



**REPORT OF A RAPID ASSESSMENT AND ANALYSIS OF VULNERABILITIES
FACING ORPHANS AND OTHER VULNERABLE CHILDREN AND YOUTH (OVCY),
AND THE QUALITY OF OVCY PROJECTS AND PROGRAMMES IN SADC**

SADC Secretariat, 2008

Acknowledgements

List of Acronyms

ACRWC	:	African Charter on the Rights and Welfare of the Child
AIDS	:	Acquired Immune Deficiency Syndrome
ARV	:	Antiretroviral
AU	:	African Union
CEDAW	:	Convention on the Elimination of All Forms of Discrimination Against Women
DHS	:	Demographic and Health Survey
DRC	:	Democratic Republic of Congo
EU	:	European Union
HIV	:	Human Immunodeficiency Virus
ILO	:	International Labour Organisation
IMF	:	International Monetary Fund
MDG	:	Millennium Development Goal
M&E	:	Monitoring and Evaluation
MTCT	:	Mother-To-Child Transmission (of HIV)
NAP	:	National Action Plan
NGO	:	Non Governmental Organisation
NPRS	:	National Poverty Reduction Strategy
OVC	:	Orphans and Vulnerable Children
OVCY	:	Orphans, Vulnerable Children and Youth
PEPFAR	:	President's Emergency Plan for AIDS Relief
PLHIV	:	Person/People Living with HIV
PMBok	:	Project Management Body of Knowledge
PMTCT	:	Prevention of Mother-To-Child Transmission (of HIV)
PRSP	:	Poverty Reduction Strategy Paper
RAAAP	:	Rapid Assessment, Analysis and Action Planning
RISDP	:	Regional Indicative Strategic Development Plan
SADC	:	Southern African Development Community
SADC/ADB	:	Southern African Development Community/African Development Bank
STI	:	Sexually Transmitted Infection
SWOT	:	Strengths, Weaknesses, Opportunities and Threats
TB	:	Tuberculosis
UK	:	United Kingdom
UMC	:	Undocumented Migrant Children
UN	:	United Nations
UNAIDS	:	Joint United Nations Programme on HIV and AIDS
UNCRC	:	United Nations Convention on the Rights of the Child
UNDP	:	United Nations Development Programme
UNICEF	:	United Nations Children's Fund
WHO	:	World Health Organisation

Definition of Key Terms

Key Term	Definition
<i>Child</i>	The widely ratified UN Convention on the Rights of the Child states that a ‘child’ refers to every person below the age of eighteen years.
<i>Community</i>	A specific group of people, often living in a defined geographical area, who share a common culture, values and norms.
<i>Comprehensive Response</i>	An intervention or effort that meets the entire needs or defined minimum standards of quality of service, while minimising or eliminating risk and vulnerability. This requires that a minimum standard or quality of intervention or service is defined.
<i>Needs</i>	Usually conceptualised as basic human needs, such as education and vocational training, food, health, shelter, water and sanitation, psychosocial support, protection from abuse, birth registration and economic strengthening.
<i>Orphan</i>	Children below the age of 18 years who has lost one or both parents. The concept of ‘social orphans’ is sometimes used to describe children whose parents might be alive but are no longer fulfilling any of their parental duties (e.g. drug addicts who are separated from their children with little chance of reunion, parents who are sick or abusive or who, for other reasons, have abandoned or largely neglected their children).
<i>Double orphans</i>	Children under the age of 18 who have lost both their mother and father.
<i>Programme</i>	A number of related projects implemented to achieve common desired developmental outcomes.
<i>Project</i>	A planned, often unique and transient (defined and time limited) endeavour to achieve defined desired developmental outcomes utilising finite resources.
<i>Quality of OVCY Programmes</i>	An essential and distinguishing attribute of an OVCY project or programme. The quality of projects and/or programmes can be measured in terms of situation analyses, design and planning, targeting, implementation, monitoring and evaluation, sustainability, rights-based programming, community-centred capacity development, gender integration, involvement of people living with HIV, community participation, child or youth participation, life cycle approach, networking, coordination, referral systems and advocacy.
<i>Vulnerability</i>	The situation that predisposes children and youth to negative life outcomes, such as sexual exploitation, absence from school, lack of nutritious food, early sexual debut and early marriage, life in the streets, HIV infection or unemployment.
<i>Vulnerable Children</i>	Children who are likely to be harmed and who need care and support, according to specific criteria such as living in a household in which a parent or parents are infected with HIV, living in a child-headed household or one headed by an elderly or disabled person, or with disabled parents. The child may also be HIV positive, have been traumatised by war, be living on the street, neglected by their parents, be unregistered at birth, or involved in child labour.
<i>Vulnerable Youth</i>	Young persons aged between 18 and 24 years who are likely to face harm, exploitation and non fulfilment of age specific developmental needs due to, e.g., unemployment, HIV, disability, conflict and war, living on the street, being neglected by their parents, illegal migration or substance abuse.
<i>Youth</i>	This review defines youth as persons aged between 18 and 24 years. This definition simplifies beneficiary targeting and benchmarking of results across countries in the SADC

	region.
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Executive Summary

Introduction

This study sought to assess, analyse and inform the:

- different forms of vulnerabilities affecting children and youth, and their effects
- existing strategies and programmes addressing the challenges and vulnerabilities facing orphans, vulnerable children and youth (OVCY) in the Southern Africa Development Community (SADC) region and propose recommendations for improvement, and
- development of minimum standards for OVCY and the finalisation of the SADC OVCY Strategic Framework.

Methodology

The main approach taken in the review was to ensure that the perceptions on the strengths and weaknesses of SADC's work, and of its main partners, such as international NGOs, were gathered from people who, as workers in the field, or as major policy and project managers, have been at the forefront of working on behalf of OYVC.

The field work took place between 1st and 30th April, 2009, for all SADC countries except Angola, where the field work continued until 25th May. Trained in-country members of the review team collected and collated data and core Consultancy staff assembled the data. Desk research was utilised to contextualise the study data if needed.

The reported perceptions which make up the report arise from an analysis of the majority view offered on a particular issue. For example, when the study reports that there was thought to be a lack of reliable data available to inform OYVC policy and programmes, or that SADC policies in the field had been successfully informed by local community consultation, these views are reported because a majority of respondents offered this perception.

This study primarily adopted a qualitative research design using key informant interviews and desk review as data collection methods. The study covered all 14 SADC Member States: Angola, Botswana, Democratic Republic of Congo (DRC), Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. The study population consisted of key OVCY staff and practitioners in the SADC region, namely relevant focal persons in Ministries of Social Services or otherwise Ministries responsible for OYVCs. civil society organisations (CSOs) and both local and international non-governmental organisations (NGOs), the SADC Secretariat, the United Nations Children's Fund (UNICEF) country and regional offices, National AIDS Councils and Commissions, representatives of organisations for People Living with HIV (PLHIV), organisations for persons with disabilities, youth organisations, employees' organisations or trade unions, employers' organisations and donors.

The study sample was chosen using non-probability purposeful sampling, and using snowball methods to add further respondents. Data collection was done by country enumerators, some of whom served multiple countries. Enumerators conducted key informant interviews and secondary data collection. They then compiled country study reports which were the basic sources for this SADC regional review. A total of 196 in-depth key informant interviews were conducted with key OVCY staff and practitioners in the SADC region.

A regional OVCY stakeholders' workshop was conducted in Gaborone, Botswana in July 2008 to present a draft report for discussion.

Key Findings

Deprivations and un-met needs

According to the study there is evidence of deprivation, and un-met needs and rights among vulnerable children and youth manifested in:

- High infant and child morbidity and mortality
- Sexual exploitation
- Disinheritance
- Growing cases of unaccompanied and unrecorded migrant children and youth
- Lack of birth registration
- Lack of educational opportunities
- Children living outside family care
- Starving and malnourished children
- Children and youth who are stigmatised and face discrimination because they are living with the Human Immunodeficiency Virus (HIV), and
- Children living with no adult guidance.

The review revealed that the majority of these deprivations affect both children aged 0 to 17 years and youth 18 years and above, though children are more vulnerable to suffering from un-met needs than their older counterparts. Deprivations that severely adversely affect youth include unemployment, lack of vocational skills and inadequate education to prepare them for productive lives, HIV infection and AIDS, sexual exploitation and abuse and violence.

Poverty

Poverty is at the root of most of the vulnerabilities facing children and youth in the SADC, and is a key factor reinforcing significant deprivations and vulnerabilities. Our respondents indicated that any approach to addressing vulnerability among children and youth should strengthen the capacity of families and communities to cope with poverty. Poverty was cited as the main reason why communities are not coping and not adequately assisting vulnerable children. Furthermore, respondents suggested that poverty alleviation programmes for vulnerable children are most effective when they target entire families and community economic and livelihood challenges rather than when directed to individual children as a specific response to specific problems. The

findings also suggest that-in order to achieve effective and sustainable outcomes- policies, strategies and programmes on care and support to vulnerable children and youth should address the underlying causes of the undermining of the rights of children and youth.

In order to benefit children and youth, household poverty alleviation strategies should be long term, sustainable, holistic and child-centred.

Forms of Vulnerability

The deprivations and unmet needs and rights of OVCY in SADC are caused by several forms of vulnerability, which invariably reinforce each other. These include:

- Disability among children and youth
- Households headed by children and youth
- HIV and AIDS among children and youth
- Households in which parents and other adult members have prolonged illnesses and those in which an adult has died
- Children and youth in war and post-war situations and natural disasters
- Child labour practices
- Early marriages and communities practicing arranged marriages for children
- Households headed by the elderly
- Orphan-hood
- Gender discrimination, and
- Unemployment.

Interventions Responding to OVCY Challenges

Vulnerable children and youth's vulnerabilities are being addressed by various policies and legislation in the SADC region. These interventions exist within a variety of different policies and legal frameworks. There are also other international conventions that have been adopted by the SADC Member States but not ratified, such as the African Youth Charter and the International Labour Organization Convention Against all Worst Forms of Child Labour. Region and country-wide adoption of these policies is still to be implemented. There is a gap between policy development and the effective implementation of the policies addressing OVCY vulnerabilities at Member States level.

On the other hand, there has been a wide range of strategies that seek to support and develop vulnerable children and youth. Targeted programmes and projects, rather than universal approaches, are the most common service delivery methods. However, the implementation and impact of such interventions has been limited.

There are many reasons for this, among them according to our respondents, poor quality OVCY support and development strategies. OVCY strategies were thought to be strong on beneficiary targeting, networking, gender integration and the meaningful involvement of people living with HIV, and weak on community participation, child and youth participation, advocacy,

partnerships, and rights-based programming, life cycle approaches to exit strategies and monitoring and evaluation.

The study revealed a lack of up to date, quality data on the nature of the vulnerabilities facing OVCY. SADC Member States, perhaps as a consequence, were seen to be struggling to improve the quality of basic data collection, and of monitoring and evaluation systems. Generally, the shift to evidence-based policy is hampered by the absence of valid and reliable data.

The review also found that there is no harmonization on operational definitions for orphans, vulnerable children and youth among SADC Member States. This is further hindered by a lack of minimum standards for comprehensive OVCY programming in 12 out of 14 SADC Member States. While two Member States have minimum standards, there is lack of utilization of the standards to guide interventions; implementing partners are still doing business in their time honoured fashion. Member States cannot enforce minimum standards on implementing partners when there are no legal instruments for guidance and enforcement.

These limitations in OVCY strategies, coupled with the needs rather than the preferred vulnerabilities focused approach to OVCY support, respondents claim to have significantly contributed to the lack of impact of different interventions, despite the increased investment in such interventions.

Key Recommendations

The key policy, strategic and operational recommendations from the review are presented below.

Policy recommendations

- Review, develop and harmonise policies and legislation with a view to reducing deprivation and vulnerability and enhancing care and support for OVCY, their families and caregivers
- Advocate for the national adoption and implementation of policies that enhance OVCY support and care, such as the African Youth Charter, and
- Develop a comprehensive policy or regulatory framework to guide or hold service providers accountable for the implementation of minimum standards for comprehensive OVCY support and care.

Strategic recommendations

- Adopt evidence based care and support approaches for vulnerable children that address identified vulnerabilities
- OVCY strategies and programmes should focus on supporting the vulnerabilities facing OVCY rather than adopting a predominant needs-based approach
- Strengthen the capacities of Member States to plan, develop and implement comprehensive and effective OVCY programmes to reduce vulnerabilities and enhance care and support in all sectors
- Strengthen the Member States' capacity to carry out quality data gathering, analysis and distribution, and to effectively monitor and evaluate of OVCY interventions, and
- Develop minimum standards for comprehensive OVCY care and support at both regional and Member State levels.

Policy implementation recommendations

- Harmonize operational definitions of orphans, vulnerable children and youth among SADC Member States
- Design and implement a regional capacity building programme aimed at ensuring comparable minimum standards in the delivery of OYVC interventions.

1. Introduction

According to the United Nations Children’s Fund (UNICEF) (2005) an estimated 48 million children between 0 and 17 years, or 12 percent of all children in sub-Saharan Africa, are orphans. This figure is expected to increase to 53 million by 2010. Current estimates suggest that there are about 18 million orphans aged between 0 and 17 years in the Southern African Development Community (SADC) countries. Figure 1 gives an overview of the national distribution of orphans thought to be living in the SADC region.

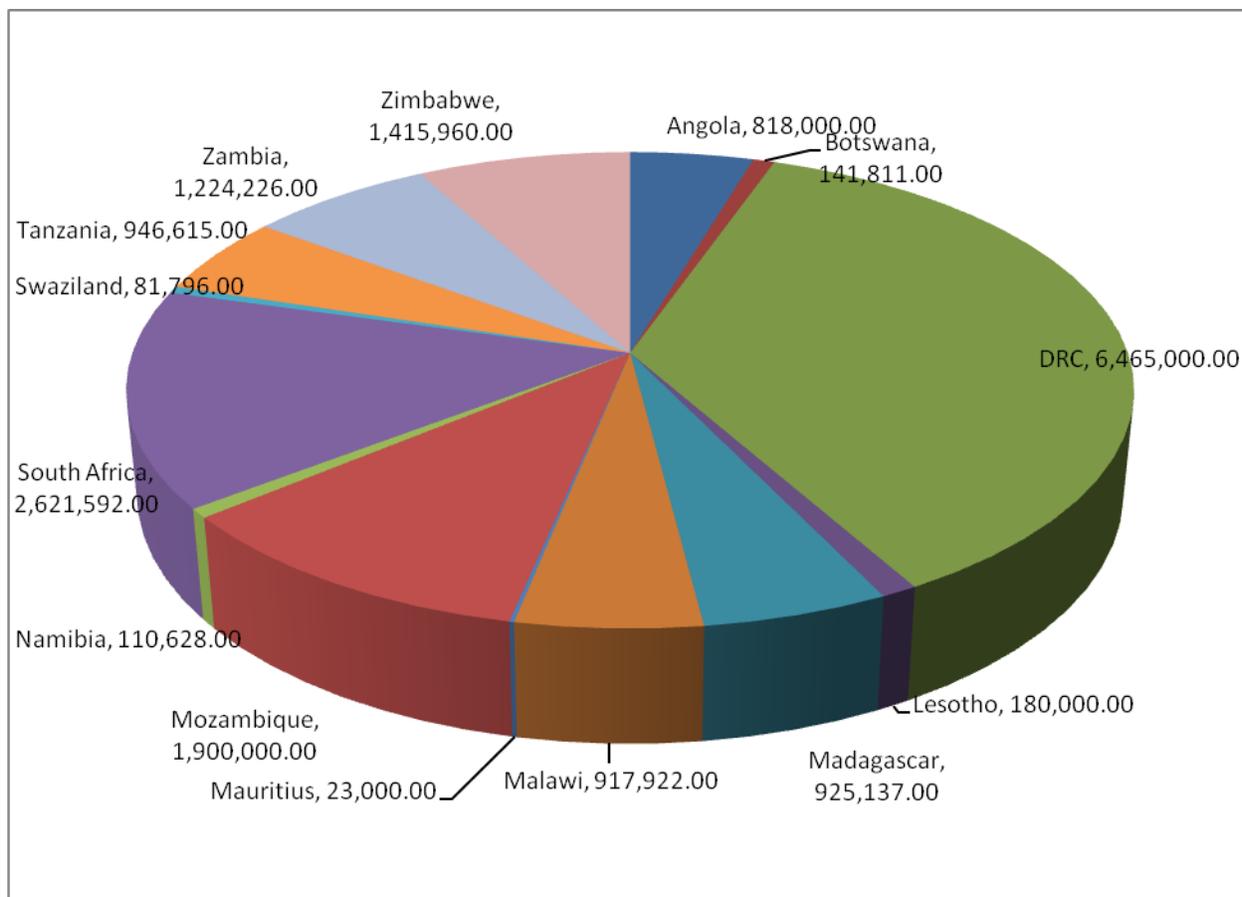


Figure 1: Estimated number of OVCYs in the SADC Region (June, 2008)

In response to the growing numbers of orphans, several international and regional conventions and policy guidelines have been developed to protect and ensure the fulfilment of the rights of Orphans and other Vulnerable Children (OVC). Conventions, policies and guidelines include the UN Convention on the Rights of the Child (UNCRC), the African Charter on the Rights and Welfare of the Child (ACRWC), and the SADC Maseru Declaration on HIV and AIDS. At country level, all 14 SADC Member States have national policies and other supporting national policy instruments aimed at the care of OVC.

Complementary initiatives include:

- The SADC Secretariat is in the process of documenting and scaling-up best practice on paediatric HIV and AIDS/TB treatment, in partnership with UNICEF, through the Southern Africa Development Community-African Development Bank (SADC-ADB) project for the control of communicable diseases
- Save the Children UK commissioned a comprehensive assessment of ‘Legal and Policy Frameworks to Protect the Rights of Vulnerable Children in Southern Africa’, and
- OVC Rapid Assessment, Analysis and Action Plan (RAAAP) assessments are being conducted to determine the magnitude and nature of the OVC challenges by analysing and summarising existing data. RAAAPs establish baseline data for planning and monitoring purposes, assessing critical gaps and constraints to scaling up. Furthermore, RAAAPs identify key actions and resources required to address critical gaps, and assist in mobilising leaders, partners and resources.

Most of these interventions have focused on solving OVC challenges with only limited focus on youth, and with too little regard, according to respondents, for the quality of policies and projects. Thus, significant investments have been made to address the issues of OVC, but with less impact than expected and needed.

Further research work by the SADC Secretariat to build a fine picture of the vulnerabilities experienced by OVCY was thought to be essential in order to implement effective, efficient, equitable and empowering interventions.

Aims of the Review

This review sought to:

- Assess the different forms of vulnerabilities affecting children and youth, and their effects
- Assess and analyse the existing strategies and programmes addressing challenges and vulnerabilities facing OVCY in the SADC region and propose recommendations for improvement, and
- Inform the development of minimum standards for OVCY and help finalise the SADC OVCY Strategic Framework.

Scope of the Review

This review was conducted in 14 SADC Member States – Angola, Botswana, the Democratic Republic of Congo (DRC), Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. During the field work, the Seychelles had not re-joined SADC and, therefore, did not participate.

Research Methodology

This study was largely qualitative using respondent interviews as the data collection method. A qualitative approach was adopted as the most appropriate for allowing stakeholders' perceptions and perspectives on OVCY interventions to be heard and reported.

Study Population and Profile of Study Respondents

The study population consisted of key OVCY staff and practitioners in the SADC region, namely significant persons and specialists in Ministries of Social Services or similar; Ministries responsible for children, youth, OVC and education; local and international civil society organisations (CSOs) and Non-Governmental organisations (NGOs); the SADC Secretariat; UNICEF country and regional offices; National AIDS Councils and Commissions; organisations of People Living with HIV; organisations for persons with disabilities; youth organisations; and in employees' and employers' organisations.

Table 1: Distribution of Study Respondents by Type of Organization

Type of Organization	No of Respondents
Government including National AIDS Commissions/Councils	51
Local NGOs	50
International NGOs	23
UN Agencies	23
Regional	15
PLWHIV	7
Disability	7
Youth	7
Donors/Funding Partners	5
Labour	4
Employers/Private Sector	2
Total	194

Sample Size and Sampling Methods

Information was collected from 194 respondents from 14 SADC Member States. A two stage sampling method was adopted, consisting of purposive sampling at the first stage followed by snowballing. The study purposively selected key informants on the basis of their positions, as Programme Managers, Programme Officers and Directors, and their unique knowledge of OVCY issues at country and regional levels. In each category, the study interviewed one key OVCY stakeholder at country or regional level who then linked the researchers with or suggested other respondents to approach with unique and comprehensive knowledge of OVCY issues. This ensured that key OVCY interventions and stakeholders were encompassed by the review.

Data collection and methods

The study used desk review and respondent (key informant) interviews as data collection methods.

Desk review

Desk research of the relevant documents from Ministries responsible for OVCY, civil society organisations, and UN agencies was conducted. Documents reviewed included OVCY programme strategies, plans, monitoring and evaluation frameworks, mid and end-of-term evaluation reports, and periodic reports to donors and governments; the Strategic Plan for the SADC Parliamentary Forum on HIV and AIDS (2006-2010); the Regional Indicative Strategic Development Plan (RISDP); the SADC multi-sectoral HIV and AIDS Strategic Framework and Programme of Action (2003-2007); country level HIV and AIDS strategic plans; country OVCY policies and national action plans; monitoring and evaluation frameworks; and country specific OVCY study reports, conducted by donors, UN agencies, civil society, government and regional bodies such as SADC.

Respondent interviews

194 in-depth study population interviews were conducted with OVCY staff and practitioners from Ministries in charge of children, youth, OVC and education, local and international, CSOs and NGOs, the SADC Secretariat, UNICEF country and regional offices, national AIDS councils and commissions, PLHIV organisations, organisations for persons with disabilities, youth organisations, employees' and employers organisations, and donor organisations.

Fieldwork and Quality Control Issues

Ten country level enumerators who were responsible for data collection were trained before data collection commenced to ensure standardisation. The data collection process was pre-tested among country enumerators during the training. A thorough pre-test of the revised study process was done in Zimbabwe and Zambia. Results from the pre-test were used to further strengthen the data collection process ready for the fully fledged data collection exercise.

Data collection took place from 1 April to 30th April 2008 for 13 Member States, with the exception of Angola, where data collection was extended until 25 May 2008. Country enumerators were engaged for the entire period of the exercise, and were fully involved in all stages of the project. To supplement and validate country information, respondent interviews were conducted with fifteen regional OVCY stakeholders.

Data Analysis

Flow charts and diagrams were used logically to graphically present the issues in the matrix to map perceived vulnerabilities faced by OVCY and their associated effects. These perceived vulnerabilities were then compared with current respective response strategies to point to consonance and dissonance. Quasi Statistics were used to complement logical analyses, through charting the number of Member States who mentioned certain vulnerabilities, effects, strategies and policies. Content analysis of country and regional reports, strategies and policies was also carried out. When we report in the review that 'respondents thought that', or we use a similar phrase to refer to respondent's reported perceptions, we are always referring to a dominant view.

Limitations of the Study

- The review was carried out as a rapid assessment and attempted to map a large sample in a short time
- OVCY support beneficiaries and children and youth were not interviewed to ascertain the nature of support being given and the quality of such support. The review interviewed OVCY practitioners, and the reported perceptions of the practitioners are infused with their interactions with the beneficiaries.
- Research data on youth was more limited than that on children, with most respondents providing information on children. The interviewed respondents did not give in-depth information on vulnerabilities facing youth and related policies, strategies and programmes. The review relied mostly on secondary sources to fill the gap on the target youth population.

2. Review Findings

Definition of an ‘Orphan’ and ‘Vulnerable Child’

The study found all 14 SADC Member States define an orphan as a child aged below 18 years who has lost one or both parents. This definition is in accordance with the United Nations and Assembly Declaration of the Rights of Children (1989). However, Swaziland extends its definition to include children living with adoptive or foster parents, while Botswana includes social orphans with reference to abandoned or unregistered children whose parents cannot be traced.

On the other hand, there was wide variation in the operational definition of a vulnerable child in the SADC region. The definitions range from all of, or a cocktail of, the risks associated with conflict, sickness, orphan-hood, desertion or neglect by parents, lack of access to basic survival needs such as food, decent shelter, health care, and education; children in prisons, with disabilities, in poverty, and living with HIV and AIDS.

Variations in terminology have implications for policies and programming for orphans and other vulnerable children in the SADC region. The differences make comparison and co-operation difficult between Member States. Hence, there is need for the SADC region to either agree on a regional working definition or adopt an international definition for orphans and other vulnerable children that will be used consistently by all Member States.

The African Youth Charter, which all the SADC Member States have adopted, defines a youth as any person between the ages of 15 and 35 years. Yet only three countries – Lesotho, DRC and Mozambique – conform to this definition of youth. The other countries have different definitions that range from 10 years to 35 years. In addition, many of these definitions, with the exception of Tanzania and Zambia, overlap with the definition of a child. It is not clear why there are variations in definition; all the countries have adopted the African Youth Charter which could allow uniformity.

Furthermore, the review respondents defined vulnerable youth differently, depending on the culture of specific Member States, as young persons who are likely to face harm, exploitation and the non-fulfilment of age specific developmental needs due to unemployment, HIV, disability, conflict and war, living on the street, being neglected by their parents, illegal migration or substance abuse. The overlap in definitions of a child and youth, combined with different Member States’ definitions of vulnerable youth, is problematic at programme level, especially in data collection, targeting, monitoring and evaluation, benchmarking and the comparison of progress between Member States.

The review identified basic OVCY needs: education and vocational training, food, health, shelter, water and sanitation, psychosocial support, protection from abuse, birth registration and economic strengthening.

Respondents reported OVCY needs in three categories:

OVC Needs

- Nutrition: food to sustain an active and healthy life at all times is essential
- Adequate shelter: dry and safe from animals, intruders and harsh weather conditions
- Care: consistent love and support from at least one adult, and
- Protection: to ensure protection from abuse and exploitation. Furthermore, legal protection through civil registration and protected inheritance rights was thought to be vital.

Vulnerable Youth Needs

- Economic strengthening through the provision of both formal and informal employment opportunities, and
- Sexual and reproductive health (SRH) services should be made available to inform adolescents on sexuality, delayed debut and sexually transmitted infections including HIV.

OVCY (both children and youth) Needs

- Educational and vocational training: provision which is in line with Member States employment market needs and expectations. Education should be appropriate to different age groups and special needs.
- Healthcare: immediate access to adequate and consistent care that responds to their illness and age group, such as primary health care, immunisation, ongoing treatment for those living with HIV, and HIV prevention, and
- Psychosocial support: emotional health support services should be available in order for this group to be happy and to be optimistic about life.

The review highlighted the need for minimum standards¹ at Member States level to guide the comprehensive provision of identified OVCY needs by service providers. Respondents emphasized that the standards should be practical and sensitive to local contexts and the service provider. However, the study observed that of the 14 Member States only Namibia and Tanzania have minimum standards for comprehensive OVCY support and development.

¹ Minimum standards are the minimum level of service that is critical for comprehensive support and development to meet the basic developmental and growth needs of OVCY

Deprivations² faced by OVCY in the SADC Region

The study sought to identify perceived OVCY needs that have not been met by available services in the SADC region. In summary, these un-met needs of OYVCs were claimed to arise from a failure to deal with:

- Infant and child morbidity and mortality
- Sexual exploitation
- Disinheritance
- Unaccompanied and unrecorded status among migrant youth and children
- Lack of birth registration
- Lack of educational opportunities
- Children living outside family care
- Starving and malnourished children
- Children and youth who are stigmatised and discriminated against because they are living with HIV, and
- Children living without adult guidance.

Infant and Child Morbidity and Mortality

Infant mortality rates remain high in the SADC region, with half of the countries experiencing improvements that are not large enough to meet the 2015 MDG targets. Child mortality ranges from 87 per 1000 children in Lesotho to as high as 260 per 1000 children in Angola (Human Development and Human Poverty Indicators for Southern Africa, 2004). While high immunisation levels of one year olds against measles have generally been sustained in most SADC countries since 1990, the recently declining coverage in some countries is a cause for concern. The latter study concluded that the high HIV prevalence rates in the SADC region contribute significantly to high infant and child morbidity.

Sexual Exploitation

Review respondents in all 14 Member States highlighted the view that adolescent premarital sexual activity is common in the SADC region. However, there is little baseline information and research on the prevalence of sexual exploitation and abuse. The rare regional studies found in our desk research, such as conducted by Save the Children UK in 2006, found that children who are abused at home may run away to live in the streets where they are even more vulnerable to sexual exploitation and may end up engaging in commercial sex in order to survive.

Disinheritance

² A situation in which the basic survival and developmental needs of the child have not been met

The probability of disinheritance was highlighted as one of the situations that OVCY in the SADC region find themselves facing as soon as their parents die. The Save the Children UK (2006) study supports this observation. With increasing urbanisation and the greater emphasis on material possessions and deepening poverty in the SADC region, relatives may disinherit orphans of land, property, animals and material goods without accepting responsibility for their care.

Unaccompanied and Unrecorded Migrant Youth and Children

According to the respondents, unaccompanied and unrecorded status is one of the deprivations facing migrant youth and children in the SADC region. The movement of unaccompanied children across international borders in search of livelihood opportunities is an increasing phenomenon in the region. Economic and social insecurity, combined with the impact of HIV, are causing children to move across borders to look for work. After having illegally crossed borders, children face difficulties such as labour exploitation, lack of protection, limited access to schools and health services, the coercion of girls, especially, into the sex industry, and discrimination and harassment. Furthermore, review respondents in all 14 SADC Member States reported that many of these children are not registered either in their country of origin or destination, which increases their vulnerability to exploitation. However, statistics on the specific number of unaccompanied and unrecorded children in each Member State could not be obtained due to the general absence of effective national data collection and of a general lack of monitoring and evaluation evidence.

Difficulties in establishing a regional approach to the collection, analysis and dissemination of reliable and useful metrics is at the heart of the respondent's claims that SADC OYVC interventions were not as effective as they might be.

Lack of Birth Registration

The review revealed that most OVCY in the SADC region do not have birth certificates. Lack of a birth certificate was identified as a major concern in all 14 SADC Member States. Rates of registration for children range from as low as 10 percent in Zambia to 71 percent in Namibia. However, we could not gain access to the registration rates for vulnerable youth in the SADC region due to the lack of data. Birth certificates allow children and youth access to public services, such as schooling, and accessing healthcare and community assistance. The lack of birth certification is of particular concern in countries such as Angola, the DRC, Mozambique and Zimbabwe, where children have been separated from parents due to civil strife, conflict or external migration (Save the Children UK, 2006).

Limited Educational Opportunities

According to respondents, OVCY in the SADC region are faced with or a lack of or limited educational opportunities. The net enrolment in primary education within SADC Member States ranges from 58 percent in Angola to 89 percent in South Africa (UNESCO, www.millenniumindicators.un.org, 19 May 2008). However, the actual rates of attendance and completion fall short of the net enrolment statistics and the region is far from the attainment of universal primary education (UNESCO, www.millenniumindicators.un.org, 19 May 2008). Review respondents reported that OVCY struggle to access educational opportunities due to their poverty

(not being able to afford fees and other school related costs); having parents or caregivers who do not value education; their lack of birth certificates; and early or forced marriages.

Children Living Outside of Family Care

Respondents reported there are OVCY in most SADC Member States who are forced to live outside family care due to poverty and orphan-hood. The review also found that some children are forced to live and work on the streets or are growing up in institutional homes because no relatives are willing to take care of them. Children living outside family care are prone to all forms of abuse and exploitation. However, neither respondents nor desk research could provide data on the extent of this issue.

Starving and Malnourished Children

The review revealed that starvation and malnourishment are among the deprivations facing children in the SADC region. An estimated 14 million people in the SADC region, of whom more than half are children, are threatened with starvation (www.un.int/namibia/gastate11-10-02.html, 2002; 15 May 2008). With the current and regular global food shortages and droughts in the region, the seriousness of this situation for OVCY cannot be overemphasised.

Stigma and Discrimination

According to the review, OVCY are stigmatised and discriminated against as a result of living with HIV or being known to be related to people living with HIV. Respondents in all 14 SADC Member States also reported that disabled OVCY are often discriminated against and, in some instances neglected, affecting their psychosocial wellbeing.

Different Forms of Vulnerabilities³ facing OVCY: consequences and responses

Poverty

Poverty was identified as the underlying cause of all vulnerabilities facing OVCY by respondents from all 14 SADC Member States. According to SADC (2008), 76 million, about 32 percent, of approximately 244 million inhabitants of the region, still live below the international poverty line of US 1 Dollar per day, while about 171 million (about 70 percent) live below US 2 Dollars per day. The level of poverty in the SADC region is high, manifested by low incomes, growing unemployment and high levels of human deprivation. Review respondents in all 14 SADC Member States reported that OVCY households are the most prone to poverty. Respondents directly linked early marriages, child labour, living and working on the streets, petty crime, abuse of all forms and dropping out of school, to poverty.

Key informants initially identified 55 types of vulnerabilities facing OVCY across the SADC region. Those that were most commonly mentioned by key informants are outlined below. The study respondents reported that there is a bi-directional, reinforcing link between vulnerabilities facing OVCY and the outcomes of the forms of vulnerability. For example, poverty or conflict

³ Vulnerability can be defined in terms of (a) the child's individual condition; (b) the condition or situation of the child's family or household; (c) the condition of the environment or community in which the child lives.

can result in lack of education, while lack of education tends to result in poverty and unemployment.

Disability

OVCY children and youth with disabilities tend to be abused or ignored in the SADC region, especially in Lesotho, Madagascar, Mauritius, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. The stigma and discrimination associated with disabilities lead to these children not realising their basic rights. Most children are denied their right to play and socialise with other children as they are kept indoors, out of sight, for the greater part of the day.

Key informants in 8 of 14⁴ SADC Member States believe that the lack of attention paid to disabled children and their views, the low value placed on their life and the stigma attached to the perceptions that they are less than human, puts disabled children at a disproportionately high risk of neglect, abuse and the violation of their human rights. Only Mauritius was found to have data on the number of disabled people in the country (Mauritius National Census, 2000).

The study found all 14 SADC Member States do have initiatives that respond to vulnerabilities faced by disabled children. Member States also recognise that children living with disability cannot participate in many programmes targeted at the able-bodied. Programmes for the disabled in all 14 SADC Member States mainly focus on psychosocial counselling, disability grants, rehabilitation and special education for children with disabilities.

There are few programmes which focus on reducing stigma and discrimination towards disability, and few disability or awareness campaigns that effectively promote a better understanding of disability. The review found that South Africa, Lesotho and Tanzania have clearly defined disability strategies, with South Africa having an Integrated National Disability Strategy.

⁴ Lesotho, Madagascar, Mauritius, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe

Clearly defined strategies responding to OVC with disabilities

- Strengthening family and community care and support for OVC
- Integrated National Disability Strategy⁵
- Education for children with disabilities⁶
- Advocacy and lobbying workshops to raise awareness on disability issues⁷
- Government allowances, including free transport, scholarships, tax breaks⁸
- Specialised day care facilities and special education facilities
- Establishment of training centres for disability-appropriate professional development
- Institutions (including rehabilitation) set up by the Social Security Ministry
- Occupational therapy and rehabilitation at hospitals and at home

Tanzania actively publicises the particular needs of disabled children or parents with disabilities to ensure children with disabilities have access to basic needs and are recognised in terms of policy formulation and legislation. Tanzania reserves two seats in Parliament for people with disabilities. For the majority of Member States, except South Africa, Lesotho and Tanzania, the strategies for responding to disabilities are incorporated in the strategies for strengthening family, community care and support for OVC. Particular recognition may need to be made within or alongside these policies to meet the needs of OYVCs with disabilities.

Households Headed by Children and or Youth

In all the 14 countries visited, there is a growing recognition and acknowledgement of the number of children who have become heads of households as a result of parents succumbing to AIDS has grown over the years. This was particularly mentioned by respondents in Namibia, South Africa, Swaziland, Tanzania and Zimbabwe. It was reported that being the de facto head of a household exposes children to the inequities of child labour, and to the need to drop out of school.

These children are expected to take care of the sick, in addition to being heads of households. Another particular concern reported was that the major burden is felt by girls; one of the worst experiences for a child is having to take responsibility of caring for a very sick parent. Respondents were also concerned that this exposes young caregivers to cross infections, from their sick parent, e.g., since they may be unable to perform health care correctly because of their age and lack proper training. However, the review could not be specific on the number of child headed households in all 14 Member States due to lack of available data.

Households Headed by the Elderly

Another vulnerability frequently mentioned by respondents in Tanzania, Zambia and Zimbabwe is that of elderly-headed households. UNICEF (2007) found that grandparents, particularly

⁵ South Africa.

⁶ Tanzania.

⁷ Tanzania.

⁸ Mauritius.

grandmothers, care for around 40 percent of all orphans in Tanzania and 60 percent in Namibia and Zimbabwe.

The elderly are more likely to be the most adversely affected by death from HIV related illness among the economically active group (15 to 49 years). As the number of OVC increases, older people become further burdened with the role of parenting and care giving. However, many of these grandparents were seen to lack the necessary information to care for the children and to protect themselves against HIV infection.

Specific strategies and programmes responding to OVC in households headed by elders

- Capacity development for the care of vulnerable children⁹
- Cash transfers.¹⁰

Respondents reported a growing move in a number of the SADC Member States¹¹ to pilot programmes intend to reduce child poverty at the elderly household level through cash transfers. Respondents indicated that the reduction of poverty at the household level may have a ripple effect to improve child health, education and other basic needs as poor households will have disposable incomes to meet their immediate needs.

Review respondents in all Member States reported that communities and extended families are the first line of response to the vulnerabilities faced by children and all SADC Member States are supportive of programmes that are inclusive of community responses to care and support of children. In addition, there are programmes in place for institutional care (orphanages or care homes) in all SADC Member States targeted to provide care for abandoned children. The ultimate aim of these programmes is to re-unite children with families (close or extended) or encourage foster care of children, as family environments were generally viewed as the most appropriate environment for child development. In Madagascar and Mauritius, programmes to promote re-unification and the provision of shelter are in place, while in Malawi community safety nets are in place to cater for vulnerable children. The major gap reported by respondents in OVC programmes is the neglect of interventions targeting elderly-headed households, although there is growing recognition of the need to address issues related to child and elderly, headed households by all SADC Member States.

Children or Youth in Early Marriages¹²

Early marriage was reported as a common practice by respondents in all SADC Member States and they noted that it involves the most vulnerable groups of society, such as the poor in rural areas. It has also been reported that the cultural norms about womanhood and arranged marriages in SADC Member States place a high value on sexual innocence, passivity, virginity and motherhood. As a result, girls get married early to uphold these norms and traditional beliefs.

⁹ All SADC Countries.

¹⁰ South Africa, Namibia and piloting countries, including Zambia and Malawi.

¹¹ South Africa, Namibia and piloting countries, including Zambia and Malawi.

¹² All SADC Member States except Lesotho.

about womanhood. According to a study by Save the Children UK (2006), early marriage occurs in 20 percent of the poorest sectors of the communities in the SADC region, and the girls are often withdrawn from school, thereby perpetuating the cycle of childhood deprivation. This 2006 study found early marriages expose vulnerable children and youth to maternal mortality, HIV infection and other sexually transmitted infections.

Strategies and programmes responding to OVCY in early marriages

- National Policy Frameworks and Strategic Plans for the Prevention and Management of Child Abuse, Neglect and Exploitation
- The Criminalisation of Sexual Exploitation
- Strengthening family and community care and support for OVC
- Creating protection networks among children

Our review found very few programmes dealing specifically with early marriages or sexual exploitation, since most organisations are reluctant to be involved in family issues. South Africa has a clear strategy on sexual exploitation whilst Madagascar has developed a strategy that encourages criminalising sexual exploitation. Overall, respondents acknowledged more needs to be done in terms of changing cultural beliefs that support early sexual debut and exploitation. There is a need to scale up awareness programmes to reach most rural areas, since this is where the biggest challenge lies to policy makers. The lack of information relevant to the welfare of OYVCs in rural areas was seen as a major weakness to be rectified.

Children or Youth with HIV

Children and youth living with HIV were emphasised by the study respondents from all SADC Member States as one of the most vulnerable groups in the SADC region. The UNAIDS global AIDS epidemic report (2008) found an estimated 1.9 million people were newly infected with HIV in sub-Saharan Africa in 2007, bringing to 22 million the number of people living with HIV. Two thirds of the global total of 32.9 million people with HIV live in this region, and three quarters of all AIDS deaths in 2007 occurred in SADC countries. In 2007, the HIV prevalence exceeded 15% in seven southern African countries: Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe.

Review respondents from all Member States reported that children and youth living with HIV are vulnerable to illness, infections associated with having HIV, stigma and discrimination, child labour and migration, poor school performance and drop out. They can become a financial burden on their family, have psychosocial problems, and experience the loss of parents, which leads to child-headed households, to children being forced into adult responsibilities, to children living with aged caregivers, and to child abuse.

Besides having high levels of HIV transmission, the SADC region was viewed by respondents as lagging behind on access to antiretroviral therapy (ART) for both children and youth. Only one tenth of the 780,000 children estimated to be in need of ART actually receive it. For the remaining 9 out of 10, one third will die by the age of one year and half will die before their

second birthday. Only 4 percent of children born to HIV infected mothers receive treatment to prevent the opportunistic infections that can be fatal to children with HIV (UNICEF, 2007).

Access to prevention of mother-to-child transmission services and antiretroviral drugs (ARVs) for HIV infected children was estimated to be equally low, with services reaching less than 15% of the target population (http://www.globalhealth.org/hiv_aids/global_view/profile_asia/, 01 July 2008). However, we could not obtain statistics on the specific access rate to ART by youth but review respondents revealed access was still very low against increasing demand.

Strategies and programmes responding to OVCY with HIV

- National Strategic Plan for HIV and AIDS and STI 2007-2011
- Management of HIV and AIDS infected children guidelines¹³
- Access to basic healthcare to children under the age of five¹⁴
- National HIV and AIDS Strategic Plan¹⁵

Most SADC Member States have developed National Strategic Plans, policies and programmes aimed at preventing the spread of HIV, mitigating its impact and providing care and support to those living with and affected by the disease. In some Member States, policies and legal frameworks have been amended to address issues relating to stigma and discrimination. There are signs of progress being made in preventing HIV infection amongst youth, with some Member States¹⁶ reporting HIV prevalence rates amongst young people stabilising, although often at very high levels.

Behavioural studies undertaken in some Member States indicate increased condom use. The availability of HIV Voluntary Counselling and Testing (VCT) and ARV treatment for both adults and children is being scaled up throughout the region, but still remains far below what is required to meet the needs of the population. Although information on HIV and AIDS and STI treatment is available, youth in most SADC Member States have limited access to reproductive health services. Rural youth are particularly disadvantaged.

All 7 SADC Member States with high HIV prevalence rates, Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe are engaged in prevention of parent-to-child transmission (PPTCT) alongside national primary prevention programmes. However, the programmes are limited in scope and scale. Treatment regimes vary between Member States depending on a country's available resources and most of the national programmes mentioned do not have strong links to universal access initiatives.

*Child Labour*¹⁷

¹³ South Africa.

¹⁴ All SADC countries.

¹⁵ All SADC countries.

¹⁶ Zimbabwe, Botswana, Malawi, Zambia and South Africa

¹⁷ Botswana, Madagascar, Mauritius, Mozambique, Namibia, South Africa and Zambia.

The review found societies in the SADC region place a high value on children working at home or on the family farm. This is perceived as socially necessary and acceptable work which is of benefit to the child, rather than as harmful. Child work becomes a problem when it is likely to be hazardous, interferes with the child's education, or is harmful to their health (physical, mental, spiritual or moral) or social development. This happens when extreme social and economic stresses (from poverty, food insecurity, HIV, or conflict) make families unable to sustain their livelihoods. The result is that children are pushed, often by the family itself, to contribute through paid activities outside the household or even to migrate to other countries in search of employment to support the family.

Strategies and Programmes responding to child labour

- Creation of protection networks among children
- National Action Plans for the Elimination of Child Labour
- Cash transfers to poor households
- Social security grants
- Legislation and legal action
- Advocacy against child labour
- Workplace inspection
- School reintegration

The International Labour Organisation (ILO) has shown that sub-Saharan Africa has the highest proportion of working children of any region in the world, with 29 percent of children between the ages of 5 and 14 in some sort of work. About 48 million children are economically active. This ratio is below 20 percent in all other regions. Sub-Saharan Africa also has the highest number of very young children at work, with 24 percent of children between five and nine years reported to be economically active (ILO, 2002).

Review respondents reported that pressure to contribute is forcing children, and especially young girls, to engage in risky activities, using sex as a means of livelihood or separating from their families to work as domestic workers and become vulnerable to verbal, physical and sexual abuse.

The ILO Declaration on Fundamental Principles and Rights at Work has provided a Convention for the effective abolition of child labour internationally. Thirteen SADC Member States, with the exception of Swaziland, have ratified this Convention. Following the Convention there has been an increase in strategies to protect children against child labour, with most countries in the region encouraging programmes on the protection of children from abuse. Six Member States in the region, Botswana, Lesotho, Madagascar, Namibia, South Africa and Swaziland, recently adopted National Action Plans for the elimination of child labour. However, the strategies do not clearly distinguish what type of work is considered harmful to children, although Madagascar does directly address child trafficking and prostitution as part of its strategy towards street children. Standard SADC strategies encourage welfare safety nets for families to protect children against exposure to child labour, emphasising the role of subsidised primary schooling. Overall the SADC Member States recognise child labour is a consequence of poverty and of families forced by economic circumstance to send their children into the child labour market.

All Member States have at least some policies in place to eliminate labour practices harmful to children. These include the creation of protection networks among children and a National Action Plan for the Elimination of Child Labour. However, policies have not been seen to be translated into effective legislation and programmes to protect children from child labour. There is a general lack of programmes in most SADC Member States that specifically focus on child labour.

Children and Youth in War and Natural Disasters

Wars and civil conflicts have left some SADC Member States (Angola, Democratic Republic of Congo (DRC) and Mozambique) with fractured social and economic infrastructures and robbed millions of children and youth of their right to their basic developmental and growth requirements. Major natural disasters, (in Namibia, Swaziland, Zambia, and Mozambique), have had similar consequences.

Children and youth who have undergone amputations, have lost physical and/or mental functions, or have been deformed in some way, are at the greatest risk of mental health problems. Disabilities typically lead to additional problems, such as an inability to access food in a resource constrained environment and in un-met or neglected emotional needs. In many cases, conflicts have separated children from their parents and families, and this increases their vulnerability. In cases of protracted conflict such as in DRC, distressing experiences and chronic secondary stress factors were reported to have increased the risk of trauma. In extreme situations, children and youth have been and are coerced or forcibly recruited into armed forces as child soldiers. Study respondents stressed that children and youth are also more vulnerable to natural disasters because of lack of access to key resources such as social power, strong social networks, transportation, time, information, skills and literacy in dominant languages to manage natural disaster situations.

The Declaration of Commitment on HIV and AIDS, adopted by the UN General Assembly

Strategies and programmes responding to OVCY in war and natural disasters

- Provision of protection, care and support to children¹⁸
- Holistic support¹⁹

Special Session on HIV and AIDS on 27 June 2001,

‘Calls on all United Nations agencies, regional, international and non-governmental organizations involved with the provision and delivery of international assistance to countries and regions affected by conflicts, humanitarian crises or natural disasters, to incorporate HIV and AIDS prevention, care and awareness elements into their plans and programmes.

Organizations are further encouraged to provide HIV and AIDS awareness and train personnel.’

Member States in post conflict situations do not all have clear strategies and programmes to deal with children affected by war, conflict or natural disasters. The review observed that there are sparsely distributed programmes and projects in place; those reported included the provision of psychosocial support, family re-unification, food and shelter.

Youth Unemployment

The youth population in sub-Saharan Africa was estimated at 138 million in 2002-03, and 28.9 million, or 21 percent, were unemployed. This is the second highest youth unemployment rate in

¹⁸ All SADC Member States

¹⁹ Namibia.

the world, exceeded only by the Middle East and North Africa, where youth unemployment is 25.6 percent (ILO, 2004b). Study respondents indicated unemployment was the major vulnerability young people face. High levels of unemployment among youth in most SADC Member States have been attributed to the mismatch between education and labour market demands. The situation is compounded by a lack of labour market information (The Youth Employment Challenge in Southern Africa, 2005). Career guidance for this group is limited and, where it exists, vulnerable youth are only partially catered.

High unemployment rates have resulted in under-employment of youth. Illegal migration in search of greener pastures is a well known response to lack of work, duly confirmed by review respondents. Vulnerable youth were reported as engaging in negative coping strategies, such as criminal activities, transactional sex, early marriages and drug abuse as a result of lack of unemployment. Such activities exposed youth to Sexually Transmitted Infections (STIs), HIV infection, and physical and sexual abuse.

Strategies and programmes responding to youth unemployment

- National Youth Policies²⁰
- Education and vocational skills training²¹
- Youth empowerment and participation²²
- Youth credit schemes²³
- Youth employment networks²⁴
- National Action Plans for Youth²⁵
- Youth Development Funds
- Poverty Reduction Strategies²⁶

The review found that Member States do have National Youth Policies to address the issue of unemployment among young people. However, there is limited implementation of these policies. The major focus has been on vocational skills training and youth economic empowerment. However, these strategies emphasise unemployment and employment creation, and none address under-employment. The other gap identified in most policies is the lack of emphasis on linking the education or training system to the needs of the labour market.

The African Regional Youth Initiative is one successful development project that addresses youth needs, focusing on HIV and AIDS, reproductive health, community development, leadership and governance, communication and technology, and national and regional coordination of activities addressing the MDGs.

Being an orphan

The review found that being an orphan is one of the major vulnerabilities facing children and youth in all SADC Member States. In 2006, UNAIDS and UNICEF reported that the SADC region is home to 16,808,000 orphans under the age of 17 years, of whom 38 percent have been orphaned by AIDS. Respondents emphasised that orphaned children and youth are deprived of their basic developmental and growth needs due to the absence of their breadwinner(s). As a result, children and youth become defenceless and end up dropping out of school, taking care giving roles, being involved in sex work, engaging in child labour and committing petty crimes.

SADC Member States have policies specifically targeted at orphan care which have been implemented through National Plans of Actions. Almost all Member States have a Ministry of Social Services or Welfare. The Ministerial responsibilities include overseeing the basic developmental and growth needs of orphans and other vulnerable children and youth.

²⁰ All SADC Member States

²¹ All SADC Member States

²² All SADC Member States

²³ Namibia, South Africa.

²⁴ All SADC Member States

²⁵ Botswana, Namibia and Zambia.

²⁶ Democratic Republic of Congo, Lesotho Malawi, Mozambique, Tanzania, and Zambia.

Strategies and programmes responding to orphans' vulnerabilities

- National Orphan Care Policies²⁷
- National HIV and AIDS Strategic Frameworks²⁸
- Plans of Action for Orphaned and Vulnerable Children²⁹
- Social Security programmes³⁰
- Social Welfare Programmes
- Creation of protection networks among children
- National Action Plans for the Elimination of Child Labour³¹
- Cash Transfers to poor Households
- School Reintegration policies
- Education Assistance Programs
- Foster Care programmes
- Institutional Care

Cash transfers, education assistance programmes, foster care, institutional care and social security programmes are in place to meet the needs of orphans. However, most programmes in place only cover a few highly visible communities and have limited geographical extent. Review respondents noted that most orphan-hood programmes are reactive and needs based, rather than responsive and vulnerability based. This former approach may have greatly compromised the impact and sustainability of the various interventions in the SADC region.

Gender Discrimination

According to respondents, gender discrimination is a common vulnerability facing OVCY in all SADC Member States. The traditional culture in Southern Africa ascribes female children a lower status than male children, to the extent that after the death of parents or breadwinners, households first reduce or cut expenditure on education for girls. Girls take on care-giving roles while their male counterparts are attending school. As a result, young women and girls are often ill-informed about sexual and reproductive matters and are more likely than males to be illiterate. A significant number of young women are engaged in commercial sex work and have dropped out of school when they reached the age of 15 years. Lack of education exposes girls and young women and to an increased risk of HIV infection, poverty, sexual exploitation and abuse. The United Nations Population Fund (UNFPA) (2005) reported gender discrimination as causing more females than males being infected with HIV; 57 percent of all People Living with HIV in sub-Saharan Africa are women.

It is increasingly recognised that development in the SADC region requires the full participation of both women and men. In this regard, the SADC Secretariat has developed a protocol on Gender and Development. Member States have developed national gender policies and gender programmes.

²⁷ All SADC Member States.

²⁸ All SADC Member States.

²⁹ South Africa, Zimbabwe, Tanzania, Namibia, Zambia, Mozambique, Angola, Lesotho, Swaziland and Botswana.

³⁰ South Africa.

³¹ Botswana, Lesotho, Madagascar, Namibia, South Africa, Swaziland.

Gender protocols, policies, strategies and programmes in the SADC region place special emphasis on:

- Women's central economic role
- Gender bias in access to education, health and other basic social services, and
- Raising women's participation in all spheres of life.

At programme or intervention level, gender has been mainstreamed. However, most respondents were unsure as to whether mainstreaming gender is enough to ensure the full participation and empowerment of females.

Overall, policies and strategies have a limited focus on special situations that vulnerable girl children find themselves in but rather treat the whole female population as homogenous. Hence, the unique vulnerabilities of different groups of girls and young women are lost along the way and the cycle of un-met needs continues.

In addition, the review found that OVCY support interventions are being delivered through needs focussed programmes and projects; this has become the common development approach.

*Substance Abuse among Children and Youth*³²

Respondents indicated substance abuse is on the increase, especially among youth in Botswana, Madagascar, Mauritius and South Africa. The review found that drug and alcohol abuse have become the source of other types of vulnerabilities such as criminal activities, exclusion from school, sexual abuse and STIs. Youth alcohol consumption was perceived by respondents to increase the likelihood of irresponsible sex.

Strategies and programmes on gender discrimination

- The SADC Protocol on Gender and Development
- National Gender Programme Frameworks
- Structural Adjustment Programmes for Health, focusing on gender implications

Strategies and programmes responding to OVCY substance abuse

- National Action Plans for Youth³³
- Establishment of Juvenile Courts which hear all cases involving children under 18³⁴
- Rehabilitation Youth Centres for delinquent youth (both sexes) with access to a senior probation officer³⁵
- Criminalisation of possession, including possessing equipment with trace elements, and sale³⁶
- Creation of umbrella parastatal organisations which coordinate organisations working in

³² Botswana, Madagascar, Mauritius and South Africa.

³³ Botswana, Namibia and Zambia

³⁴ Mauritius

³⁵ Mauritius

³⁶ Madagascar

drug rehabilitation³⁷

- The criminalisation of selling alcohol and cigarettes to children³⁸

The World Health Organisation (WHO) and the United Nations Development Programme (UNDP) have made strides internationally in developing approaches and guidelines that address substance abuse among children and youth. SADC Member States have formulated legislation to address substance abuse using WHO guidelines. Mauritius established an umbrella parastatal body that coordinates organisations working in drug rehabilitation. All Member States have laws to protect children and youth from substance abuse. However, there is a gap in strategies addressing the provision of psychosocial counselling to children affected by substance abuse. Children whose parents are substance abusers are especially at risk.

In countries where a National Action Plan exists, substance abuse has been included. In Mauritius, substance abuse is emphasised and there is a rehabilitation youth centre for delinquent youth. The gap, however, remains; strategies do not adequately address the treatment of youth who are involved in substance abuse.

Regional Policy Responses to the Vulnerabilities Facing OVCY

There are global conventions in place to address vulnerabilities facing OVCY which some Member States have either ratified only, or both ratified and adopted. Relevant policies and conventions include the United Nations Convention on the Rights of Children (UNCRC), the ILO Convention on the Worst Forms of Child Labour, the International Convention on the Rights of Persons with Disabilities, the Optional Protocol to the Convention on Rights of the Child on the Involvement of Children in Armed Conflict, the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Pornography, The African Charter on the Rights and Welfare of Children (ACRWC), and The African Youth Charter.

The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that grants all children and young people (aged 17 and below) a comprehensive set of rights. All SADC Member States have ratified this Convention, although Member States are at different levels of implementing the Convention. The ILO Convention on the Worst Forms of Child Labour defines the ‘worst forms of child labour’ as slavery, debt bondage, prostitution, pornography, the forced recruitment of children for use in armed conflict, the use of children in drug trafficking and other illicit activities, and all other work harmful or hazardous to the health, safety or morals of girls and boys under 18 years of age. During the time of the study 13 Member States had ratified the Convention with the exception of Swaziland. Implementation of the

³⁷ Mauritius

³⁸ Mauritius

Convention within the Member States is very limited as evidenced by limited policies and legislation at country level.

The review also revealed that only three Member States, Namibia, South Africa and Mauritius have ratified the International Convention on the Rights of Persons with Disabilities at the time of the field work. The Optional Protocol to the Convention on Rights of the Child on the Involvement of Children in Armed Conflict ensures that children under 18 years are not compulsorily recruited into armed forces. Five Member States have not ratified the Convention: Swaziland, South Africa, Malawi, Zambia and Zimbabwe.

There is also the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Pornography. This Protocol recognises that girls are more at risk of sexual exploitation and encourages policies which get at the root causes of such exploitation. These factors include, more generally, poverty and underdevelopment, and more specifically, dysfunctional families, and adults who are sexually irresponsible. However, four Member States Malawi, Swaziland, Zambia and Zimbabwe have not yet ratified this Convention.

The African Charter on the Rights and Welfare of Children (ACRWC) addresses all children's rights as presented in Article 4 which emphasizes the best interests of the child. Eleven Member States, Angola, Botswana, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Tanzania, South Africa and Zimbabwe, have ratified the Convention. Swaziland and Zambia have only signed but are still to ratify the convention. However, implementation of the Charter has been very limited among those Member States that have ratified the Charter.

The African Youth Charter provides a Legal Framework to facilitate the accelerated implementation of comprehensive and effective youth policies and strategies at national level. In addition, the instrument can be utilized by youth to empower themselves, fulfil their potential, enhance their development capacity and promote rights in order to get the recognition they deserve in society and at national level. However, no SADC Member State had ratified the African Youth Charter by April 2008. Overall, global and regional policies addressing vulnerabilities facing OVCY have not been universally ratified and implemented by SADC Member States. Where national policies have developed, there has been a lack of effective implementation of policies addressing vulnerabilities facing OVCY.

3. Analysis of Strengths, Weaknesses, Opportunities and Threats including the Quality of OVCY Support Strategies and Programmes

Table 3 presents the study findings on the strengths, weaknesses, opportunities and threats of OVCY support strategies and programmes in the SADC region.

Table 3: SWOT Analysis of OVCY Support Strategies and Programmes

Strengths	Weaknesses
<ul style="list-style-type: none"> • Availability of international conventions to support strategies • Most strategies are time specific, thus overarching issues for the strategy period are prioritised • Strong gender mainstreaming/integration 	<ul style="list-style-type: none"> • Needs driven rather than by the vulnerabilities facing OVCY • Weak coordination structures • Limited child and youth participation and advocacy • Limited data/statistics on vulnerable children and youths at both Member State and regional levels • Limited use of the rights-based approach • Strategies and programmes are not constantly updated to meet the ever changing needs of OVCY • Age overlap between child and youth definition results in targeting and benchmarking challenges • Lack of youth specific vulnerability centred programmes • Weak monitoring and evaluation systems • Limited sustainability • Weak referral systems

Opportunities	Threats
<ul style="list-style-type: none"> Increased political will available, with government structures and donor support to address the issues Creation of broader awareness and involvement of more stakeholders 	<ul style="list-style-type: none"> Limited funding, limited technical and professional skills Limited partnering between public sector, civil society and private sectors Lack of generally accepted minimum programming standards for effective response to OVCY needs at both Member State and regional level Programmes are donor funded rather than Member State funded High levels of poverty and HIV prevalence Increasing number of orphans and other vulnerable children and youth

The review found that respondents believe that OVCY support strategies and programmes are strengthened by those International Conventions that exist to support them. Interventions are weak, respondents argued, because they focus more on OVCY needs than vulnerabilities. This has led to disjointed and fragmented responses with limited impact. Respondents believed the presence of a strong political will to act on behalf of OYVCs is a major opportunity for OVCY support strategies and programmes. But these support strategies and programmes were thought to be threatened by limited funding, a lack of technical skills and generally accepted operational guidelines at regional and Member State levels, high HIV prevalence rates, and high and increasing poverty levels.

The review furthermore sought to provide an overview of the quality of OVCY support strategies and programmes. The review team used the ‘Project Management Body of Knowledge (PMBOK)’³⁹ as a benchmark of quality. The PMBOK is an internationally recognised standard (IEEE Std 1490-2003) which provides the fundamentals of project management. The study respondents were asked to rank OVCY support strategies and programmes in terms of design and planning, implementation, targeting, monitoring, evaluation and reporting, sustainability, community participation, child and youth participation, networking and partnerships, referral systems, advocacy, gender integration, risk management, financial management and programme handover. Table 4 presents the study findings on the quality of OVCY support strategies and programmes.

Table 4: Quality of OVCY Programmes in Meeting Programme Management Practice Benchmarks

Quality Attribute	Extent			Explanation
	Not at all	Limited	Greater	
Design, Planning				There is evidence of stakeholder involvement in the design and planning of most programmes. However, it was not clear to what extent the programme beneficiaries and communities were involved in the design and planning stages. Lack of up to date information on OVCY vulnerabilities and interventions at country and

³⁹ A collection of processes and knowledge areas generally accepted as best practice within the project management discipline.

				regional level has negatively affected the way OVCY programmes are designed and planned.
Quality Attribute	Extent			Explanation
	Not at all	Limited	Greater	
Implementation				OVCY programmes in the SADC region have been implemented to a limited extent through collaborative efforts by different stakeholders. Unclear coordination mechanisms and inadequate financial resources have constrained the implementation of OVCY programmes.
Targeting				Targeting is very good as most of the programmes are aware of the need to target the most vulnerable children. The only limitations are that some of the targeted children and youth are not reached due to limited resources, and there is a huge gap in targeting youth in most of the interventions. Lack of a national or regional OVCY beneficiary criteria and/or definition makes benchmarking and harmonisation of OVCY support difficult.

Quality Attribute	Extent			Explanation
	Not at all	Limited	Greater	
M&E				This is one of the weakest areas for most of the programmes. The bulk of OVCY programmes do not have M&E frameworks. Where they exist, there is lack of consistency with national OVCY frameworks, where the latter exist. There might be a need for binding national legal instruments to compel all programmes to monitor and evaluate their OVCY interventions in line with national frameworks and regional M&E protocols.
Sustainability				Heavy reliance on external donor funding, high staff turnover and lack of exit strategies and plans threaten the sustainability of OVCY programmes in the SADC region. The Member States' governments need to allocate more resources to national budgets and the development of exit strategies needs prioritisation.

Quality Attribute	Extent			Explanation
	Not at all	Limited	Greater	
Community participation				There is great involvement of communities at OVCY programme level. This enhances the community ownership and long term sustainability of the programmes. However, lack of involvement of communities at the strategic level could threaten the OVCY programme benefits in both the short and long term. Only elders have been consulted when making decisions for youth and children.
Child/Youth participation				Most of the OVCY programmes work with children and youth as end programme beneficiaries rather than as implementers or decision makers of the programme. Their participation is minimal and when they are involved it is limited to a token physical presence.

Quality Attribute	Extent			Explanation
	Not at all	Limited	Greater	
Networking, Partnerships				Networks are established through national coordinating bodies as highlighted by the Three Ones Principles. However, there is a lack of coordination, especially for NGO driven programmes; they compete for space and limited available resources instead of networking for enhanced impact. Programmes are not compelled by any law or policy to fall under the national or regional OVCY networking or coordinating bodies. They are left to decide for themselves.
Referral systems				Programmes (both government and NGO) refer needy OVCY to providers although there are limited mechanisms to follow up on referrals. Programmes need to develop mechanisms to establish whether the child or youth is receiving the targeted services.
Advocacy				This is done to a limited extent and where it is done it is based more on emotional appeal than on hard evidence due to the paucity of really useful knowledge.
Quality Attribute	Extent			Explanation
	Not at all	Limited	Greater	
Gender integration				There has been great emphasis on gender mainstreaming in most programmes, but given the paucity of M&E, there is no way of knowing if the policies have worked.
Risk management				There is limited programme risk assessment and management emphasis in most OVCY programmes. Most programmes do not incorporate a risk management dimension.
Financial management				OVCY programmes have robust and internationally recognised financial management systems
Programme handover				There is no gradual handover embedded in most OVCY programmes and a lack of exit strategies worsens the situation for beneficiaries. OVCY programmes just stop abruptly without an organised or smooth handover of interventions, usually because of donor withdrawal. This threatens the sustainability of OVCY interventions.

The study revealed OVCY programmes in the SADC region as strong in design and planning, in targeting, community participation, gender integration and in financial management. However, programmes are weak in implementation, in child and youth participation, networking and partnerships, referral systems, advocacy, risk management and programme handover. Particular stress on the paucity of high quality data collection, processing and dissemination practices was evident.

4. Achievements, Challenges and Lessons Learnt from OVCY Support Interventions in the SADC Region

Achievements of OVCY programmes and interventions

The major achievements acknowledged by study respondents of most OVCY interventions in the SADC Member States have been the development of OVC policies and respective National Action Plans and Youth Policies. However, although increased investment in OVC interventions was evident, review respondents note that projects may be limited in scale and impact. The following achievements were reported:

- OVCY having been put on the agenda at country and regional levels
- Improved social and economic benefits for OVCY and communities through government grants
- Improved welfare of households through economic empowerment
- Increased levels of nutrition for OVC
- Provision of psychosocial support and supporting caregivers to care for children
- Sharing of skills, resources and expertise on different OVC issues
- Increased focus on paediatric ART
- Increased support for OVC education (keeping children in school)
- Life skills programmes and HIV and AIDS programmes for HIV prevention
- Cooperation among different youth organisations in Southern Africa has increased with recognition of youth as key stakeholders
- Life skills training is improving
- An increased focus on adolescent sexual and reproductive health; and
- The recognition of the importance of involving youth in programme and decision making processes.

Challenges faced by OVCY programmes and interventions

According to the study respondents, OVCY interventions have faced a wide array of challenges as listed below:

- Lack of nationally agreed sets of minimum support standards that can be used by practitioners against which to benchmark their support
- Lack of up-to-date data which could inform policy creation, implementation and evaluation. For example, no information was available on the geographic distribution of OVCY-although there is anecdotal evidence that suggests that children in certain localities are disproportionately affected by certain types of vulnerability. Population data is also limited and not always sufficiently disaggregated.
- Insufficient funding and support where initiatives are only provided to children and youth without taking into account the family members they stay with; hence resources allocated to OVCY may be unfairly and/or ineffectively shared among family members

- Donor driven programmes predominate
- Limited scale interventions, despite the growing number of OVCY with vulnerabilities
- Lack of data and fragmented databases of OVCY at national levels
- Limited M&E, documentation and reporting on interventions
- The private sector's reluctance to get involved in resolving or ameliorating the social issues detrimentally affecting their workers
- There are few programmes that respond adequately to youth issues
- Limited funding for youth development programmes and, where these exist, they are not accessible to the most vulnerable youth
- Slow ratification of international instruments to deal with youth issues, and
- Lack of guidelines and policies to guide youth programming and development.

Lessons learnt in implementing OVCY programmes and interventions

The review respondents highlighted the following as the key lessons learnt:

- Poverty should be addressed in all OVCY interventions
- The challenges affecting youth are both economic and social and policies must reflect youth's multi-dimensional vulnerabilities
- Quality OVCY programmes are strong in design and planning, targeting, community participation, gender integration, financial management, implementation, monitoring and evaluation, child and youth participation, networking and partnerships, referral systems, advocacy, risk management and programme handover
- Harmonization of operational definitions for orphans and other vulnerable children and youth is key for regional integration OVCY response initiatives
- Development of minimum standards is the key to comprehensive OVCY support and development in the SADC region, and
- Grandparents/old carers are playing an important role in caring for OVCY.

5. Key Conclusions

The review respondents consistently stressed that vulnerable children and youth in the SADC region are faced with situations of un-met developmental and growth needs. High infant and child morbidity and mortality, sexual exploitation, disinheritance, unaccompanied and unrecorded migrant status, lack of birth registration, lack of educational opportunities, living outside family care, starvation and malnourishment, children, stigma and discrimination because they are living with HIV, and living with no adult guidance, are the consequences of this.

The study found there are several forms of vulnerability facing OVCY in the SADC region. Child and youth vulnerability must be viewed in the context of poverty. The situation of orphans needs to be considered in this context as it is the main reason for communities not assisting vulnerable children. In the majority of the region's communities:

- live children and youth with disabilities
- are child and youth headed households
- we find children or youth living with HIV, including those living with parents, who have prolonged illnesses
- are children and youth who have experienced war or natural disasters
- exists child labour
- we find early marriages
- is a prevalence of elderly headed households
- we find orphan-hood
- is deep gender discrimination, and
- substance abuse among children and youth, and unemployed youth is widespread.

Vulnerable children and youth's vulnerabilities are being addressed by various policies and legislation prevalent in the SADC region. However, the issues are scattered between and within different policies. International Conventions that have been adopted by SADC Member States have not always been ratified, such as the African Youth Charter and the International Labour Organization Convention Against all Worst Forms of Child Labour. The national adoption of these policies is still outstanding. Respondents stressed a perceived a gap between policy development and effective implementation of the policies addressing OVCY vulnerabilities at Member States level.

There has been a wide range of strategies and programmes that seek to support and develop vulnerable children and youth. Programmes and projects are the most common approaches used to deliver support to OVCY in the SADC region. However, the implementation and impact of such interventions has been limited. There are many reasons for this. But poor quality OVCY support and development strategies was a frequently cited cause. OVCY strategies and programmes emphasise beneficiary targeting, networking, gender integration and meaningful involvement of people living with HIV, and these approaches can and should be built on. OYVC policies and practices were seen to be weak in creating effective child and youth participation, advocacy, partnerships, rights based programming, life cycle approaches, exit strategies and monitoring and evaluation. SADC Member States are weak on data collection, processing and

dissemination, and on implementing monitoring and evaluation systems, A strong example of a situation needing to be rectified is the lack of up to date vital metrics on the nature, and incidence of OVCY vulnerabilities.

The review also found that the harmonization of operational definitions for orphans, vulnerable children and youth among SADC Member States is still incomplete. This is also still a need for the establishment of minimum standards for comprehensive OVCY programming in all SADC Member States. Member States with such standards cannot encourage on implementing partners to adopt a minimum standards approach since there are no enforcing SADC instruments to that effect.

Recommendations

Policy Recommendations

- Review, develop and harmonise policies and legislation with a view to reducing deprivation and vulnerability and enhancing care and support for OVCY, their families and caregivers
- Advocate for the domestication, implementation of policies that enhance OVCY support and care such as the African Youth Charter, and
- Develop a comprehensive policy or regulatory framework to guide or hold service providers accountable for the implementation of minimum standards for comprehensive OVCY support and care.

Strategic Recommendations

- Adopt evidence based care and support approaches for vulnerable children that address identified vulnerabilities
- OVCY strategies and programmes should focus on supporting vulnerabilities facing OVCY rather than be needs-based
- Strengthen the capacities of Member States to plan, develop and implement comprehensive and effective OVCY programmes to reduce vulnerabilities and enhance care and support in all sectors
- Strengthen Member States capacity in establishing data systems and the effective and efficient monitoring and evaluation of OVCY interventions, and
- Develop minimum standards for comprehensive OVCY care and support at both regional and Member State levels.

Policy Intervention Recommendations

- Harmonize operational definitions of orphans, vulnerable children and youths among SADC Member States, and
- Design a regional capacity building programme aimed at enhancing skills and expertise on managing service delivery through projects and programmes.

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