuses.

Why develop a Policy and Regulatory Framework?

Currently, while many governments recognize the magnitude of the orphan crisis, they emphasize a charitable response. This provides immediate but only temporary relief. The preferred alternative is a vigorous policy response that will provide long-term protection and empowerment to children and their families as they develop mechanisms to cope with their predicament. A policy response also typically includes sanctions for discriminatory practices that hinder coping. A dynamic government policy framework expresses and further mobilizes political will, provides a moral compass for activities, offers a blueprint for those activities, and specifies roles for government and other sectors. A policy framework provides the ongoing political authority upon which long-term solutions may be built and sustained, and provides enough specificity to the intervention landscape to ensure that all players are moving in the same direction.

What are the intended outcomes?

A policy framework should give rise to several important types of government responses to the situation of orphans and other vulnerable children:

- 1) Establishment of appropriate governmental institutional responsibilities, for example, assigning realms of tasks to distinct ministries, agencies and levels of government (national, provincial and local);
- 2) Reform, revision, expansion and improved application of existing laws to provide a legal basis for access by orphans and vulnerable children to basic needs including counseling and psychosocial support, school, shelter, nutrition, health and social services, and safety from abuse, violence and exploitation; and
- 3) Passage of specific laws or policies that enhance access to above-mentioned needs. These may include, for example:
 - a) abolition of school fees
 - b) provision of subsidies to fostering families for care and school fees
 - c) support for innovative and needed programs such as vocational training for adolescents affected by HIV/AIDS, teacher training, and priority provision of ARVs to HIV-positive teachers

Key Principles

Focusing on all vulnerable and poor children. Policy approaches should be substantially oriented toward supporting vulnerable children in general, instead of a narrower focus on orphans or on children affected by HIV/AIDS. Evidence shows that orphans are not necessarily the most vulnerable, and that poverty plays an important role in vulnerability, regardless of HIV status. This broader focus, while also addressing specific needs of HIV affected and infected children, will lead to more comprehensive protection without stigmatizing children affected by HIV/AIDS.

Enhancing capacity. A policy framework should be developed consultatively with people affected by HIV/AIDS, including soliciting the voices of young people. Policies should also be aimed at enhancing the capacity of families and communities to respond to the issue of vulnerable children.

Strengthening communities. Policies must acknowledge the need to strengthen the economic coping capacities of families and communities, and the need to direct support in such a way that it strengthens and does not undermine community initiative and motivation.

Emphasizing education. Schools and teachers are critical to the wellbeing and development of orphans and vulnerable children, 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 vulnerable children that is most often neglected in favor of meeting critical material, economic, nutritional and other physical needs. Policies and practices will be helpful which favor gender equity and nondiscrimination, school attendance and holistic support for orphans and other vulnerable children.

Building coalitions and strengthening partnerships. The policy development process should emphasize coalitions and partnerships wherever possible, including fostering multi-sector, especially the private sector, involvement in programs and responses for vulnerable children.

General Steps in Developing a Policy and Regulatory Framework

The process of policy review and development is highly variable from country to country. Below is a brief chronological list of steps that can be taken.

- 1) Creation of a multi-sector coordinating structure focused on children affected by HIV/AIDS. Whether a country creates a National Task Force on Orphans, as Malawi did, or whether it utilizes a Country Coordinating Mechanism established for the purposes of applying for money to the Global Fund for Malaria, AIDS and Tuberculosis, it is important to either use or create such a structure in order to cultivate broad involvement. Custody of laws, policies and services for children is typically spread across far-flung ministries and sectors, and thus having a collaborative structure is important.
- 2) Launch of targeted issues-based advocacy to raise awareness, clearly identify the policy actions that are essential to supporting vulnerable children, address stigma, and promote action.
- 3) Review of a country's situation analysis, which should quantitatively and qualitatively describe the circumstances of vulnerable children and their families in a way that allows for recommendations and action to flow from the information.
- 4) Review of existing in-country legislation pertaining to HIV/AIDS, human rights, children in general, and orphans and other vulnerable children.
- 5) Collection and review of existing international laws and conventions, and expert guidance documents
- 6) Revision of existing laws to increase their adherence to the Convention on the Rights of the Child (CRC), which ensures 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) Development and/or revision of country policies and/or revision of and enshrinement of orphans and other vulnerable children as an important priority within national HIV/AIDS strategic plans.
- 8) Hold periodic national consultations on orphans and other vulnerable children.
- 9) Monitor policy implementation.

Anticipating Challenges and Gaps

- ? **Raising awareness and strengthening enforcement.** Too often, policy promulgation is followed by inadequate implementation and enforcement. Policy development must be accompanied by advocacy and training activities aimed at increasing awareness, understanding and enforcement of any policies. 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 children affected by HIV/AIDS – one that needs to be much more openly acknowledged and affirmatively addressed.
- ? **Monitoring 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 responses at the policy level. The UNGASS declaration addresses this need and recent regional initiatives have begun to ameliorate this gap.

? Additional policy challenges include:

- ? Reaching consensus on policy-related definitions of orphans and other vulnerable children;
- ? The emergence and realization of rights-based approaches to programming for vulnerable children;
- ? The replication and scaling up of “good” practices in support of vulnerable children;
- ? Effective flow of “resources to the base”; and
- ? Mobilizing political will.

Moving Forward

At least three ways to significantly strengthen policy support for orphans and other vulnerable children have been identified. All three take advantage of existing policy plans and strategies regarding HIV/AIDS, poverty and development.

- 1) Include orphans and other vulnerable children in Poverty Reduction Strategy Papers (PRSPs), which are associated with the highly indebted poor countries (HIPC) initiative. So far, children affected by HIV/AIDS have not been explicitly recognized in PRSPs – a situation that is widely regarded as a lost opportunity.
- 2) Strengthen and make explicit an orphans and other vulnerable children platform within national HIV/AIDS strategies. Within almost all such strategies, care and support for vulnerable children are articulated as priority areas, but it is often implicit, as opposed to being explicitly stated.
- 3) Mainstream HIV/AIDS into sector-wide approaches (SWAPs). SWAPs are a collaborative means to achieve long-term development and poverty eradication targets, and coordinate interventions within given sectors. Mainstreaming HIV/AIDS into SWAPs is gaining in popularity, particularly in health, education, local government and agriculture SWAPs, and this could conceivably create real opportunities to effectively and comprehensively address the issue of orphans and other vulnerable children.

CASE STUDY ONE

Botswana’s Policy on Orphans and Vulnerable Children

In order to address the emerging issue of children orphaned by HIV/AIDS, Botswana developed the Short Term Plan of Action (STPA) in 1999, with the broad objective of responding to the needs of orphans in the short term. The STPA identified six strategic areas of immediate action i.e. policy development, institutional & capacity building, delivery of social welfare and other essential services, support to community based initiatives, coordination and management, and monitoring and evaluation.

Prior to developing the STPA, a rapid assessment was carried out, followed by a consultative conference in September 1998.

Botswana recognizes that the issue of orphans requires a multi sectoral approach and that implementation thereof, would require coordination and collaboration with all stakeholders. The Department of Social Services coordinates the implementation of the STPA, with technical support from the development partners, i.e. UNICEF, SIDA, while the overall coordination of HIV/AIDS is the mandate of the National AIDS Coordinating Agency (NACA). At district level, the District Multi-Sectoral AIDS Committee (DMSAC) coordinates HIV/AIDS activities with a children’s technical committee providing support on children’s issues. The structure cascades to

village level, where the Child Welfare Committees oversees issues of identification of orphans and among others monitors the food basket.

In 2001, a situational analysis was carried out in two parts i.e. A Rapid Assessment (2001), Institutional and Community Response (2002). Some of the findings of these studies confirmed that there is an emerging trend of Child Headed households and an emergence of Faith Based (FBO) and Community Based Organisations (CBO), whose capacity needs in terms of project management and other relevant skills need to be assessed and strengthened.

Botswana is signatory to the United Nations Convention on the Rights of the Child (UNCRC) and African Charter on the Welfare and Rights of the Child (ACWRC) to these effect the Department of Social Services in collaboration with UNICEF is in the process of revising the Children's Act of 1981 to make consistent with the conventions and to inject a human rights approach to Law reform and policy formulation. There exist other legislative instruments that are used in children intervention programmes such as Adoption Act, Deserted Wives and Children Protection Act, Affiliation Proceedings Act, Revised National Policy on Destitute Person's 2002, Foster Care Regulations (Work in progress), Marriage Act.

CASE STUDY TWO

Law and Policies: The Uganda Experience

In order to address the issues outlined in the Convention on the Rights of the Child (CRC), Uganda created the Uganda National Program of Actions for Children (UNPAC) in 1992 and 1993. UNPAC's main objectives included protecting women and children, ensuring children are not abused or neglected, and establishing survival and development goals related to children and women by improving key indicators of infant and child mortality, access to primary health care services, water and sanitation, and primary education. One of the main strategies UNPAC used to achieve its goals was decentralization, which ensured local government involvement and emphasis on community-based care. In addition to setting national goals for children and women, UNPAC provided a framework for legal reform to ensure better conditions for them (NCC, UNICEF 2001).

The Uganda Children Statute, formulated and ratified in 1996, provides a comprehensive legal instrument to address the rights of children and obligations of children to society. In order to make UNPAC operational and ensure implementation of the Children Statute, the National Council for Children (NCC) was established by the government on an interim basis in 1993 and permanently by statute in 1996. This body has been crucial in upholding laws and guidelines pertaining to the rights and protection of children and orphans.

In addition to creating laws and policies to protect the most vulnerable members of its society, government sectors in Uganda have begun taking steps to ensure the enforcement of these laws. The Administrator General's Office in the Ministry of Justice and Constitution oversees the concerns of widows and children and ensures flexibility in the legal system for defending their inheritance and property rights.

The Association of Uganda Women Lawyers, a voluntary NGO, was established to help women and children, especially widows and orphans, attain effective protection under the law. Likewise, public welfare assistants have been appointed at the district and community levels to promote and supervise implementation of the Children Statute. In keeping with recommendations of the CRC, the Uganda

government has revitalized the birth and death registry, ensuring parentage and a name for every child, which are essential for protecting children and preserving their identity.

To strengthen district administration and NGOs focusing on children, the government established a Family Protection Unit in the Uganda police force, social welfare public assistants, and the Secretary for Children's Affairs. In addition, Uganda measures adherence to the Children Statute by monitoring implementation, coordination, communication, advocacy, and resource mobilization for child rights at the national, district, and community levels.

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