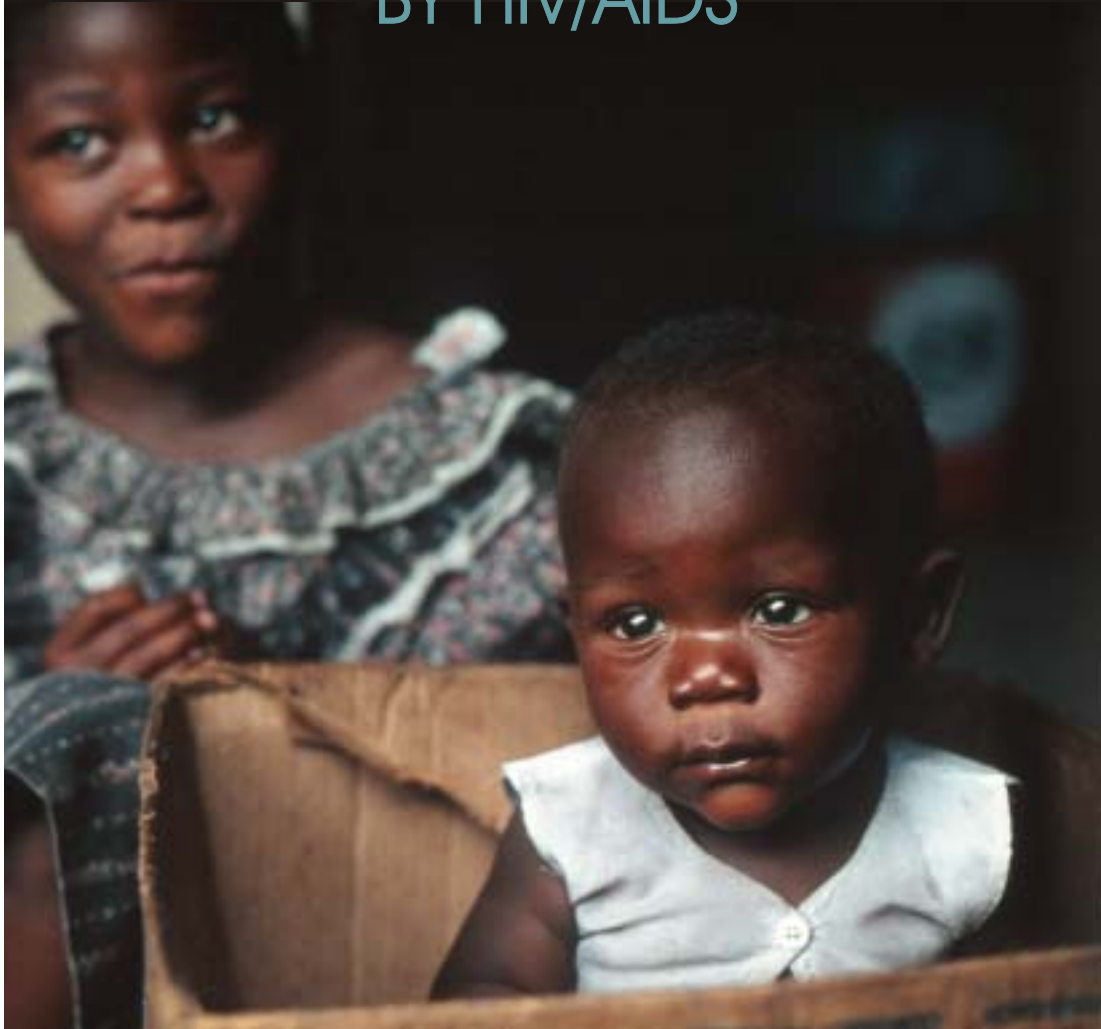# 2002 EASTERN AND SOUTHERN AFRICA REGIONAL WORKSHOP ON CHILDREN AFFECTED BY HIV/AIDS

'Implementing the UNGASS goals for orphans
and other children made vulnerable by HIV/AIDS'

25 - 29 November 2002
Windhoek, Namibia

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INTRODUCTION

Some 250 delegates attended the 2002 Eastern and Southern Africa Regional Workshop on Children Affected by HIV/AIDS in Windhoek, Namibia, from 25-29 November 2002. This was the most recent in a series of bi-annual regional workshops, the previous workshop being held in Lusaka in November 2000.

In general the purpose of these workshops has been to bring together stakeholders to reinforce awareness of the impact of HIV/AIDS on children and their caregivers, and to build commitment to action — particularly at government level.

The theme of the Windhoek workshop was "Implementing the UNGASS goals for orphans and other children made vulnerable by HIV/AIDS" (see panel). The overall goal of this workshop was to support the scaling up of action for orphans and vulnerable children (OVC) at country level. The specific objectives were:

- To review progress towards the achievement of the UNGASS goals at country level, and toward the commitments made by countries at the Lusaka OVC Workshop in 2000;
- To explore good practice in implementing large-scale action to achieve the UNGASS goals;
- To develop a clear vision of the way forward, and make commitments to action, at country and regional level.

The workshop was convened by the UNICEF Eastern and Southern Africa Regional Office with technical and financial support from the USAID, SIDA, NORAD, the International Save the Children Alliance, UNAIDS, Family Health International and the Government of Namibia. As with the previous workshops a steering committee comprising of the co-sponsors was established to plan and oversee the meeting.

The countries invited to attend were Angola, Botswana, Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Somalia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

Each country was invited to send a team of seven members representing government, national NGOs, UNICEF and other OVC stakeholders. A request to include young people in the teams was withdrawn when it emerged that the workshop would clash with school examinations in many countries.

In addition to these country teams, a

number of delegates were invited in a supporting role — for example as technical experts, moderators or rapporteurs — but it was emphasised that non-country delegates should not dominate the discussions. On the whole this was successful.

The main output of the workshop was the country action plans — a list of commitments which each country team made to accelerate and focus action in their respective countries in order to achieve the UNGASS goals in their own countries. Some countries participated in a similar exercise at the Lusaka workshop, two years earlier, and this represented an opportunity to revisit and update their action plans.

The workshop adopted a "building blocks" approach to support country teams in drawing up these action plans, including:

- ·   Asking each country team before the workshop to produce a brief report outlining progress in their country towards the UNGASS goals;
- ·An opportunity to hear presentations by all the other participating countries on their progress toward the UNGASS goals;
- A 'Sokoni' or market-place where each country could display and "sell" their OVC interventions to other delegates, who could decide what to "buy" for adaptation and use in their own countries, so providing an informal means of information exchange on experiences and practices;
- A series of five theme groups focussing on one or more of the UNGASS goals, each beginning with a panel discussion on good practice before moving to breakaway groups to discuss critical actions for rapid, effective, large-scale action in that thematic area. The themes were: access to education; access to health services and nutrition; provision of psycho-social support to OVC; access to social services and getting resources to community level; and protection of children's rights and combating stigma;

- A series of satellite sessions on technical issues, including: monitoring and evaluation of OVC programmes; alternative care arrangements for orphans without family support; the role of faith-based organisations in the care and support of orphans; the cost of OVC interventions; and children living with HIV/AIDS.

The working group sessions were punctuated by plenary sessions which allowed delegates to hear feedback from the working groups they were unable to attend, and presentations by technical experts and dignitaries.

The country teams developed country action plans on day four, and were given a matrix to support this process. On the final morning they were asked to present their action plan to other countries for peer-review.

In parallel, an evaluation committee designed a questionnaire and conducted 29 single and group interviews with delegates to assess whether the workshop had achieved its goals, and seek advice on how similar workshops could be improved in future.

This report does not attempt to cover the individual country presentations, nor those made by technical experts in the theme groups and satellite sessions. However, most of these presentations are available on the attached CD-ROM.

Instead, this report aims to cover the main points which emerged from each plenary, theme group and satellite session, to provide an overview of the depth and content of the discussions, the nature of the challenges being faced by children throughout the region, and examples of how individual countries are responding.

Although this report attempts not to use acronyms unnecessarily, the following have been used:

OVC – orphans and other children made vulnerable by HIV/AIDS. Although widely used, most stakeholders admit to strong reservations about this acronym, and there is a trend towards using "children affected by HIV/AIDS" or CABA instead. The main concerns with 'OVC' are that not all orphans are vulnerable, and many vulnerable children are made so by circumstances other than HIV/AIDS. Almost everyone condemns programmes which exclusively target children made vulnerable by HIV/AIDS while ignoring other vulnerable children.

However, children made vulnerable by HIV/AIDS do have certain unique problems relating to the stigma which attaches to HIV/AIDS, and the heightened risk of HIV infection to themselves. And the acronym does remind us that it is HIV/AIDS which has exploded the age-old challenge of caring for children in especially difficult circumstances into an unprecedented threat to the future of many nations, including virtually all the countries of sub-Saharan Africa.

UNGASS – stands for United Nations General Assembly Special Session. In the context of this report and the Windhoek workshop, however, UNGASS refers to a specific Special Session, held from 25‑27 June 2001 to "review and address the problem of HIV/AIDS in all its aspects as well as to secure a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat it in a comprehensive manner."

UNGASS goals – at its conclusion the General Assembly adopted a Declaration of Commitment which commits its member states to a range of actions to address the HIV/AIDS crisis. Three articles in this Declaration relate directly to children orphaned and made vulnerable by HIV/AIDS, and have become known to OVC stakeholders simply as "the UNGASS goals". The achievement of these goals was the central theme of the Windhoek workshop:

Children orphaned and affected by HIV/AIDS need special assistance
65. By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counselling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;
66. Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;
67. Urge the international community, particularly donor countries, civil society, as well as the private sector to complement effectively national programmes to support programmes for children orphaned or made

vulnerable by HIV/AIDS in affected regions, in countries at high risk and to direct special assistance to sub-Saharan Africa.

The following acronyms also occur without explanation in the text:

AIDS – acquired immune deficiency syndrome

ARV – anti-retroviral (drugs)

CBO – community-based organisation

CD-ROM – a compact disc containing computer files

CLWHA – children living with HIV/AIDS

CRC – (International) Convention on the Rights of the Child

ESARO – East and Southern Africa Regional Office

FBO – faith-based organisation

HIV – human immuno-deficiency virus

M&E – monitoring and evaluation (of programmes)

MTCT – mother to child transmission (of HIV)

NEPAD – New Partnership for Africa's Development

NGO – non-government organisation

PLWHA – people living with HIV/AIDS

PMTCT – prevention of mother-to-child transmission (of HIV)

PSS – psycho-social support

SADC – Southern Africa Development Community

UNAIDS – United Nations Joint Programme on HIV/AIDS

UNICEF – United Nations Children's Fund

FACING THE CHALLENGE OF OVC

THE PLENARY PRESENTATIONS

The objective of all sessions was to prepare participants for the all-important task of reviewing their existing programmes of action, or formulating new country action plans for OVC. Plenary speakers provided a global and regional overview of the situation of OVC, reflecting on good practice in programme design, and placing the OVC challenge in the context of other developmental priorities. The following provides a few highlights from the various plenary presentations. Speaker's notes or PowerPoint presentations, where available, are on the CD-ROM which accompanies this report:

Government policies are needed to realise the rights of all orphans and other children made vulnerable by HIV/AIDS to have their physical, material and psycho-social needs met. "But at the same time, a mechanism is needed to address the needs of OVC while we are working on policies," says Namibia's Minister of Women Affairs and Child Welfare, Netumbo Nandi-Ndaitwah.

Speaking during the opening plenary, the Minister said Namibia had been looking at different ways of mitigating the impact of HIV/AIDS on children. "We are in the process of finalising our OVC policy, which will help us to address the problem holistically," she told delegates. But in the meanwhile, the government is trying to ensure all children who are vulnerable get the assistance they need.

Communities, particularly, have a vital part to play. "We need to constantly encourage and support one another to make sure that, within our limited resources, we keep our children within the family structure."
Minister Nandi-Ndaitwah also pointed to the need for involving children in policy formation. "As adults we tend to think we know what is right for children, but I must say we can learn more from them to help us address the issues effectively."

She revealed that she had spent the past four weeks touring the country and speaking to children, which had led her to review some of her opinions. "I am now enriched by discussing with the children themselves, their grandparents and the neighbourhood who are in daily contact with them."

AN OPPORTUNITY TO LEARN FROM EACH OTHER

There is general agreement among stakeholders on the best "package of care and support" for OVC. "Unfortunately, having a model and having the resources to act on the model are not always the same thing," said Diana Swain, Director of the United States Agency for International Development (USAID) in Namibia.

Speaking during the opening plenary, Ms Swain said the basic components of a comprehensive package of care for orphans and other children made vulnerable by HIV/AIDS included:

- **Policies and laws**, embedded in a human rights framework, which prohibit discrimination of access to medical services, education, employment, and housing; and which protect the inheritance rights of widows and orphans.
- **Medical care**, including clinical and preventive health care services, nutritional support, home-based care, and relevant health care information.
- **Socio-economic support** which allows communities to identify children and households most in need and use local and external resources to increase their well being — especially child-headed households, families headed by the elderly, and abandoned newborns.
- · **Psycho-social support** to help children deal with the profound sense of loss, grief, hopelessness, fear and anxiety which often followed the death of a parent, and

avoid long-term consequences such as chronic depression, low self-esteem, learning disabilities and disturbed social behaviour.
- **Education**, to ensure access and maintain quality in the face of decreasing numbers of teachers due to mortality and the growing number of children not able to attend or stay in school, or whose ability to take advantage of schooling was undermined by poor nutrition and psychological stress.

On the subject of resources, Ms Swain said workshops such as this one provided an opportunity to give governments and agencies the information they need to advocate for resources.

"We need to remind people, both in seriously affected countries and less seriously affected countries, that we all have social responsibilities. We need to move people, through appeals both to their compassion and self-interest, to act in ways that recognize that we are a global community and that no one person, and no one country, makes it alone."
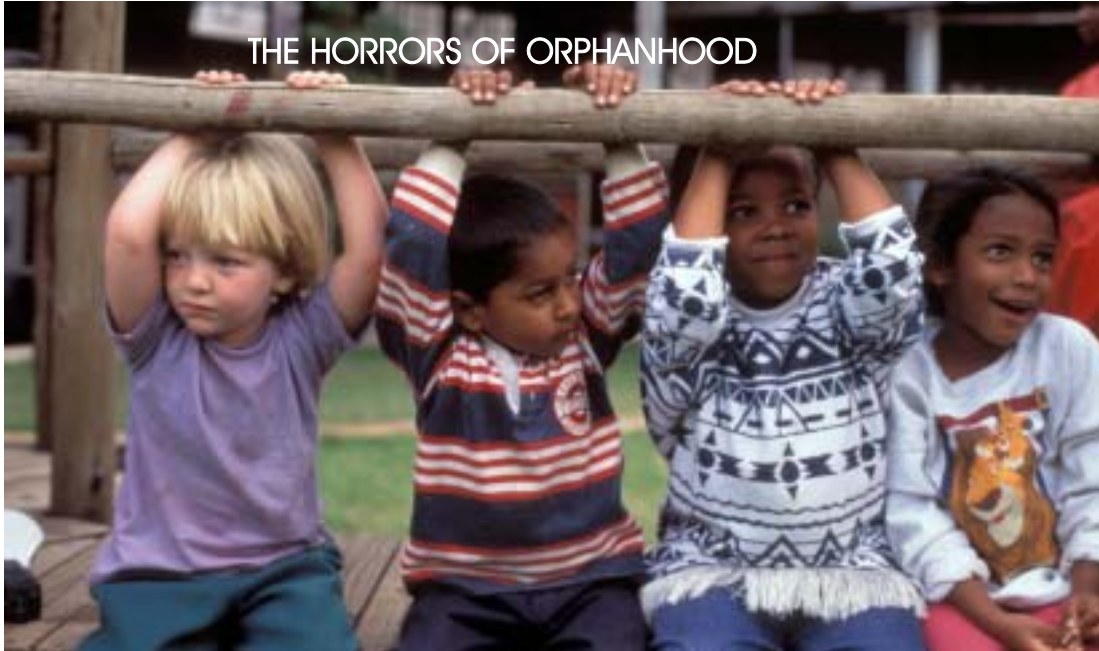
Children orphaned by AIDS face unique and severe problems, according to Namibia's Minister of Health and Social Services, Dr Libertina Amathila.

Delivering the opening address on behalf of the President of Namibia, Dr Amathila said nothing has a greater effect on a child than the loss of a parent, particularly their mother. "In our societies I think the death of the mother is much more traumatic," she told the opening plenary.

Children orphaned by AIDS were often rejected by their own families, because they could not face up to the fact that the child's parents died of AIDS. "There is great stigma attached to these children, so they suffer more than other children who have lost their parents."

The result was that AIDS orphans were particularly vulnerable in terms of survival, protection and development.

However, HIV/AIDS increased the vulnerability of all children by increasing poverty and straining the capacity of extended families.

"We need an enabling environment to enable families to take care of orphans alongside their own children. We must pay particular attention to food, shelter, clothing, love, nutrition. It is also a right, not a privilege, for a child to have their psycho-social needs catered for.

"We should aim to ensure placement of these children in family settings. What we should not create, I repeat should NOT create, is a society of institutional care."

WOMEN BEAR THE BRUNT

It was not by design that only women spoke during the opening plenary of the workshop — but it was nevertheless appropriate, according to the Representative of UNICEF in Namibia, Khin-Sandi Lwin.

Proposing a vote of thanks at the conclusion of the opening ceremonies, Ms Lwin pointed out that women are more vulnerable to HIV infection, while at the same time women are expected to care for others who were infected and affected by the disease.

However, the representation of speakers didn't mean the burden of care should fall only on women, and Ms Lwin took comfort from the fact that the audience included a representative mix of women and men.

KNOWING WHAT TO DO IS NOT ENOUGH – WE MUST ACT!

Despite expressions of commitment to the UNGASS goals from so many countries, the actual response has been "very limited in scale, fragmented and shamefully short of what is required to halt this preventable tragedy," stated the Regional Director of UNICEF, Dr Urban Jonsson.

"On the one side we can say that we know what to do. We have a normative framework for an expanded OVC response; goals and leadership commitments have been agreed on, over and over; consensus has been formed on principles and strategies to guide policy development and programming; networking mechanisms have been put in place and are being used; operational research, monitoring and evaluation capacities have been strengthened.

"Despite all this, so little happens, and we have to ask ourselves why we are in a situation where we seem to agree what the solution is, but we don't seem to be able to implement this solution on a large-enough scale to make an impact on the overall situation."
He gave two reasons for this failure to make a significant impact on the lives of so many orphans and other children made vulnerable by HIV/AIDS:

- Firstly, the orphan issue is linked to HIV/AIDS, and "we know that there is a serious lack of commitment among government leaders and other leaders to address the problem of HIV/AIDS."
- "Second, we have to kill the myth of the capacity of the African extended family. This family has been overextended for quite some time now, and is no longer the coping mechanism that communities in sub-Saharan Africa [once relied on]."

Dr Jonsson concluded by quoting Nelson Mandela at a recent meeting on OVC: "This meeting should lead to immediate and urgent practical outcomes. Of course we need to do careful planning and deliberations about the actions we should take, but every moment spent on deliberation that does not lead to decisive action is a moment tragically wasted."

WE NEED A STRATEGIC RESPONSE

There's no value in information unless it leads to action, according to John Williamson of the Displaced Children's and Orphans Fund. "There's no value in us coming here and wringing our hands and shaking our heads about the horrible situation — what matters is what we do," he told delegates during the second plenary. He said the experience of many countries had been distilled into a series of strategic responses:

- **Families and communities are the first line of response**. The overwhelming majority of orphans are living within their extended families. If we want to help them, we've got to strengthen the capacity of their families and communities to respond to their needs.

- **It's not only HIV/AIDS that is making children vulnerable**. In addition to HIV/AIDS and other diseases, there are the effects of conflict and violence, and of poverty. Each part of this "evil triumvirate" feeds the other.

- **Orphans are only one category of the children seriously affected by HIV/AIDS**. We also need to consider children whose parents are living with HIV/AIDS, non-orphans in households caring for orphans, and children living with AIDS.

- **The problem is long-term, and different to anything mankind has dealt with before**. Other epidemics tend to burn themselves out much more quickly than AIDS. The slow progression of HIV/AIDS means we don't see the link between cause and effect.

- **We need solutions that can be implemented at scale, and sustained for decades**. This is different to any of the relief or development work that the world has tried to accomplish before, and involves a fundamental paradigm shift in designing responses.

- **Collaboration is essential** — no single organisation has capacity to address such complex impacts, at such scale, and to sustain this for two or three decades. Collaboration isn't easy among different organisations with different mandates and agendas, but "only by working together do we have a ghost of a chance of making a strategic response."

- **Institutional care cannot solve this problem**. Families do certain things for children which are very difficult and expensive to replicate in an institutional setting. Also, the more places there are, the more children get pushed out of households to fill those places. "The more institutions we build, the bigger and more expensive the problem becomes."

- **Limited resources need to be targeted to those children who are most vulnerable**. Targeting needs to be done in two stages: identifying which parts of the country, which communities, are having the most difficult time responding to the needs of their children, then allowing the communities themselves to define what constitutes vulnerability, and who needs help most.

GETTING THE PRIORITIES RIGHT
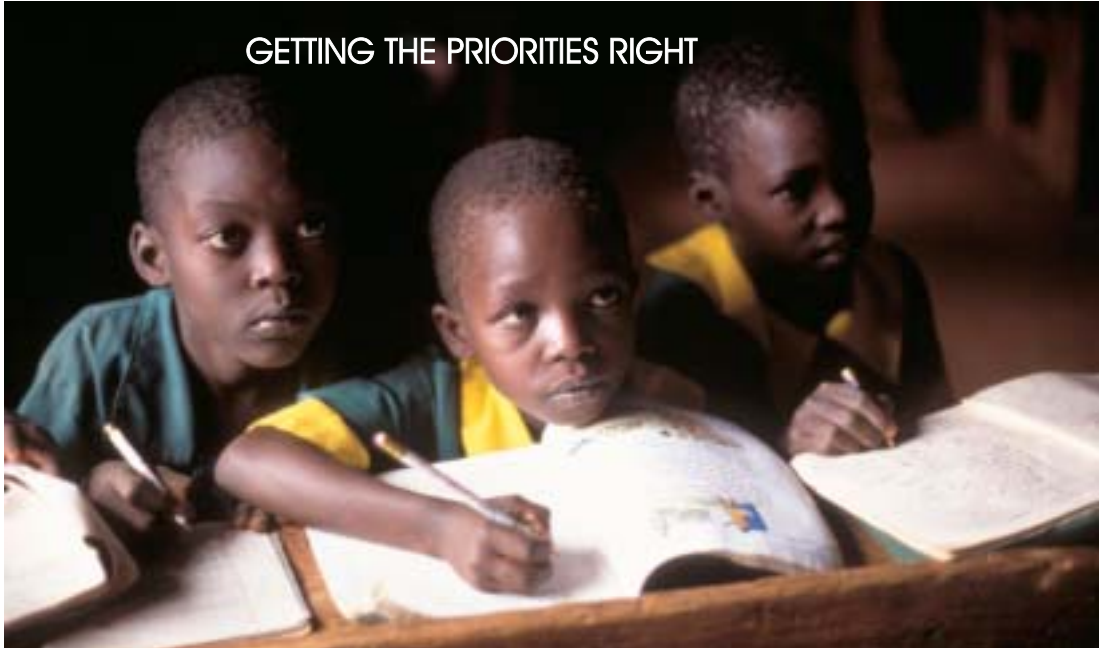
Orphaned children have emerged as one of the most intractable dimensions of the HIV/AIDS pandemic, according to Mr Stephen Lewis, Special Envoy of the UN Secretary General for HIV/AIDS in Africa. Mr Lewis proposed a series of actions which could be incorporated into the country action plans:

- **Reach the parliamentarians and other leaders** who fashion public policy. Country delegates should consider lobbying every member of parliament, using delegations from their constituencies, including orphaned children and people living with HIV/AIDS.
- **Use religious leaders** to intervene for OVC. Religious leaders had until now represented more of a vacuum than an exercise in solidarity. We need to canvass them all, church by church, mosque by mosque, across the country.
- **Focus on education.** The need and yearning for education was paramount, even amidst chaos and disarray. International norms and treaties committed all countries to free and universal education, but: "after all these years, it's still not happening."
- **Remove user fees** and charges for school-books. "I have read perhaps a thousand studies on user fees, but not one has justified it. It is simply further prejudice against poor populations." He called on delegates to "campaign and crusade" to remove fees.
- **Keep mothers alive**. Mr Lewis asked why, instead of talking about orphans, people did not talk about keeping mothers alive? "I can't get over the way women and children are the targets — 67 percent of those who carry the virus." It was intolerable that everyone in the west has access to anti-retroviral drugs, but they are not available to those who need them most.

Mr Lewis said he was overwhelmed by the indifference of the international community. "I have no idea what it will take to bring them to their collective senses. We need to show them the facts, country by country.

"I don't want to talk about breakthroughs and historical moments, but what you do in etching an agenda to respond to this phenomenal crisis will have a lasting impact on everything else the world does in response."

Unless we reverse the inaction and indifference which has characterised the OVC crisis to date, millions more children will die and tens of millions more will be further marginalised, stigmatised, malnourished, uneducated, and psychologically damaged, according to the Executive Director of UNICEF, Carol Bellamy.

She pointed to a number of contributory factors for this inaction, and including:
- the time lags between HIV infection, death and orphaning, which masked the crisis;
- the overwhelming size and complexity of the crisis, resulting in action paralysis;
- the fact that the crisis reflects the divisions within society and the failures of governments.

"The messages must be clear — these children need food and shelter, access to medical care, counselling and psycho-social support, and protection from violence and exploitation. They need to live under the protection and care of adults — and they also need the space to be able to express themselves and be involved in decisions that affect their lives." However, the overriding need was for education.

"Education can empower young people with the knowledge they need to protect themselves and their communities. It can combat the discrimination that helps perpetuate the pandemic. And only education can help children and young people acquire the knowledge and develop the skills they need to build a better future," she said.

"That is why UNICEF is challenging governments, local leaders, teachers and young people to help transform schools and education systems — not only in terms of reading and writing, but on preventing the spread of the disease while supporting those affected by it, and strengthening the communities where they live.

"This means using schools to promote more youth participation and commitment; more services aimed at youth; more parental involvement; more education and information not only for young people but for families and communities; more protection for girls, orphaned children, and young women; and more partnerships with people with HIV and AIDS."
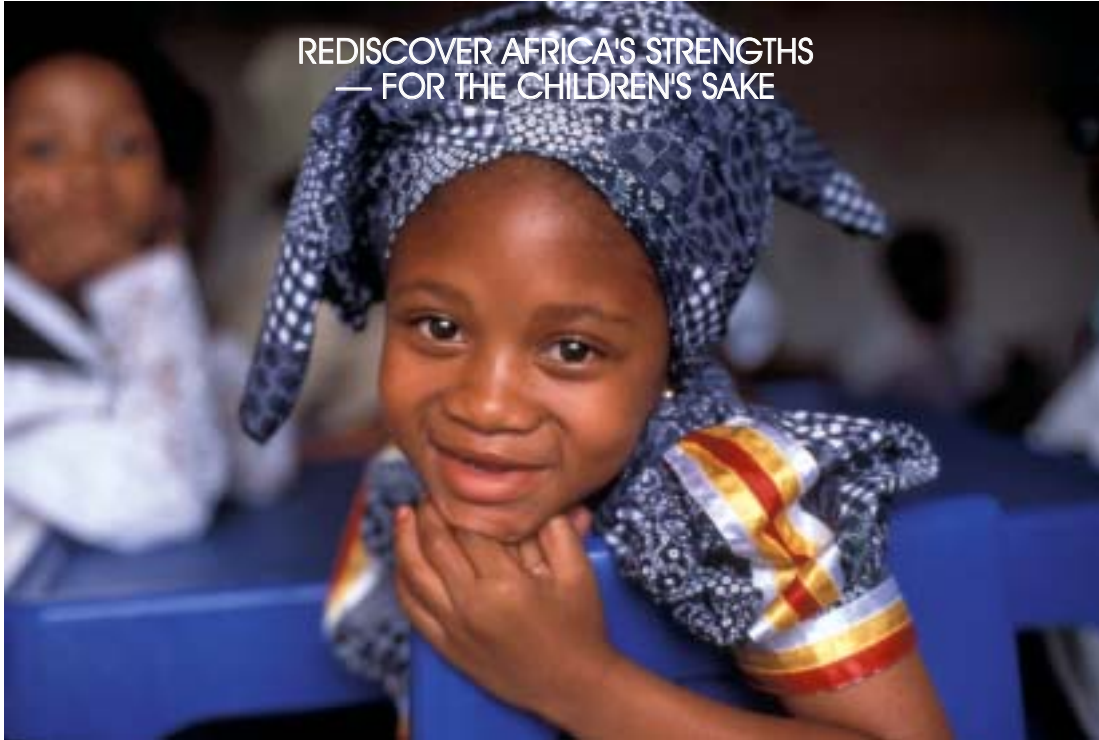
The countries of Eastern and Southern Africa are, in their majority, the product of tribalism, colonialism and capitalism, according to Namibia's Deputy Minister of Women Affairs and Child Welfare, Marlene Mungunda.

Closing the workshop, she said these three decisive influences had never been particularly sensitive to human suffering. "But our societies are also the product of human liberation struggles that were inspired by the ideals of human equality, solidarity and social justice.

"It is now time for us to turn to those humane and humanistic sources of inspiration if we are to solve the enormous problems of our suffering populations, particularly children orphaned and made vulnerable by HIV/AIDS."

The Minister said that, to achieve a compassionate social order and compassionate leadership, we must intervene in the existing social order, including our traditions, customs and value systems.

"We must challenge patriarchal perceptions that disregard women and children. We must strive to create a new culture that is less rigid and hierarchical and more equal and based on solidarity and respect for one another.

"To be able to care for our OVC, we must develop and nurture the passion for caring for others. … We are fighting one of the most difficult battles ever — the battle for our physical survival as peoples and nations. We are all serious. Africa is a brave continent and brave people never fight in vain."

HOW ARE WE DOING SO FAR?

THE COUNTRY PRESENTATIONS

Twenty countries sent official delegations to the workshop, and all made presentations on their nation's progress towards the UNGASS goals. Copies of these presentations are included, where available, on the CD-ROM which accompanies this report.

Even though some presentations were of a very high standard, and it was obvious that there has been important progress in many areas associated with OVC planning and interventions, it proved impossible to develop a clear picture of overall progress towards achieving the UNGASS goals.

In many cases it was difficult to distinguish between programmes which are underway and have been evaluated and perhaps even replicated, from those which are being planned or merely talked about. Where interventions exist, their scale and impact was often unclear perhaps because of the lack of monitoring structures and standard indicators to evaluate OVC programmes and progress towards the UNGASS goals. Some presentations simply described the situation of OVC, or one or two specific programmes, in that country.

In their evaluation of the workshop, delegates spoke about the uneven quality of these presentations and proposed that more support should be given to country teams before the next workshop, so that information was consistent and useful. Nevertheless, delegates' feedback from these sessions was overwhelmingly positive, with participants describing the opportunity to share experience and review progress towards the UNGASS goals as extremely valuable.
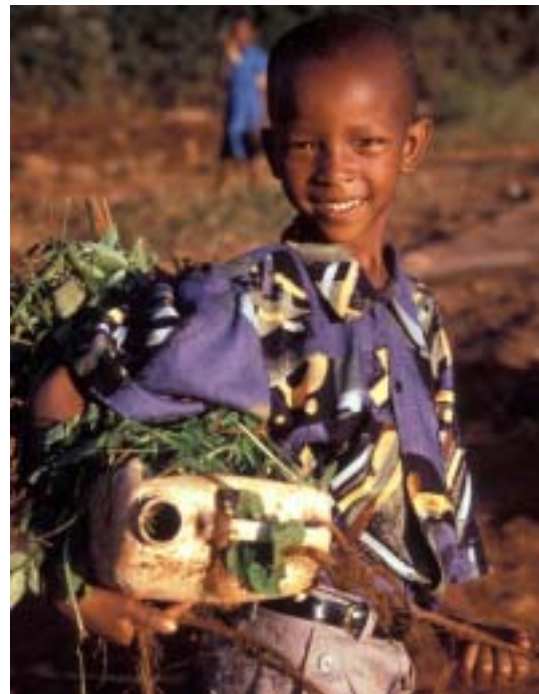
At a similar workshop in Lusaka, 12 countries identified four priority areas for action and developed plans of action to achieve these priorities:

- conducting a participatory situation analysis of OVC;
- reviewing policies and legislation affecting OVC;
- establishing coordinating mechanisms for OVC activities; and
- holding annual stakeholders' meetings to review progress.

The Lusaka workshop was held before all countries committed themselves to the UNGASS goals. While progress-monitoring in future will focus on commitments made at the Windhoek workshop the following table, indicating progress towards the commitments made at Lusaka, is informative.

The following is a compilation of issues which emerged from the various presentations and discussions during the mini-plenaries:

What are the facts on OVC?

- **Information-gathering for planning, service delivery and monitoring:** Countries and the region as a whole must establish objective, rigorous, information-gathering mechanisms for service delivery and monitoring. Numerical data on OVC must be kept up-to-date by central statistics bureaus. However, it is essential to act on data which is already available, rather than hiding behind the need for research. It is not necessary to wait for data before starting work.

- **Quantitative and qualitative data:** Central statistics bureaus can provide quantitative data, but qualitative data is also needed. Communities may be in the best position to gather this data but they will be bombarded by different stakeholders wanting different statistics at different times and this can result in low-quality statistics. Stakeholders should look at ways to streamline community-based information-gathering.

- **Tools and indicators** used for monitoring and evaluating OVC interventions vary widely between countries, and even between programmes in the same countries, making comparison difficult and inhibiting planning and resource mobilisation. We need consensus on uniform indicators, and we must be more rigorous in measuring the impact of interventions.

- The current weakness of **information sharing** — particularly on good practice — within and between countries was a key concern. Many stakeholders work in isolation and are not able to share their experience, learn from others, or access information without external support. International agencies should ensure the flow, accessibility and quality of information. However, e-forums and websites can be more useful than attending workshops. One delegate said sending the same people to every workshop depleted the level of knowledge in a country.

Who are the OVC role-players?

- **Extended families** are the best place to raise children, the most important safety-net for OVC, and the primary mechanism for income-generation and psycho-social support. However, countless families have been devastated by HIV/AIDS and can no longer cope with the burdens of caring for sick family members, taking in and nurturing orphaned children, and generating enough income to put food on the table and keep children in school. Nevertheless this structure should not be regarded as having collapsed, but only as having cracked in places, and stakeholders should look for the cracks and find ways to seal them.

- **Communities** are the starting point for planning and implementing services for children, and for prioritising those children and households who should benefit from these services — particularly children without family care. Communities must be involved in lobbying politicians for action; monitoring and evaluating programmes; and supporting household income generation to ensure programmes are sustainable. Communities need money, information, skills, facilitation and opportunities to build their capacity.

- **Faith-based organisations** (FBOs) have a large and important role to play. They are ideally placed to mobilise huge numbers of followers and to encourage appropriate action for example providing emotional and practical support to OVC in every village, district and country. They control infrastructure such as schools, orphanages and meeting places and can influence and support governments, NGOs and CBOs, and form strong partnerships for resource mobilisation and service delivery with donors and communities.

- **Partnerships** and alliances are central to the delivery of services to children and the communities that care for them — for example between communities and government, NGOs, FBOs, business, donors and other governments — as are inter-sectoral and inter-ministerial alliances. Partnerships allow interventions to be scaled up and improve the quality

of services.

- While there was universal support for the idea of **involving young people** in decisions which affect their lives, there was also uncertainty as to the best methods to be employed, with delegates warning of the dangers of tokenism and co-option, while others pointed to social and cultural mores which made their involvement difficult. The exclusion of young people particularly OVC — from this workshop was seen as a weakness which must be overcome.

What is the plan on OVC?

- **Political support and active leadership** is fundamental to rapid, large-scale action for OVC. A few countries, such as Namibia, said they have it and attributed much of their progress to it while others, such as Zambia, reported progress in securing political commitment since the Lusaka workshop. However, many countries have not yet secured recognition of the seriousness of the OVC situation from their leaders. One delegate said that, on apartheid, African states spoke with one voice, but OVC and HIV/AIDS were clearly not very high on the political agenda. "What, if not this scourge, will bring Africans together?" she asked, describing it as a "political mistake". Some felt that without the necessary political will there was no point in development workers attending these meetings. The workshop should resolve to tell governments that if they allow OVC to perish, their countries will perish.

- **Regional strategy for dealing with OVC:** some delegates said the OVC response is being driven externally, with international agencies leading the way. Some delegates felt the region should take charge of the process through a regional strategy that guides individual countries on what action to take. Others queried the value of a regional strategy when there were such acute differences between different countries' response to OVC. For a regional strategy to succeed, all sectors of society must perceive the challenges in the same way, and the process must be driven by a regional or continental body such as SADC or the AU. Regional workshops should include civil society representatives to ensure that government representatives report back accurately. It was noted that reports presented to and flowing from these workshops are not government reports but country reports prepared with government and NGO input.

- Many countries reported **good progress on the development of policy and legal frameworks** for HIV/AIDS and, to a lesser extent, for OVC. However, these achievements were usually qualified by concerns about applying these policies effectively and at scale. It was pointed out that good policies and legislation are a prerequisite for action, but do not necessarily cause action to be taken. For example a policy of universal primary education does not by itself ensure access to quality education for all children.

- A number of speakers reported on progress towards, and the importance of an effective, government-led **coordinating mechanism for OVC interventions**. Some countries have structures which are coordinating action on HIV/AIDS, or national plans of action for children generally, but which are not prioritising action for OVC. The result was that activities targeting OVC were fragmented, overlapping in some places and leaving huge gaps in others. The lack of coordination also meant a lack of data, information sharing and resource mobilisation.

- **Community-based vs institutional care:** orphanages have a limited role to play in caring for OVC, and should only be used as a last resort, since they do not meet all the developmental needs of children and are very expensive to establish and operate. However, while the focus on community-based care should be very strong, stakeholders should not create an either/or situation but should regard institutional care as a component in the continuum of care — for example as an

emergency option for abandoned babies. The starting point should always be to serve the best interests of the child.

What should happen next?

- **Food security:** Just as no delegate would want to go to work on an empty stomach, no child can be expected to learn on an empty stomach. ARVs also can't be taken on an empty stomach. Countries in the north and south of the continent referred to the current drought, and the looming humanitarian crisis that is resulting from the long-term impact of HIV/AIDS in the context of endemic poverty. Many delegates said the issue of food security cannot be separated from the OVC crisis, and the wider crisis of HIV/AIDS must be addressed urgently.

- Community capacity may be depleted by poverty, war, HIV/AIDS and other factors, and may have reached a point where building the capacity of communities to help themselves is not a practical option in the short term, and **emergency responses may be needed** as a first step.

- **Psycho-social support (PSS)** needs to be provided for children in AIDS-affected households and to their caregivers. Policymakers need to understand the implications for children not receiving this kind of support, while programme implementers need to resolve the difficulties in delivering PSS on a large scale.

- **Employment for young people:** All countries in the region face the challenge of large-scale, chronic unemployment and large populations of young people with little or no hope for the immediate future. This challenge has to be addressed as a matter of great urgency through coordinated multi-sectoral efforts.

- Too often we talk about communities, instead of **talking with communities** — in practice we need to engage community leadership structures or FBOs which perform a leadership role. Many programmes fall apart because cultural settings and taboos are ignored.

- We must **ensure that resources are not exhausted on planning and administration**, but reach the communities who need them. However one group agreed that direct support to extended families, while desirable, was not sustainable, and asked what other approaches could be used to support households.

- **Confidentiality policies**: some countries are developing policies that actually promote stigmatisation, e.g. policy on confidentiality where HIV - positive people are hospitalised. The stakeholders should rethink this issue.

- It was pointed out that **interventions which targeted OVC directly** were often counter-productive, contributing to their stigmatisation rather than alleviating it. A better solution was to target households in the poorest areas, so that all vulnerable children in those communities and households benefited.

- Opinion was divided on whether **registering OVC** is useful or merely absorbs energy and contributes to stigma. A distinction was drawn between national- or regional-level registration, which many felt was counter productive, and programme-level registration, which was seen as useful for tracking cases and evaluating the impact of the programme.

- **Stigma and discrimination** remain a major impediment to action. One group said the solution lay in the recognition that minority groups have rights; making the problems of minorities visible and debatable in society; and involving the minority groups in finding solutions.

- Expanding OVC programmes to reach most or all children who need them ("**going to scale**") is constrained by not having an holistic, integrated policy for all children. Going to scale is not simply a question of numbers, but also of scope and access, and of collaboration and partnerships.

The theme sessions on the second and third day of the workshop had two objectives:

- To expose delegates to programmes which are achieving one or more of the UNGASS goals, so they can learn from the actions of others and, second;
- To give delegates a forum to discuss the action they should be taking in their own countries to achieve specific UNGASS goals, so they can benefit from the advice of others.

For practical reasons, the various goals in articles 65-67 of the UNGASS Declaration of Commitment were consolidated into five themes, namely:

- Access to education;
- Access to health services and nutrition;
- Provision of psycho-social support to OVC;
- Access to social services and getting resources to community level; and
- Protection of children's rights and combating stigma.

The key challenge facing country teams is to design programmes which are big enough to reach a significant proportion of OVC in their country, and to roll out these programmes soon enough to honour the commitment made by their government at the UN General Assembly Special Session on AIDS namely to develop national policies and strategies of OVC by 2003, and to implement them by 2005.

To achieve the first objective of the theme session, the steering committee identified a number of large-scale programmes which are addressing one of the UNGASS goals, and invited a senior person from each to deliver a 20-minute presentation to the relevant theme group. It is beyond the scope of this report to cover the presentations by twenty speakers on their programmes, but most are included on the CD-ROM which accompanies this report.

To meet the second objective, each presenter was asked to facilitate a breakaway group where delegates could ask questions about rapid, large-scale interventions, and discuss their plans for this

kind of action in their own countries. As a catalyst for discussion, and to extract the most important insights, each breakaway group was asked to come up with five "critical actions" towards rapid, effective, large-scale action on those specific UNGASS goals.

These critical actions were consolidated when their theme group reconvened, and their consensus was presented by the moderators to the full plenary. Obviously these short, consensual presentations do not adequately reflect the wealth of experience and commitment which characterised the discussions and presentations, but many participants commented favourably on the process, which helped them to prepare their country action plans on the fourth day.

The most important actions to implement rapid, large-scale interventions to achieve the UNGASS goals — in each thematic area — are given below.

ACCESS TO EDUCATION
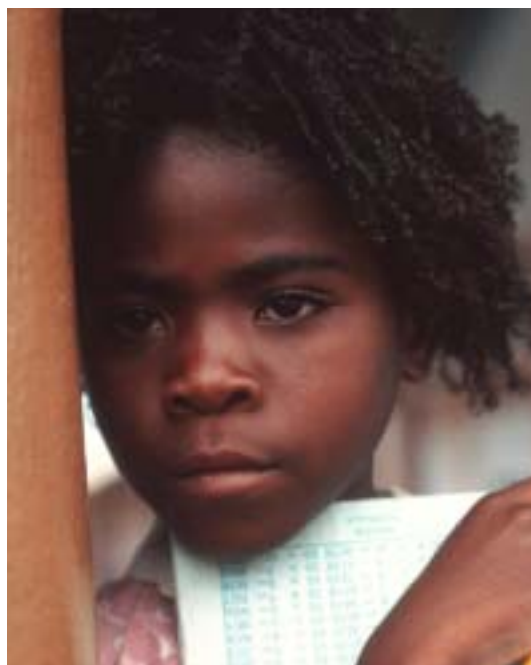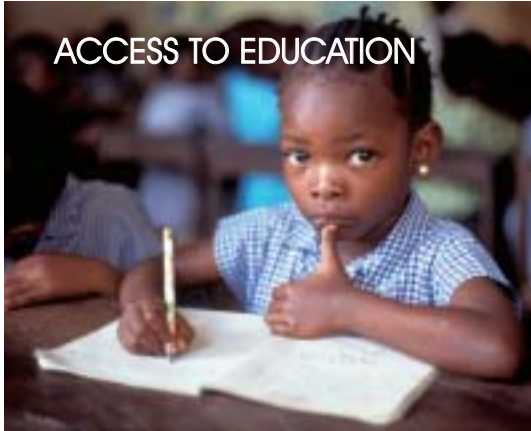
1. **Provide at least one meal a day at schools**. The group felt very strongly that school feeding schemes/nutrition programmes are essential, particularly in very poor communities and in drought-affected areas, and should reach all children in such areas — not only orphans. Feeding programmes encourage attendance at school and enable children to concentrate and benefit from studies. Meals also improve school enrolment levels and reduce drop-out rates.

2. **Ensure education is not denied to children from poor households or marginalised groups**. Although there was much debate about the relative merits of waiving or abolishing fees, providing bursaries, dropping the requirement to wear uniforms, or providing alternative forms of education such as community schools, there was consensus that no child should be denied their right to education because of poverty. As all children have the right to free basic education, all primary school fees should be abolished as a first step. However, care must be taken than orphans do not become a privileged group, and so subject to further stigma. Girls and children with special needs such as disabilities, older children entering school, working children and street children   must not be denied schooling by policy, poverty or custom.

3. A related issue was to **ensure that government education policies are implemented**. A number of countries have universal primary education policies or support free schooling, but this does not always translate into action. The group felt that parents and caregivers should be able to monitor the accessibility and quality of education, and their influence should be felt all the way to central government level.

4. **Make sure teachers are available and equipped to provide quality education**. There was strong support for the training of teachers to provide psycho-social support to learners, and to receive such support themselves. The group recommended that all countries establish a reserve-pool of teachers to replace teachers who are ill or who have died. Teachers who are posted to remote rural areas should be given incentives to ensure rural children are taught. In many countries there is a dire need for school buildings, and many existing buildings lack clean water and sanitation.

5. **Partnerships should be established** to ensure the availability and quality of education — especially between communities, faith-based organisations, local government and the private sector. FBOs sometimes run schools which charge fees, and are thus not accessible to poor families. Businesses are often heavily-taxed and so unable to provide cash — but may be willing to provide goods or services, or support income-generating activities for parents.

It was pointed out that participatory research programmes consistently show that education is the first priority for families and communities. It was said that school feeding programmes and free schooling would make it easier for many households to cope with the burden of raising children — including orphans in their care.

ACCESS TO HEALTH SERVICES AND NUTRITION
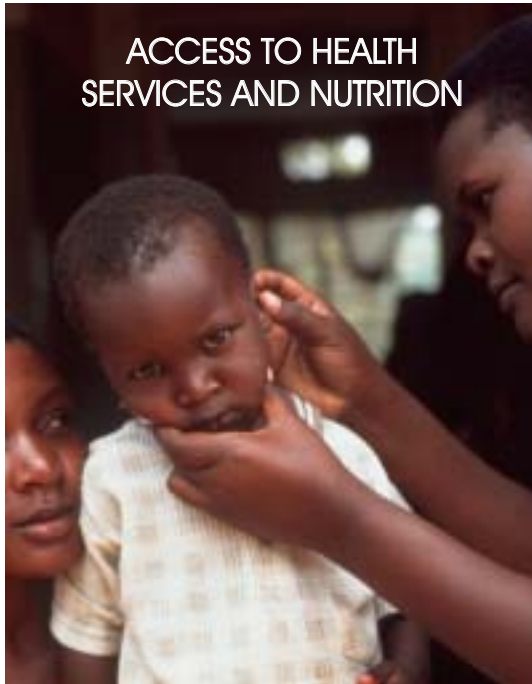
1. **Promote a framework for action** in the legal, policy and strategic domain. Remove all barriers to health care and nutrition — including user fees for OVC — and provide adequate supplies of necessary drugs, such as anti-retrovirals and treatment for tuberculosis.

2. **Improve the delivery of health services**. Food supplies must reach all children and families infected and affected by HIV and AIDS. These should be appropriate to age group and sero-status, and accompanied by guidelines to caregivers. The delivery of health services can also be improved through linkages between health, nutrition and other service providers.

3. **Prevent HIV infection and opportunistic disease**. Programmes to prevent mother-to-child transmission must reach all HIV-positive pregnant women, and the rampant problems of sexual abuse, and practices such as sleeping with a virgin to cure HIV/AIDS, are matters of great urgency. Men must be involved in prevention through voluntary counselling and testing, raising awareness of HIV/AIDS, and recognising that their status will increase if their children are well fed. Legal and practical barriers to drugs must be removed everywhere. Where

resources are limited, women should be prioritised for treatment, as the burden of care and support falls on them.

4. **Support local responses to health issues**. Improve access to information on rights and services for children, service providers and care-givers. Provide community-level education on nutrition. Support income generation at household level.

5. **Improve access to, and the quality of, information**. Establish and strengthen information, documentation and communication mechanisms, including OVC programme monitoring at individual, household, community and national level. Monitoring and evaluation systems and indicators are needed urgently.

In addition to critical actions, the theme group proposed a series of cross-cutting issues:

- Ensure appropriate government **budget allocations**, implementation of budget and monitoring for transparency, accountability and effectiveness.

- Adopt realistic attitudes to **sustainability**, bearing in mind the immediacy of the problems facing millions of OVC.

- Promote **collaboration, partnership and good governance** for governments, donors, NGOs, FBOs, CBOs.

- Pay constant attention to the **quality of programming**, ensuring resources reach community level and measuring the cost-effectiveness and impact of interventions.

- Ensure the **participation of children** and other stakeholders in programme design, implementation and review — even if this means interventions are completely different. Tools are needed to bring about children's *effective* participation.

PROVISION OF PSYCHO-SOCIAL SUPPORT TO OVC

Guiding principles: psycho-social support (PSS) is a human right, and extending it to all who need it involves taking a **human rights approach to programming**, with a focus on community capacity development. Strategies must enable people — especially children — to claim this right, while developing the capacity of duty bearers — particularly caregivers — to fulfil that right.

1. **Appreciate existing values.** Communities need to identify their cultural, traditional and religious values, care capacities and other resources that can be supported or adapted for PSS of OVC. Community members need to be directly involved in the design and implementation of a PSS action plan for their children, with the support of NGOs, FBOs and government.

2. **Create a continuum of care.** Care and support for children must start before they are orphaned. The community must identify children at risk, and prepare them through interventions such as informal succession planning, memory boxes/books and life-skills camps. FBOs and CBOs should integrate PSS into home-based care programmes, and young people should be involved in delivering these services. Government and development agencies should work to improve the economic status of families.

3. **Involve all stakeholders in consultation and planning.** Governments should convene national consultations, in partnership with key stakeholders, to raise awareness and plan national action on PSS. These consultations should link PSS with other sectors and services (recreation, food, shelter, education, health, social protection) to provide holistic support to vulnerable households.

4. **Develop the necessary capacity to provide PSS.** Governments and/or key actors need to coordinate the design and delivery of a training plan for PSS in partnership with stakeholders from all levels, especially the communities involved.

5. **Make it happen!** Government should allocate sufficient resources — a certain percentage of their overall budget — to implement policies. PSS policies should be integrated into an overall OVC policy framework.

ACCESS TO SOCIAL SERVICES
AND GETTING RESOURCES
TO COMMUNITY LEVEL
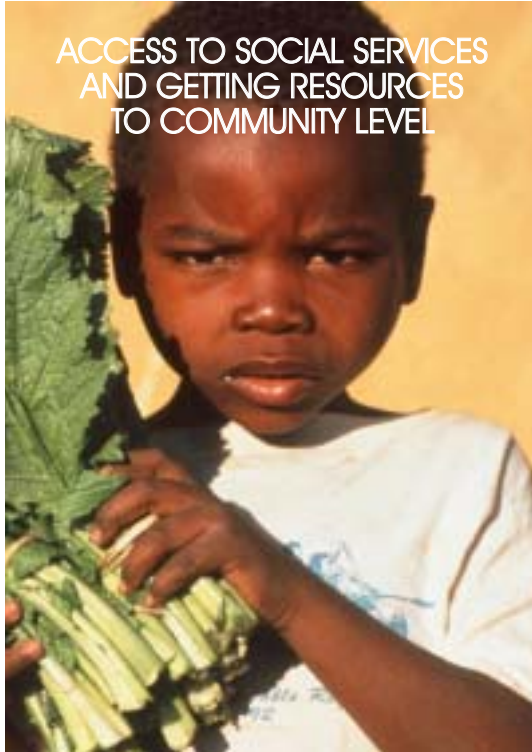
1. **Lobby for good governance and proactive leadership.** Good governance is essential for rapid, large-scale action and resource mobilisation. In some countries the absence of leadership on OVC issues has resulted in a multiplicity of uncoordinated initiatives, or the imposition of donor agendas and priorities on national values. The group recommended using emerging regional forums like NEPAD's peer-review mechanism to measure action and pressure unresponsive governments.

2. **Mobilise resources and identify constraints to implementation.** A lack of community capacity means people are unable to identify their own needs and solutions. Additional resources for HIV/AIDS need to be found; more attention given to the comparative advantage and capacities of the various players in allocating those resources; and models of good/best practice found for rapid, large-scale action.

3. **Service delivery mechanisms** must be set up in education, health, nutrition, shelter and psycho-social support so that interventions can be scaled up to reach most OVC. As a general guideline, the point of service delivery must be close to the community; responses should be integrated across sectors; and based on partnerships among implementing partners, government and donors.

4. **Systems to collect information need to be strengthened,** to improve the quality of decision making and supervision. Information is needed on the number, coverage and impact of OVC projects. Critical areas include community capacity to use resources efficiently; information flow between policy-makers, implementers and communities; and developing accurate baseline information and consensus on indicators. Monitoring and evaluation must be simple and located in the community being served.

5. **The supply of free anti-retroviral drugs** is central to a holistic, rights-based approach to OVC and to the availability and accessibility of social services, according to the group. Most interventions focus on caring for children after they are orphaned, instead of preventing them from being orphaned by keeping their parents alive. Prolonging the lives of HIV-positive professionals — such as teachers and nurses — is also critical to social service delivery. Children living with HIV also have a right to treatment in terms of the Convention on the Rights of the Child.

The issue of what constituted a 'rapid' response caused considerable angst in this group. Although the UNGASS goals presented an extremely challenging timeframe, it was agreed that such a challenge should be attempted as the OVC problem facing the continent was too urgent for anything other than a rapid response to be appropriate.

**PROTECTION OF
CHILDREN'S RIGHTS
AND COMBATTING STIGMA**

1. **Strengthen legal and policy frameworks to protect children** against violence, abuse, discrimination, exploitation, trafficking and loss of inheritance. These frameworks should be set up through a broad consultative process and provide for action at all levels. Examples from different countries demonstrate the need to create a child-friendly administrative framework to enforce child protection. Many countries have elaborate laws and policies to protect OVC, but there is often weak or no implementation of these policies and laws.

2. **Establish multi-sectoral coordinating structures** to guide programmes, provide access to information, leverage resources, monitor impact, promote partnerships and share and expand best practices. These structures should involve the private sector, government, civil society, NGOs, FBOs and CBOs. There is also a need to work with traditional and cultural leaders to identify those practices which are protective of or harmful to child rights.

3. **Create local groups to monitor and prevent acts of violence and abuse**, and support those who are affected. Communities need to distinguish between acceptable child work and the most hazardous forms of child labour; implement programmes to conscientize parents and caregivers; and address the social context in abusive and exploitive behaviour is condoned. Hazardous child labour and abuse must be criminalized and perpetrators brought to justice. Preventive action should include strengthening income-generating activities for vulnerable households.

4. Engage children, families and communities in **forming positive messages to communicate the rights of children**, particularly those affected by HIV/AIDS. In some countries the rapid empowering of children has alienated adults. Those adults need to be targeted by awareness-raising initiatives as much as children themselves. Children must be equipped with life-skills to strengthen their resilience and capacity to protect themselves and claim their rights.

5. **Integrate HIV into broader child vulnerability programmes**. In countries where HIV/AIDS has been prevalent for years, every family has been confronted with HIV-positive members and there is no longer open stigmatization. However, there are other more insidious forms of discrimination happening in society, for example in the work place.

The group stressed the importance of involving all sectors and role-players in the debate around children's rights, and in policy-making and action. Most countries needed to conduct research into protection issues — for example trafficking — to determine incidence and to be used in evidence-based advocacy. The voice of families, communities and children could also be used to influence government action.

Delegates were invited to ask for clarification, or offer comments on the presentations by the theme group moderators. Some of these included:

- **Education:** The recommendations do not address many small but important ways in which the education system deprives OVC of access   for example teachers who stigmatise/ discriminate against OVC; teachers also attend school irregularly (not necessarily due to illness); and schools which insist on uniforms. In an increasing number of schools, teachers are responsible for sexual abuse. Through capacity-building measures such as psycho-social training, teachers must be taught to think about education in a new way. This, and measures such as having a sick bay at every school, require planning and resources.

- **Health and nutrition:** Waiving health user fees would certainly increase access, but hospitals cannot cope as it is   they lack staff, medicines, equipment, etc. The group discussed this very complex issue at great length. Equity of access versus sufficient capacity entails a very delicate balance, but universal access is a goal that sub-Saharan countries should seek to attain.

- **Provision of psycho-social support:** There should be more focus on pooling and sharing resources which already exist. For example, centres for orphans in Botswana have youth-friendly clinics that provide PSS as a core activity; teachers in Zambia provide PSS through recreation, traditional games and basic counselling; an after-school programme in Alexandra Johannesburg provides PSS and trains community members. There are many ways to provide PSS which address children's need to belong to a group and to have a one-on-one relationship with a loving person, while addressing stigma for example through recreation, youth clubs and peer counselling.

- **Social services and getting resources to community level:** The main problem lies in unblocking the finance to pay for resources, more than getting resources down to community level. The roles of ministries of finance and planning, and different levels of government are complex, and countries have to assess how much decentralisation is necessary for funds to reach communities rapidly. Governments should use NGOs, CBOs and FBOs as a mechanism for

channelling funds. Provincial/district and local governments should lobby central government on budgets for OVC specifically.

- **Protecting children's rights and combating stigma:** OVC are more likely to be forced into hazardous labour, to be sexually exploited and abused, and to be in conflict with the law than other children. Child rights are violated particularly in the area of juvenile justice. Education for all is a key element to keeping children off the streets and out of jail. Capacity-building for teachers (especially in PSS) and a large pool of teachers is necessary; a shortage of teachers is unaffordable. Communities must also assist in preventing child crime. Several countries in the region have established or are establishing a juvenile justice system. Some also have child protection units administered by the police or judiciary.

General discussion points

- **Workshop communiqué to governments:** The theme group sessions proved very fruitful. Country delegations should propose to their governments that these recommendations be taken as part and parcel of the UNGASS goals. Country teams should discuss how to get OVC onto their national agenda much more aggressively.
- **Role of UN agencies:** All countries have UN agencies, but they don't seem to be advocating sufficiently   for example WHO annual meetings with ministers of health. The OVC issue should be placed on the agenda for all meetings and UN agencies should make more effort to interact among themselves and to listen to the demands of OVC. Countries, for their part, should increase the number of mechanisms and analyses that *actually* direct funds to OVC.
- **Role of SADC, NEPAD, AU and other regional bodies:** These structures should be working more closely with governments on the OVC crisis. SADC is now playing a very important role in dealing with vulnerability and the linkages need to be brought closer together to

deal with OVC specifically. The country caucuses should look at options for doing this.

- **Resources for poor countries:** Huge amounts of money are needed to respond to the rights of OVC. What advocacy and lobbying strategies should poor countries use to access funds from northern governments? The workshop should advocate for funding for OVC in this region, and country teams should discuss what would constitute sensible funding for a response at all levels. Governments should use NGOs, CBOs and FBOs as a mechanism for channelling funds. Provincial/district and local governments should lobby central government on budgets for OVC specifically.

After analysing the theme-group notes and feedback presentations, it appears that most delegates would agreed the following actions are essential to fulfilling the commitments which their governments made at the UN General Assembly Special Session in June 2001:

- Involving top political leaders (especially heads of state, ministers of finance and ministers for planning and development), implementing existing government policies, holding government accountable for achieving the UNGASS goals;
- Acting now — not waiting for more research and meetings;
- Establishing partnerships between government and other organisations, especially FBOs;
- Involving young people, families and communities in the entire process from programme design to evaluation;
- Improving data on OVC — problems and solutions — and sharing this information more widely;
- Adopting a human rights-based approach to programming for OVC;
- Supporting household income generation;
- Making anti-retroviral drugs widely available, particularly to mothers;
- Getting all children into school, and providing school meals;
- Extending services to all children in affected households and communities, not just OVC.

At a regional level, there were repeated calls for governments to be supporting and encouraging each other through bodies such as the AU and SADC and initiatives such as NEPAD. International agencies, especially the UN, need to do more in advocacy, resource mobilisation and information sharing.

SATELLITE SESSIONS

Over the course of the workshop five satellite sessions were held to explore technical issues which relate to programming for OVC. These were:

- Monitoring and evaluation of OVC programmes;
- Alternative care arrangements for OVC;
- The role of faith-based organisations in care and support of OVC;
- The cost of OVC interventions; and
- Children living with HIV/AIDS.

In most cases, two satellite sessions were held simultaneously, and delegates were asked to choose between them. Two hours was allowed for each session, although some sessions were shortened because they started late.

The structure of each session was left to the presenters, but most included presentations and time for discussion, while some used breakaway groups. Where copies of the presentations are available, they are included on the CD-ROM accompanying this report.
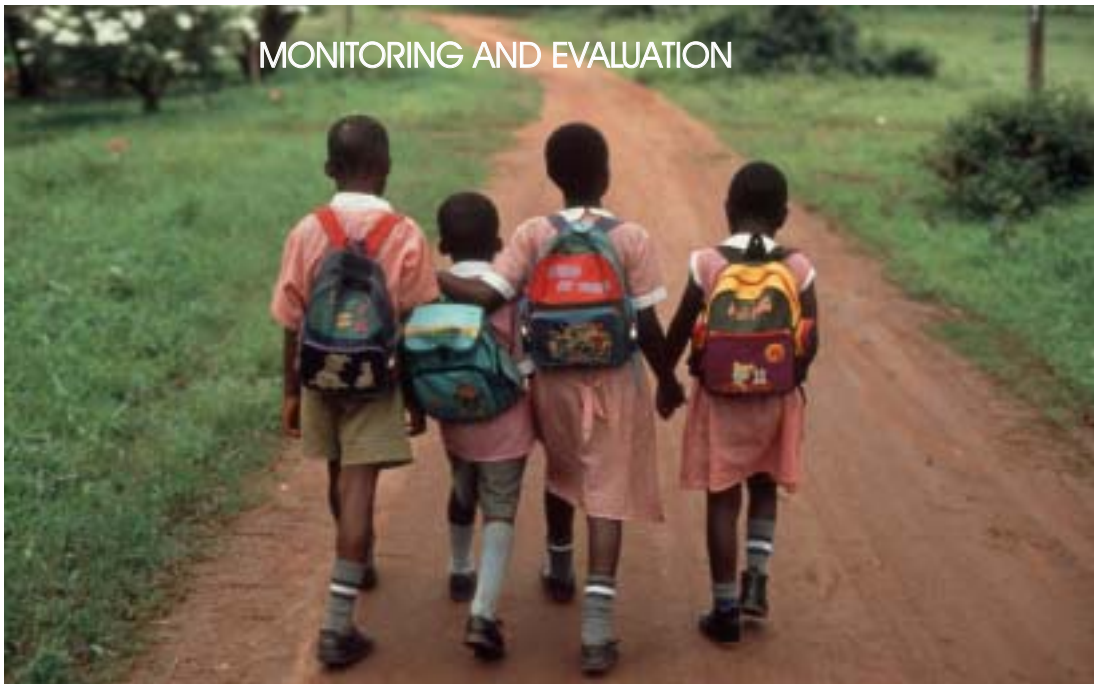
Presenters: Dr Roeland Monasch, Project Officer for Monitoring and Evaluation, UNICEF HQ, New York; Mr Stanley Phiri, Regional Project Officer for OVC, UNICEF ESARO.

The purpose of this session was to facilitate an understanding of why monitoring and evaluation (M&E) is so important at all levels, and to determine a set of guidelines and tools for M&E at *country* level. The session began with the presentation (see CD-ROM), the point of departure being that we don't know where the region stands on the UNGASS goals, hence the need for M&E at all levels in the region.

After the presentation the participants were randomly divided into six groups, and each was asked to prioritise those key areas within UNGASS goals which were most important to measure. For this exercise the 37 specific commitments/activities in the UNGASS Declaration of Commitment were divided into six categories: policies and strategies; care; protection; supportive environment; support; and services. Within each category, delegates were asked to decide:

- What is most important to monitor?
- Why?
- At what level (community/district/ programme/national)?
- Identify possible indicators according to country experience.

The output from this exercise is contained in a separate report, which is included on the attached CD-ROM. However the presenters identified the following commonalities from the various breakaway groups:

- M&E is required at *all* levels — community (process/input indicators) and national (outcome/impact indicators) especially.
- Community capacity development should be placed in a human rights context.
- Clarity is lacking on baseline data, for example on concepts such as "equity" and "well-being".
- Commitments and indicators have to be context-specific: it is difficult to monitor "support" this is too broad a term. This issue has to be resolved at global level.
- Some indicators are specific, some are cross-cutting.

Some of the 'burning issues' to emerge from the discussion were:

- Countries need to say whether quality of life has improved after interventions. It is time to move from process indicators to outcome/impact indicators that place children at the centre of the M&E

framework.

- The satellite session identified the need for a special meeting on data collection, data analysis and the development of M&E guidelines for OVC programmes.

- There is a lot of overlapping in the UNGASS goals. Stakeholders have to know what is the minimum they need to provide to OVC, so they can at least deliver on those minimum needs.

- Data on OVC is inadequate because not enough attention has been given to systems and mechanisms. The Country Response Information System (CRIS) was noted as an important system.

Dr Monasch concluded by saying there was a clear need for another meeting. An in-depth discussion on indicators would require 3-4 days in a smaller forum composed of experts. Building on the outcome of this satellite sessions, they should finalize a core list of indicators at the national, community and local levels, and provide specific guidelines on data collection including sampling. A draft could be prepared 3-4 months after the meeting so countries can start collecting data at the national level in the second half of 2003. At the next forum countries will be able to report back on progress towards the UNGASS/OVC goals. Anyone interested in meeting on indicators and guidelines should inform Dr Monasch or Mr Phiri.

Moderator — Perry Mwangala; presenters — Tsegaye Chernet, Regional Project Director for Children and AIDS, World Conference on Religion and Peace; John Williamson, Senior Technical Officer, Displaced Children's and Orphans Fund.

The focus of this session was on **children who are not in family care**, for example those in institutions (orphanages, places of safety, prison etc.), on the street, or in child-headed households. There is no reliable indicator of how many children fall into these categories, but it is probably around ten percent of all OVC.

The presenters spoke about the risks and challenges posed by institutions — particularly orphanages — for example loneliness, low self-esteem, feelings of inferiority, failure to understand parenting and family roles, and difficulties reintegrating with society after leaving the orphanage. Mr Chernet said it was common to find 'children' of 30 years of age in some orphanages in Ethiopia, because they were unable to adjust to normal life.

Mr Williamson said one study showed that 75 percent of children in Ugandan orphanages had one or both parents living, and 95 percent were there as a poverty-coping mechanism. However: "institutional care is a very inefficient way to provide poverty relief," since it cost at least six-times more than helping families to raise their own children.

Participants were asked to identify different forms of alternative care, and to describe the strengths and weaknesses of each (see panel). The moderator's conclusion at the end of the exercise was that there are no categories of care which should never be used — they all have a role to play.

Some of the highlights included:

- **Extended families** — it is very important in African societies for children to maintain links with their family, in order not to lose their identity. However, being placed within the extended family can lead to a reduction in the quality of care for the rest of the children and discrimination and various forms of abuse for the extra children. Many parents are not equipped to deal with the dynamics between their own children and the newcomers. Sometimes it makes a difference whether the children are related to the husband or wife.
- **Adoption** means a permanent family for the child, but many countries have very restrictive laws which make this option complex, time-consuming and expensive. Formal adoptions are not generally a part of African culture, which poses further challenges. Delegates expressed mixed feelings about adoption by people from other countries. It is worrying that girls who were young, pretty and fair-skinned tended to be adopted first.
- **Formal foster care**, through a court-order, offers many of the same strengths and weaknesses as adoptions. In some countries, such as South Africa, foster-grants are available, which can encourage fostering by families who might otherwise be too poor to take them in. However, these grants also attract people who are motivated simply by the money, and do not provide appropriate care for the children. There is also the risk that the foster-children will suffer if the grant was delayed or reduced. Many other countries, particularly in East Africa and the Horn, simply do not have the social welfare infrastructure or the resources to make such grants.
- **Institutional care:** "The halls of an institution cannot replace the arms of a mother, friend or relative," said one delegate. In the worst institutions children are treated like domesticated animals, said another. However, there are cases where children are much safer in institutions than in abusive families, and well-run places of safety may have a role

to play within the continuum of care — for example for children with disabilities.

Some institutional models like the children's village — which recreates a family situation are considered to be useful for children who cannot be cared for by their own families. However, there is a risk that foreign-funded children's villages may provide such high standards that their children are unable to adjust to the real world outside.

- **Child-headed households** have the advantage that children are not separated from their brothers and sisters to live with different relatives. It may also mean that the children keep their parents' house and possessions, rather than having them 'grabbed' by relatives. In many cases these children will receive the support and guidance of the community.

However, the children's development is often hampered in child-headed households. The oldest child may drop out of school to care for her/his younger siblings, while the lack of parental guidance may result in behavioural problems. Often these children are vulnerable to sexual and other forms of abuse, and "when things are borrowed from them, they have no power to reclaim them." Children in child-headed households have to struggle to survive — one delegate said she was not sure if this was a strength or a weakness.

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STRENGHS & WEAKNESSES OF CARE ARRANGEMENTS

STRENGTHS	WEAKNESSES
Adoption	
Permanent family	Risk scale of children (international)
Can relate to other people	Cultural shock (international)
Supported emotionally and financially	Policies may/may not benefit children
Love	May lose identity
	Gender bias/appearance
	Discrimination
	Child doesn't choose family
environment	
	Small scale
	Time/expenses/procedures
	May not be accepted by extended
family	
Extended family	
Love and support	Sexual exploitation
Social cognitive/emotional	Discrimination/emotional abuse
Protection	Labor exploitation
Identity in African context	Burden on women
Inheritance	Inheritance
Ongoing support throughout life	Separation of siblings
Can be supported with resources	Induced by resources
	Overburdened/limited resources
	Lineage issues
	Impact on other children in households
	Lack of skills (psychosocial need)
Institutional care	
Place of physical safetytemporary	Abuse and bullying (some)
Safe haven for children with special	Can't replace stimulation of family
disabilities	Difficulties with reintegration into
	society — lack of support systems
	Can disregard identity
	Dependency syndrome — lack of self
	confidence
	Isolation from community
Child headed households	
Children not separated	Development of older child hampered
Children do not need to move	by new role
Can be combined with community	Older child may drop out of school
supported and mentoring	Lack of protection
Cultural guidance from community	Lack of parental of parental guidance
(cab provide protection)	Struggle for life

THE ROLE OF FAITH-BASED ORGANISATIONS

Presenters: James Cairns, Director, Programme on Children, World Conference on Religion and Peace; Ms Roselyn Mutemi-Wangahu, Programme Officer, UNICEF Kenya; Bishop Joshua Banda, Chairperson, Expanded Church Response on HIV/AIDS, Zambia; Sheikh Shaaban Latif, Director-General, Supreme Council of Kenya Muslims; Dr Lucy Steinitz, National Coordinator, Catholic AIDS Action (CAA), Namibia; Mr Cecil Clarke, CAA Coordinator for Erongo Region, Namibia; Dr Alan Brody, Country Representative, UNICEF Swaziland.

Some of the issues which emerged in discussion were:

- **The pharmaceutical industry:** The inviolability of human life is threatened by people for whom profit is the only motive — yet FBOs remain silent on this issue. ARV drugs and medicines to prevent and treat opportunistic infections both prolong and improve the quality of life, yet they are unavailable in sub-Saharan states largely due to the major pharmaceutical companies and the global patent and trade agreements which protect them. The workshop should issue a plea to rise up against these "drug cartels" to make them more responsible. FBOs should also "rise up" on this issue.
- **Traditional healers:** How can their knowledge and services be accessed, should they be considered a religious group, and can mainstream FBOs work with them to benefit OVC and PLWHAs? More research and programme testing is required in this area.
- **Condoms:** Catholics in many countries oppose the use of condoms as a protective measure. Catholic AIDS Action said they promote faithfulness in marriage as the ideal, but acknowledge other situations so they counsel people on the use of condoms without demonstrating their use or distributing them, referring people elsewhere where necessary. A delegate pointed out the need to ensure that religious groups do not undermine messages on the protective use of condoms, even if they themselves do not promote them. On the other hand, religious groups have a comparative advantage in promoting preventive behaviour such as abstinence, delayed sexual debut and faithfulness.
- **Muslim involvement:** in Kenya the National Aids Control Council asked the Muslim community to spearhead their World Aids Day programme. In the past Muslim collaboration with partners was minimal due to concerns about 'western' funding — particularly the need to account for expenditure, which was alien to the Muslim way — but collaboration is now being discussed and the Kenyan government is supporting FBOs of all denominations.

In his summation, the moderator said the session had identified multi-sectoral partnerships as a key requirement in the regional effort for OVC. If FBOs see themselves as equal partners with governments and with other FBOs, and focus on their common strengths, differences between them will be minimised.

Networks are being born in the region for a faith-based thrust on OVC. The question is how FBOs should work together. A convenor is needed, and various organisations are emerging to fill this gap.

COST OF OVC INTERVENTIONS

Presenters: Douglas Webb, HIV/AIDS Advisor, Save the Children UK; John Williamson, Senior Technical Advisor, Displaced Children's and Orphans Fund; Pelucy Ntambirweki and Stanley Phiri, Regional Project Officers for OVC, UNICEF Eastern and Southern Africa Regional Office.

The cost of OVC programmes is important because resources are limited, according to John Williamson. If they were not, it wouldn't be particularly difficult to solve the problems of OVC. The reality is that our resources are far, far too limited, so we need to make decisions on how to use these resources.

Mr Williamson said that programmers have to make decisions — do we continue doing what we've been doing, or do something else? Knowing how much a project costs, in relation to the number of children who benefit, allows for comparisons between programmes.

"At present we don't have good information to make those kinds of decisions. Consequently NGOs end up doing something simply because that's what they know how to do, or running a programme for two or three hundred children in an area where there are thousands of children needing help. So we have to pay attention to the costs."

Douglas Webb said costing of programmes is a filter mechanism — a means of comparing strategies — which is valuable for advocacy, policy and programme design. In some cases certain interventions

like orphanages, are given preference over better programmes by funders and policy-makers, simply because they can be accurately costed.

He said there is a need for outcomes data as well as inputs data. "How do we move beyond costing residential care and home-based care? We need to agree on what to measure. Human-rights based frameworks help us to decide which programmes should be prioritised, but they don't help us to make decisions about resource allocation."

The ultimate question is whether the outcome could have been achieved using fewer inputs. "This is the analysis we should be aiming towards," he said. "We also need to look at the cost of targeting programmes to certain groups of children against the cost of reaching all children."

Participants spoke about the difficulties of working with donors — for example funders who want to fund the "sexy items" like community capacity development, but not the core costs of the organisation which is running the programme. It was agreed that it is wrong for donors to cherry-pick in this way, and that NGOs should involve donors in developing their programmes, and band together to influence donors collectively.

The use of volunteers was also discussed, and it was pointed out that they are also people who have needs. Ms Ntambirweki said the Uganda Women's Effort to Save Orphans (UWESO) programme created different categories of volunteers, from those who could support themselves down to those who were as vulnerable as the communities they served.

Presenters: Dr Denis Tindyebwa, HIV/AIDS Advisor, Regional Centre for Quality of Health Care (RCQHC), University of Makerere, Kampala, representing the African Network for the Care of Children Affected by HIV/AIDS (ANECCA); Dr Catherine Sozi, Inter-country Programme Advisor for UNAIDS South Africa.

The session objective was to place children living with HIV/AIDS (CLWHA) on country programming agendas. Participants were asked to focus on comprehensive treatment and care, for example: how can children at risk be identified and tested? How can HIV-positive children be counselled? What services are available for CLWHA, and what are the barriers to their accessing education, health and other basic services? What can be done about stigmatisation and discrimination against CLWHA?

- **Statistics:** Globally there are 3 million children living with HIV/AIDS; 2.6 million of whom are in Sub-Saharan Africa. There are approximately 2,000 new infections and 1,500 deaths per day in this region.

- **The role of OVC programmes:** service providers should be concerned with the

treatment of CLWHA because the health-sector response to these children is "unbelievably atrociously low," according to one delegate. Interventions should be located within a continuum of care and treatment.

- **Scaling up:** Scaling up is not a cut-and-dry issue, as is evident from PMTCT programmes in Botswana, where only 28% of HIV-positive women are taking up the nation-wide service. The time between testing and giving results should be reduced, especially for rural women who cannot easily return to the test site. One of the main problems with PMTCT programmes generally is that follow-up of mothers and children after birth is extremely low.

- **Biomedical research:** The value of this research cannot be underestimated. On the other hand, as Dr Tindyebwa said: "We mustn't do nothing until we have learned everything."

- **ARV effectiveness:** In the west, PMTCT programmes have proved successful in reducing the number of children being

born with or contracting HIV. In addition, ARVs for children have proved very successful and many CLWHA have survived into adulthood. However, in Africa there are very few figures, but it is known that ARVs have prolonged and improved the quality of life of recipients. The effects have not proved adverse as expected.

- **The cost of treatment:** The term "treatment" refers not just to ARVs but also to preventive therapies for opportunistic infections such as pneumonia and diarrhoea. These therapies are definitely cost-effective and child recipients typically live longer. The cost of ARVs is dropping tremendously due to the increasing availability of generic drugs.

- **Survival rates:** Why does the onset of mortality vary so greatly from one country to another? It is not possible to compare country studies in terms of mortality because different studies have been conducted among mothers at different stages of the disease, who are being cared for differently?

- **Breastfeeding:** Breastfeeding contributes to MTCT, but formula-feeding attracts stigma and discrimination, and has serious health implications for the child. HIV-positive women living in poverty cannot afford alternatives to breastfeeding. UNICEF and WHO say that women should be counselled about feeding options and then allowed to make an informed choice with the assistance of a counsellor.
- **Identification of CLWHA and linking them to services:** Many children are identified retrospectively through their parents' illness/death, by which time it is often too late to help them. Most children are never identified, so they can receive appropriate care, with most dying before the age of two. Better mechanisms are needed for presumptive and symptomatic care and treatment.

- **Protective/preventive measures:** The early identification of children with HIV provides an opportunity for early intervention. The public health approach of giving *every* pregnant woman a single dose of Nevirapine is still being debated in many sub-Saharan Africa countries. Giving prophylactics to HIV-positive children very early to prevent opportunistic infection is a very good long-term protective measure, as is providing foods with a higher micronutrient value.

THE NEXT STEPS

"What we need now is urgent, large-scale and effective intervention," stated Ms. Petronella Coetzee-Masabane, Deputy Director for Social Services in the Namibian Ministry of Health, in her opening address.

Speaking at the conclusion of the workshop Mark Stirling, UNICEF Global Advisor on HIV/AIDS, said that delegates must leave the workshop with these words ringing in their ears and that a massive shift in action must take place *now* and be sustained. He said there has been a significant shift since the Lusaka workshop, two years ago, with much more honesty regarding what has been achieved; more senior government participation and stronger participation by civil society organisations; and a maturing of capacity to work together.

"Hundreds of thousands of children have been reached through country interventions, but the rate of new infection remains high, so progress has been good but inadequate. It is recognised that this gap has to be closed," he said.

Mr Stirling urged delegates to think about five things:

- **The need to improve food security for communities caring for OVC.** This has not been high on the agenda until now; it is an immediate need requiring urgent action.
- **The need to improve/ensure access to health services and drugs.** One focus of the workshop has been PMTCT-plus to keep mothers, fathers and whole families alive.
- **The importance of home-based care as a central strategy for ensuring care and protection for OVC.** Although we must be more sensitive to the needs of children, the focus should not be on OVC but on the whole family.
- **The importance of education as a strategy to reduce the vulnerability of children.** The challenge is to determine what must change in education to make this a reality more thinking is needed, but without delaying the urgent action required to ensure that every child realises their right to education as soon as possible.
- **The need to expand and strengthen measures to protect children from discrimination, stigmatisation, abuse, exploitation, etc.**

Six major conclusions can be drawn from Windhoek:

- **Finishing unfinished business.** The Lusaka action plans have to be completed. These are processes intended to build the collective capacity of the region. Some countries have made good progress, others have made hardly any. The bottom line is to ensure OVC are placed centrally on the government agenda. The region has been weak in this regard. Countries have to look at how to use government budgets.
- **Inspiring leaders.** It is necessary to touch the big decision makers presidents, finance ministers etc., to ensure they see the need to support OVC. The workshop placed strong emphasis on getting to the most senior people. This applies also to other leaderships, e.g. those of FBOs.

Every MP in the region should play a substantive role.

- **Mobilising resources.** Money makes things happen. To mobilise resources effectively, countries need a better estimate of what resources are required. A plan not properly costed is not a plan. Costed plans are needed in discussions with the World Bank, IMF, etc. Without costing these there will be no change. There are also national funds and resources that are not moving. There is a need to unblock these funds and resources and get them to families.

- **Strengthening partnerships, coordination and cooperation.** We must look at how to work better together; we must look at complementarities.

- **Capacity-building.** This is a long-haul challenge — there is no quick fix. We need a critical analysis of capacity gaps and opportunities for strengthening our capacity. We need to look especially at whether we have the requisite skills.

- **Documenting, monitoring and reporting on our work.** We need to agree on a core set of indicators and ensure comparability across borders — peer review is very important, as is continuous review of adequacies, successes and failures of policies and strategies.

Mr Stirling said country delegations should not let other competing demands at home prevent rapid follow-up, and suggested they schedule a formal meeting to brief the minister responsible for OVC on the recommendations of this workshop, and on his/her role in taking these forward.

He also suggested reporting back as soon as possible to their national coordinating body for OVC. "Don't just discuss the actions but identify who will take the different actions forward."

Other considerations at regional level included:

- **Leadership engagement.** Peer pressure is extremely important. The African Union has agreed to produce an annual report on the state of Africa's children. We must ensure that OVC feature in the report's findings, actions and indicators, and that what is decided here is included in that report.

- **Strengthening engagement of MPs and FBO leaders.** We must look at how to better engage MPs, e.g. through SADC, etc. and the follow-up conference to the World Conference on Religion and Peace meeting can carry forward decisions on FBO involvement.

- **Strengthening networking support experience.** All key institutions in the region (SADC, UNAIDS, UNICEF, Save the Children Alliance, USAID, etc.) with technical and programming resources should assist. We need much clearer access to these resources and capacities for sharing. We must invest in the capacity to document and share resources and experience.

- **Capacity in the region.** We need to assess the capacity of AU, SADC, IGAD etc. to respond. This entails a critical analysis of resources required, e.g. what is required to support teachers?

- **Resource mobilisation.** We need a resource requirement framework for the whole region rather than competing country by country. This framework can then be presented to AU, SADC, IGAD donors, etc.

The workshop was evaluated by a sub-committee, whose members conducted 29 structured single and group interviews on the fourth day of the workshop. The group decided to focus on the objectives of the workshop, which were to:

- review progress towards the achievement of the UNGASS goals at country level, and toward the commitments made by countries at the Lusaka OVC Workshop in 2000;
- explore good practice in implementing large-scale action to achieve the UNGASS goals;
- develop a clear vision of the way forward, and make commitments to action, at country and regional level.

Some of the highlights of these interviews are given below. The full report is included on the CD-ROM.

- **Do the UNGASS goals on OVC give appropriate guidance for your country response?**
Overall the responses were very positive. Almost all respondents consider the UNGASS goals useful for providing a framework and a focus for country action, and for the workshop. Delegates said the goals were consistent with existing country strategies or development plans, and provided practitioners and policy makers with a common reference point for peer-review and measurement of progress.

- **What are the key things you have learned while being here?**
Clearly the opportunity to share experience on country responses was critical and responses confirm the importance of learning from each other. The importance of community and civil society engagement was recognised by many, as was the value of learning about collaborative partnership building. Faith-based organisations received special mention as actors whose role has not been clear before, while the importance of psycho-social support was also singled out.

- **Which issues are most relevant to your country context?**
Psycho-social support, child protection, paediatric AIDS treatment and providing alternatives to residential child care all

received special mention, indicating the urgency of describing good practices in these areas. Also highlighted were the development of community capacities to develop and run programmes, scaling up, partnership building and the importance of a national OVC plan.

- **What areas of technical support and follow up will be most important for your country team?**
  Psycho-social support again came out as a critical area for follow up. Other sectoral priorities appeared to be health care, nutrition and treatment protocols for infected children. Programmatically, monitoring and research, capacity building and partnership creation were priorities. Dialogue with departments of finance and with donors was mentioned — it seems country teams want to engage with financial planning but lack the confidence or skills.
  Four respondents specifically asked which institution is mandated to take the process forward at national level — the general feeling that UNICEF will play a secretariat role was reflected within these questions.

- **Which aspect of the workshop did participants find the most valuable?**
  Respondents emphasised the value of sharing experience, both in thematic areas and in relation to country programmes. Plenaries were also useful — sessions on the UNGASS goals and the speech by Stephen Lewis receiving special mention. The Sokoni was mentioned by only a few, and the time allowed may have diminished its importance although nobody requested more time for this. Satellite sessions were criticised for not allowing enough time.

- **What would participants change about the workshop if it was done again?**
  Delegates overwhelmingly asked for more time for satellite sessions, and that these be structured as technical training sessions. Also prominent was the absence of children affected by AIDS and people living with HIV/AIDS. Another source of frustration was the absence of decision makers from the forum — possibly this was borne out of the growing realisation amongst delegates of the importance of resource mobilisation. Country presentations were felt to be weak by some, with a lack of assistance beforehand and lack of pre-conference vetting.

- **Some individual comments**
  It has been a wonderfully organised conference and a good learning experience.

  The model of plenary and smaller working groups has worked.

  The time allocated for group work was very positive, as it allowed the exchanging of knowledge and experiences between countries and realities.

  Fifty percent of the current delegation should attend the next meeting in 2004 for the sake of continuity.

  The steering committee should have analysed country experiences in advance and planned the workshop accordingly.

  It was too much a PR exercise for governmental delegates. We should have focused more on challenges and problems, rather than showing off.

  The first day was not focused and did not respond to need wasn't appropriate.