



Social Protection Discussion Paper Series

Orphans and Other Vulnerable Children: What Role for Social Protection?

Editor: Anthony Levine

October 2001

Social Protection Unit
Human Development Network
The World Bank

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Orphans and Other Vulnerable Children: What role for social protection?

*Proceedings of a World Bank/World Vision conference, June 6-7, 2001
Washington, D.C.*

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Acknowledgement:

The value of workshops often goes uncaptured and unshared by all those who could not be physically present for them. In this case Anthony Levine captured the essence of the discussion for dissemination. The workshop was overseen by Margaret Grosh, Steve Commins and Kalanidhi Subbarao from the World Bank and Heather Macleod and Joe Muwonge from World Vision. Katya Gutierrez, Francine Pagsibigan and Manorama Rani handled logistics. Thanks are due to the workshop presenters and participants for their time. Eduardo Doryan, then Vice President for the Human Development Network of the World Bank provided funding for it.

Foreword

The HIV/AIDS epidemic has registered its deadly impact, not only in the spread of the disease itself, with growing illness and death in many countries, but also on the lives of families and communities across the world. In particular, in parts of sub-Saharan Africa, the percentage of children who have lost one or both parents is as high as 20 percent and predicted to be over 20 percent in eleven countries by 2010. Consequently, as children face increased vulnerability, the response to HIV/AIDS moves increasingly into a long term, challenge of poverty reduction, human development and social protection.

Although there needs to be further research on the impact on children who become orphans, studies show that it affects their education and health outcomes. As they grow older, they are also vulnerable to sexual abuse and possible HIV infection.. These risks and other vulnerabilities are also likely to harm their future livelihoods as well. There are no short cuts or quick solutions. A sustained commitment to protecting and improving the lives of these children needs to link local actions with those at the national and global level, so that new interventions can achieve the widest-possible impact. .

Recognizing the growing numbers of orphans worldwide needing help, the World Bank organized a workshop with partner agencies that brought together practitioners and researchers to share experience and information. The workshop on Orphans and Vulnerable Children, Washington DC, June 6-7, 2001, brought together many partners for sharing experience and learning from practitioners. It was strengthened by the presence of community organizations and NGOs with programmatic experience in a number of African countries. It also benefited from the planning input and participation from other donor agencies.

Participants at the workshop emphasized the importance of addressing both the immediate and long term needs of orphans and vulnerable children, and the unprecedented challenges of caring for a generation of children who will be raised without parents. Slow or weak responses to the problem, or denying the imperative for a comprehensive approach, will put at risk other development efforts in heavily affected countries---countries that already have low levels of income in most cases.

What we have learned already is that in many cases, traditional mechanisms for assisting these children have been overwhelmed by the scale and scope of the problems. Communities have coped with children who have lost their parents in past generations, but the expanding scale of the problem and the weakening of community mechanisms and the undermining of social capital make external intervention essential. The workshop showed that many agencies are responding with a range of interventions, but as yet there is no clear model of a national intervention strategy to effectively tackle the problem. The combined responses of different agencies need to pay attention to innovation, advocacy and difficult policy trade offs.

Innovations are needed because the nature of the problem is unprecedented. Past approaches are not adequate to present or projected needs. Agencies need to be able to take risks in determining which programs or actions are most appropriate, and in what context different types of approaches make sense. One factor that has hampered the design of responses is that there is as yet relatively little firm evidence regarding the magnitude of the

problem. There are many estimates of the number of AIDS orphans or children in communities heavily affected by AIDS, but much remains to be done in developing the evidence of impact.

Difficult choices are at the center of the work of governments, donor agencies and community organizations that are addressing poverty, risk and vulnerability. The workshop identified some of the difficult choices that need to be made. In addition, the issue of how much to provide the targeting of assistance to orphans as opposed to communities or vulnerable groups remains a question. Beyond immediate interventions and targeting, there is a larger and difficult question of how to balance actions that specifically target orphans or other vulnerable children, and those focused on broader human development and poverty reduction issues in affected countries---most are low income burdened by other manifestations of poverty as well.

The proceedings from the conference answer some of the questions and issues that were identified during the different sessions. They do enrich our common understanding of the tasks required, provide a stronger foundation for shared efforts, and give direction for further work that promotes and protects the well being of vulnerable children and their future livelihoods.

Mamphela Ramphela
Managing Director

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Executive Summary

Unprecedented Crisis

A recent study estimated that 34.7 million children are orphans in 34 countries with high rates of HIV/AIDS. In Uganda, orphans constitute 20 percent of children younger than 15, in Malawi, 16 percent. Even if HIV infection rates level off now, the number of orphans in these countries will reach 44.2 million by 2010 and continue to climb until 2030.

The relentless growth in the size of the population of orphans and vulnerable children has precipitated a multifaceted care burden that too will grow for the next 20 years. Children whose parents die work more, attend school less, fall sick more often, and suffer higher tendencies toward social pathology. Caring for these orphans increases the vulnerability of the families and communities that take them in, reduces household income and food security, stretches social services, and undermines community cohesion. The damage to these orphans' children, who will grow up without grandparents, is as yet undocumented.

This report records the proceedings of the conference *Orphans and Other Vulnerable Children: What Role for Social Protection?* which took place in Washington, DC in June 2001. Co-sponsored by the World Bank and World Vision, the two-day conference sought to promote awareness of the extent of this crisis, to provide practitioners with a forum to share best practices and other insights, and to probe the role of social protection in implementing a balanced response.

Social protection framework

The social protection framework for working with orphans and vulnerable children shaped the conference agenda. This framework helps to explain household behavior and dynamics by assessing how exposure to risk initiates and perpetuates cycles of poverty. The framework provides insight into appropriate interventions for high-risk groups, and helps planners account for who will likely need assistance in the future. **Provision of appropriate risk management instruments is crucial for lasting poverty reduction, while programs to reduce the vulnerability of orphans and other children should play an integral role in any national development strategy in the context of the HIV/AIDS pandemic.**

Community-based interventions

Building community capacity will constitute the centerpiece of any feasible response. Interventions detailed in this report—such as a World Vision program to promote informal fostering in Uganda, the Malawi Social Action Fund's orphans sub-projects, a Plan International initiative to assist communities prepare succession plans, Save the Children's community-based COPE program in Malawi, and the Ark Foundation's income generation training programs in East Africa—all point to the potential of community-led response.

Despite their potential, and in many cases their necessity, community-based approaches should not be romanticized. Impoverished and devastated by the care burden of AIDS deaths and other social upheavals, many communities cannot adequately protect orphans and other vulnerable children. Ensuring that resources channeled to communities reach their intended targets represents a further hurdle.

Scaling up

Whatever form they take, programs must spread and scale up to address the vast, and growing, need. According to one conference participant, who characterized current interventions as equivalent to trying to extinguish a house fire with a glass of water, all current programs combined service only 1 million of the estimated 30 million orphans in Sub-Saharan Africa. While small-scale, community-based approaches can be more efficient and easier to administer, scaling up these projects sufficiently requires widespread collaboration, including government participation, and careful assessments of standards, outcomes and evaluation mechanisms.

Targeting

Considering the resource constraints under which all affected governments and agencies operate, interventions must target vulnerable groups effectively. Too narrow targeting can precipitate harmful stigmatization of program recipients and fracture communities and households. Too broad targeting can diffuse impact. Community targeting approaches, in which communities identify vulnerable children and choose program beneficiaries, can reduce stigma and enhance sustainability, though they can also introduce bias and leakage. In all forms, targeted interventions unleash often-unintended behavior changes as households respond to the incentives they create. Predicting these responses, and ameliorating their negative impacts, is an important task for policy planners.

Research gaps

To predict household response to interventions, or simply to quantify the costs and benefits of scaled-up programs, will require fundamental improvements in the availability and analysis of data on orphans and vulnerable children. Researchers must deepen their understanding of the household-level economic and long-term psycho-social impacts of orphanhood and of the impacts on households of fostering orphans. Building more rigorous frameworks to assimilate existing knowledge in related areas, such as the condition of children living in conflict, will also support responses to the orphan crisis.

National-level response

Social safety-net provision constitutes one component of a balanced national response that also includes support for basic social services such as healthcare and early childhood development. An effective national response will also involve policy reform, bureaucratic, cooperation and other manifestations of political will.

Principles to guide programming

For communities, donors, implementing agencies and governments, a coordinated and coherent response is imperative. The draft *Principles to Guide Programming for Orphans and Other Children Affected by HIV/AIDS* represents a multilateral attempt to channel the efforts of various sectors. The concluding section of this report outlines the conference discussion of the *Principles*. Participants supported their basic utility, but recognized a need to operationalize their recommendations and to enhance their consideration of the unique circumstances of adolescents.

Workshop Sessions

Framing the Issue

In the opening session, **Eduardo Doryan**, World Bank Vice President for Human Development, opened the conference by urging participants to consider both the human and economic dimensions of the lives of orphans and vulnerable children and the communities in which they live. **Susan Hunter**, the co-author of the seminal study *Children on the Brink*, followed with a presentation of the magnitudes and impacts of the crisis. Finally, World Bank economist **Kalanidhi Subbarao** described the social risk management framework and its power to promote understanding of the social dynamics of orphans and vulnerable children and feasible interventions to protect them.

Welcome

Eduardo Doryan, World Bank Vice President (Human Development)

The issue of orphans and vulnerable children in the context of the AIDS pandemic is not an emerging issue, but an emergency issue. The international community has not necessarily done all it should to deal with this crisis that is not only about human development and national economic development, but also about people and an extended emergency.

Human development—The human part of this event is evoked in the poem, “Where the mind is without fear,” by Rabindranath Tagore that highlights the need for resolute action to overcome crisis. The global community must awake to the human suffering and social dislocation that the AIDS crisis in general, and the condition of orphans and other vulnerable children in particular, is wreaking on many countries.

Economic development—The breakup of families and communities has taken a toll on national economies. If, as Amartya Sen has argued, development is about expanding human freedom, then the legacy of AIDS, that has left millions of children orphaned and vulnerable, is also an integral economic development issue. AIDS has left orphans and vulnerable children unable to partake in both the direct and indirect benefits of development.

Conference’s importance—The conference constitutes a process of interchange and experience, an opportunity to learn together and to take stock of what we know and how we should move forward. The diverse gathering of people from NGOs, academia and development agencies represents a vast pool of knowledge.

Magnitudes and Impacts

Susan Hunter, co-author, *Children on the Brink*

Magnitudes

In the 34 countries with high rates of HIV/AIDS included in the 2000 update to USAID’s *Children on the Brink* (1997) study, 34.7 million children are orphans. Almost 90 percent of

these children live in Sub-Saharan Africa. In Uganda, orphans already constitute 20 percent of all children younger than 15. Even if HIV infection rates level off now, the number of orphans in these countries will reach 44.2 million by 2010 and continue to climb until 2030. The number of orphans in South Africa will triple from 1.2 million to 3.6 million between 2000-2010. Whereas AIDS caused 16 percent of adult mortality leading to orphaning in 1990, by 2010, AIDS will cause 68 percent of adult mortality

Maternal orphans are those children under the age of 15 whose mothers have died, paternal orphans those children whose fathers have died, and double orphans, those children without either living parent. The figures for the *Children on the Brink* study estimate the extent of all three types of orphans.

Impacts

Impacts on orphans—Often burdened with the responsibility of caring for siblings or sick relatives, many orphans face increased responsibility to provide income for their family.

Orphans enter the labor force and drop out of school earlier than non-orphans. Orphan mortality and illness rates are also higher. They are also more likely to suffer abuse and neglect.

Even if HIV infection rates level off now, the number of orphans will continue to climb until 2030

Other sources of vulnerability for children and households—

Taking in an orphan tends to increase household poverty and food insecurity, as the fostering family must share its resources more widely, increasing the vulnerability of all children. Children also suffer from weakened caregivers, increased societal pathologies associated with a high rate of HIV and AIDS, and adverse environmental conditions. Finally, children face the threat of

reduced social services and safety nets.

Responses

By children—Orphans and other vulnerable children are adapting to their circumstances by assuming many of the responsibilities commonly associated with adulthood. Children earn income and support siblings and other vulnerable children in other ways, care for sick relatives, and join orphan committees to organize their response.

By families—Families shift children to reduce the disparate impact of orphaning and work harder to produce enough to support greater dependency ratios. Families are also changing their internal hierarchies and roles, granting children more power to participate in family decisions.

By communities—Communities are pooling labor and resources and targeting their assistance on the most vulnerable, initiating income generating projects, forming orphans committees, counseling guardians, and protecting widows' and orphans' rights. Young people in communities are also working together to create new coping and livelihood strategies.

By governments—Many governments have also responded to this crisis, incorporating components on protecting vulnerable children into their comprehensive national AIDS strategies. They are creating national orphan policies, reviewing and codifying laws, expanding social services, tightening sexual abuse laws and changing adoption and fostering laws. They are also enhancing public awareness and providing public education.

Appropriate interventions

The appropriate intervention by multilateral and bilateral donors, development agencies, NGOs, governments and others, will include three broad areas: strengthening the capacity of families, communities and children to respond, pressuring governments to protect the most vulnerable children, and creating an enabling environment for affected children and families.

Strengthen family capacity—Interventions should assist families to build livelihood security and concurrently reduce demands on labor. Strengthening fostering, improving accessibility of basic services, protecting women and children and enhancing fostering services are also important general areas for action. Such interventions should respond to the psycho-social needs of children.

Mobilize strong community-based responses—Interventions in this area should strengthen livelihood capacities, promote labor sharing, support community-based relief and promote community support for education and training. As with family-level interventions, attention to psycho-social needs is also important at the community level.

Strengthen children's capacity to meet their own needs—Programs to assist children should actively involve the children in planning and implementing solutions. All vulnerable children can benefit from interventions that protect them from exploitation and abuse, secure their education and address their psycho-social needs. Child-headed households and other children in highly vulnerable situations also demand special attention.

The appropriate intervention will strengthen community capacity, pressure governments and create an enabling environment

Ensure that governments protect the vulnerable and provide services—Revision of national policy generally, and of social welfare policy specifically, should aim to ensure that governments have the capacity to protect the most vulnerable and to provide essential services. Governments should also account for programs to protect orphans and vulnerable children in their national planning and budgeting systems. The response from government should also be coordinated with donors, the private sector, and the international community.

Create an enabling environment for affected children and families—Interventions should seek to enhance collaboration and coordination, and strengthen the capacity of all stakeholders to build strategies. Programs should also aim to reduce stigma and discrimination and to integrate children's services into on-going initiatives. Finally, an enabling environment must include sufficient resources to meet the crisis.

Orphan issues in the social risk management framework

Kalanidhi Subbarao, World Bank, Lead Safety Net Specialist (Africa)

Social Risk Management (SRM) framework

The social risk management framework helps to explain household behavior and dynamics by assessing how exposure to risk initiates and perpetuates cycles of poverty. Provision of appropriate risk management instruments is crucial for lasting poverty reduction and carries multi-sectoral benefits. The framework provides insight into appropriate interventions for high-risk groups, and helps planners account for who will likely need assistance in the future.

Vulnerability compounds poverty—Risks and vulnerability can impact all groups, though impacts of vulnerability vary by age, gender, and rural/urban location. The poor are the most vulnerable members of society, suffering multiple exposures to risk and holding the fewest resources to manage risk.

Risks—Household risks in Africa include individual risks such as illness, AIDS, being orphaned, widowhood and old age. Systemic, community-wide risks include macro-economic and labor market shocks, conflicts, seasonal commodity price fluctuations and sudden changes in policy regimes. In many countries, the high incidence of HIV/AIDS renders the disease a systemic risk.

Reducing the vulnerability of orphans and other children must be a crucial component of any national strategy in the context of HIV/AIDS

Orphans and vulnerable children in the SRM framework

Regional risk assessments show that orphans and other children in extremely difficult circumstances are among the fastest growing and most visible high-risk group. The burden that their sheer numbers will place on social services represents a serious cost. The economic costs of being a vulnerable child play out through reduced education, health and nutrition. The alienation and stigmatization of orphans and the reduced labor-force participation of their caregivers also constitute stark social costs. For all these reasons, reducing the vulnerability of orphans and other children must be a crucial component of any national development strategy in the context of the HIV/AIDS pandemic.

Investing in orphans—The social risk management framework provides a guide for targeting investments to reduce the vulnerability of orphans and other affected children. Examples from the field include child maintenance grants and inheritance reform in Mozambique, early childhood development programs in Kenya and Uganda, the social pension for the elderly in South Africa (which positively impacts expenditures on children), fostering grants to communities in Eritrea and school fee waivers for double orphans in Burundi.

Issues in response—Scaling up such interventions is a key consideration in mitigating the risk faced by orphans and other vulnerable children. Other important considerations include targeting and cost effectiveness, balancing the roles of community and public action and developing evidence on which programs work. Understanding the potential political problems and possible adverse incentive responses is also crucial to improve the response.

Discussion

The discussion that followed this introductory session foreshadowed many of the topics that ensuing sessions examined during the rest of the conference. A World Bank consultant began the discussion by requesting more detailed information about available data on the physical and mental health of orphans. Explaining that researchers have not yet collected many of these data, Hunter decried the general dearth of quantitative and qualitative research, a theme later picked up in the session on Research Gaps. Hunter argued that political will, not resources, is the major constraint limiting further research.

Another discussion topic examined the relevance of distinguishing between orphans and other vulnerable children. A participant from the World Bank urged the conference to consider the vulnerability of all children in Sub-Saharan Africa, rather than narrowly focusing on orphans. Health risks, and especially the risk of early death, are the most important considerations, he said. Subbarao explained that orphans between the ages of seven and 14 constitute both the highest-risk group among all children and the largest number of orphans and therefore represent the logical group on which to focus.

Finally, another World Bank participant initiated discussion about the need to expand the framework for analyzing the issue, arguing that understanding AIDS and vulnerability requires an examination of macro-level causes, such as the proliferation of arms and unfair trading regimes, and the complicity of the West in perpetuating harmful practices. He also expressed surprise at the lack of analysis of the gender dimension of the problem. Subbarao explained that the lack of serious evidence on gender and other macro issues does not signify lack of interest, only the difficulty of collecting and analyzing such data rigorously. Understanding links of causality and disparate impacts requires both more resources and human capital to undertake research, he said.

Emerging Experience and Lessons from Interventions

World Bank Lead Specialist **Christopher Walker** chaired the first session on emerging experience aiming to provide examples of possible models and insights from the field. **Dr. Matthew Lukoda** opened the session by describing Plan International's program to support succession planning in Uganda. **Assefaw Tekeste Ghebrekidan**, former Eritrean Secretary of Social Affairs then reviewed the experience of the Eritrean government in caring for thousands of orphans through reunification and small-scale foster homes. World Bank Mental Health Specialist **Florence Baingana** followed with an outline of findings of a survey of the psycho-social needs of children in Uganda and insights from a newly-launched orphan program in Burundi. Finally, **Heather MacLeod**, the International Child Protection Coordinator for World Vision, described the conditions that spur the placement of children in institutional care and its potential dangers.

Following a lively discussion, World Bank Director **Birger Frederiksen** chaired a second session on emerging experience. **Christene Kamwendo** from the Malawi Social Action Fund explained the operational principles and relevant insights from the social fund's outreach campaign to vulnerable communities. **Joe Muwonge** then outlined World Vision's program to support informal fostering in Uganda. **Namposya Serpell** followed by detailing Save the Children's COPE model that seeks to support community capacity in Malawi. Adding direct insight into community-level response, **Rhoi Wangile** described the income generation and training projects her organization, the Ark Foundation, runs in Uganda, Tanzania and Kenya. Finally, World Bank Senior Economist Trina Haque provided an overview of the importance of social investment in early childhood development, especially in the education and health sectors.

Succession Planning

Noah Lukoda, Assistant Health Advisor, PLAN International (UK)

Children of AIDS sufferers face many problems before their parents' death. This fact, coupled with the projected magnitude of HIV/AIDS incidence and the need to empower affected communities to address AIDS' impact themselves, demands a proactive approach to assisting affected children. Succession planning constitutes one such approach that Plan International has successfully piloted in three Ugandan villages.

The model seeks to address the six drivers of AIDS proliferation—poverty, silence, gender inequality, low condom use, poor health infrastructure and cultural practices—while reaching all children affected by AIDS, those who are born infected, those with parents with AIDS, and the children of foster parents. Succession planning fosters community resilience and strengthens the care and coping capacity of communities and families by working with parents, stand-by guardians and children, to enhance the capacity of parents with AIDS to make meaningful plans for their children's future. The succession planning model builds on the concept of continuum of care, reaching all relevant community groups, families and individuals through outreach workers and trained volunteers. The methodology promotes awareness and decreases stigma by encouraging discussions about HIV/AIDS, death and sickness in the community, amongst couples and between parents and children. In the pilot phase, the intervention cost US\$150 per family per year.

The family preservation component of the intervention includes the following processes:

- **Conduct baseline assessment**—program implementers identify people living with AIDS with children, orphans and other vulnerable children.

- **Write memory books**—parents relate their family heritage and discuss issues of mortality and sexuality with their children.
- **Train parents in will preparation**—legal aid representatives assist parents to appoint legal guardians for their children and describe their relevant rights.
- **Assist appointed guardians**—even before the children join their families, appointed guardians receive rights training and economic and legal support.
- **Provide psycho-social counseling**—trained communities volunteers continuously interact with families to discuss thorny issues and provide hope.
- **Convene post-test clubs**—post-test clubs convene for all people who have taken HIV tests to provide peer counseling and support and to promote information and education (IEC).
- **Organize vocational training**—older children and orphans receive vocational training and access to credit.
- **Promote gender sensitization**—gender sensitization promoted throughout community and life-education skills provided for girls.

In the pilot phase, the intervention has successfully enhanced the ability of communities to manage the transition of children when they become orphans and has appeared to prolong relationships between people living with AIDS and their children. One unanticipated complication is that approximately seven percent of designated guardians were HIV positive themselves, demanding an adjustment in the focus of the guardian training. The disbursement of grants, rather than loans, has also resulted in some leakage in cases where grants became available before the institutionalization of the program.

*Succession planning
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and families*

Eritrean Orphans: Personal Experience

Assefaw Tekeste Ghebrekidan, Dean of the Faculty of Health Sciences, University of Asmara

Upon independence in 1993, following a devastating 30-year war, the government of Eritrea had to devise a plan to deal with the war's legacy of 50-80,000 orphans. Historically, extended family networks had fostered orphaned children, avoiding the need for formal institutions to deal with orphans. Largely run by foreign missionaries, the few orphanages in Asmara could not accommodate an influx of children. Embracing a nationalist political agenda, the government sought an indigenous solution. To devise its orphans policy, the government held informal information gathering meetings with religious leaders, elders, the retired minister of social affairs and elderly soldiers.

Reunification with biological family

The new policy focused on reuniting orphans with biological family members and gradually closing orphanages. The initial government grant of 250 Nakfa/family for fostering families created chaos, and in many cases did not enhance expenditure on the orphaned child. Following the failure of the cash incentive policy, the government replaced the grant with

preferential provision of income-generating mechanisms to families who fostered orphaned children. The reunification policy resulted in the placement of 14,000 children with family members.

Problems with reunification

The reunification policy encountered several difficulties. Among the difficulties, the population of unidentified children who could not be traced to family proved larger than expected, and many children older than seven years old resisted relocation to rural areas.

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spirit of collaboration*

Creation of small-scale foster homes

To accommodate those children who could not find secure placement with biological family, the government created a network of small-scale foster homes in which seven to 10 children lived with two house mothers. Largely located in urban areas, these houses proved cost effective, affording the house mothers a relatively desirable lower-middle class lifestyle and providing children with an oftentimes more desirable housing option.

Socially advantageous

In a study of 270 children, including those from two such foster homes, two US academics have found the children raised in these foster homes had significantly fewer negative behavioral traits than those raised either in orphanages or with biological relatives. Furthermore, the children raised in the foster homes exhibited many positive traits even when compared with home-reared children.

Lessons from the Eritrean experience

The Eritrean experience with accommodating its post-war orphans points to the importance of devising indigenous solutions. The Eritreans themselves identified the problem, set priorities and implemented the program with strict supervision and monitoring mechanisms. International agencies should learn from this example the importance of deferring to local expertise in defining and understanding the problem and working in the spirit of collaboration, not insistence.

Psycho-social Needs of Orphans and Other Vulnerable Children

Florence Baingana, World Bank, Mental Health Specialist (HNP)

The fundamental task in dealing with this crisis is to define who are vulnerable children. These can be orphans (both single and double-parent), unaccompanied children, members of child-headed households, children with disabilities, refugee children, internally displaced children, children in extremely poor households, children infected/affected by HIV/AIDS and street children. Two programs, in Northern Uganda and in Burundi, offer valuable insights into the issues and demands of organizing an appropriate response.

Lessons from NUPSNA

The Northern Uganda Psycho-Social Needs Assessment (NUPSNA), carried out in 1998, found unexpectedly widespread and chronic psycho-social problems after decades of civil unrest, famine, and AIDS. Pervasive insecurity about physical well-being, provision of basic needs, abductions, lack of social services and displacement manifested in various psycho-social ramifications. These included sleeping problems, depression, anger, alcoholism and drug use, early sexual activity, increased school dropouts rates, domestic violence, suicide, criminality, rape, teenage pregnancy and family breakdown. Between 10 and 30 percent of the population experienced psycho-social trauma, while between 80 and 100 percent of the population suffer from sleeplessness, anxiety, flashbacks or excessive fear.

Interventions

The NUPSNA findings lead to clear principles for interventions to address conditions of pervasive psycho-social distress. The principles suggest that interventions should be community-based and participatory, build on existing structures and be administered with respect for cultural values and traditions. While care by specialists, such as psychologists or social workers, will form a necessary component of interventions, widely-targeted programs and community-wide interventions will form their core, reaching the bulk of affected people.

Interventions should be community-based and participatory, building on existing structures and administered with respect for cultural values and traditions

Specifically, the NUPSNA model proposes that interventions should take the following path. First, an assessment should be undertaken to define the problem and to elucidate the target population. In defining the criteria for inclusion and exclusion from programs, planners should focus on ensuring widespread coverage, rather than on preventing leakage. The intervention strategy and plan of action should be developed in collaboration with key stakeholders. Standardized training and monitoring and evaluation is also key to program success.

Lessons from Burundi

A Save the Children and UNAIDS project to provide support services to orphans and vulnerable children has provided valuable lessons about formulating and implementing similar interventions. The Burundi project involves tracing for family connections, providing transition housing, developing long-term institutions and facilitating resettlement into families and communities. In addition, the program encourages children to stay in school by reducing school expenses and training teachers. In terms of health, the program enhances basic health services and trains nurses in counseling skills. A skills component provides vocational and post-skills training while the program also provides income-generation assistance. Finally, the intervention includes psycho-social support, a resettlement kit and follow-up.

Challenges

The intervention has faced many conceptual and programmatic challenges. Program implementers have struggled to define psycho-social support and to determine who best provides it, while wrestling with similar questions about counseling. Determining the role for strengthening capacity of children to head their own families has also proven complicated. Programmatic challenges have included:

Finding orphans—One challenge in the Burundi experience has been to locate vulnerable children and orphans. Because many relatives exploit orphaned children, they are often not forthcoming about the orphaned children they are fostering.

Ensuring that program support reaches the intended recipients is difficult

Targeting support—Ensuring that program support reaches the intended recipients is also difficult. The program has had to consider the relative merits of providing support to children directly or to their host families, and of providing support to the vulnerable children exclusively or to all the children in their households.

Developing long-term institutions—Program implementers have considered the viability of long-term institutions. Though often derided, these institutions provide a much easier option for settling children living with AIDS because their families are less likely to take them up.

Possible role for World Bank

Considering the experience of post-stress, psycho-social interventions in Uganda and the Burundi project with vulnerable children, the World Bank role in supporting vulnerable children and orphans elsewhere could include support for:

- Tracing of orphans and other unaccompanied children
- Resettlement in families/communities
- Standardized training of counselors
- Training of CORPS, teachers and health workers in counseling skills
- General health and education programs
- Income generation assistance
- Strengthening of co-ordination capacity of lead agency/government sector

Residential Care

Heather MacLeod, International Child Protection Coordinator, World Vision

The appropriateness of residential care—accommodating vulnerable children and orphans in institutions removed from the community—is a contentious issue. Despite the vehemence with which many oppose residential care, understanding its current role and impact is important to devise efficient and effective plans for dealing with vulnerable children and orphans in the future.

Currently, an estimated 13 percent of orphans are cared for in institutions that include “orphanages,” children’s villages/homes, short-term care centers, homes for street children and family group homes. For many children, residential care is an option of last resort. Much debate focuses on defining when other options have been exhausted.

Why are children placed in residential care?

Nearly all children in institutions have family who abandoned their children. These families use the institutions as a survival strategy, responding to both “push” and “pull” factors. Responding to “push” factors, such as the need to cope with poverty, familial stress and intra-familial abuse, families often anticipate that the children will return to the family after a short-term stay. The predominant “pull” factor is the relatively high level of material support the institutions promise, including better healthcare, food, educational and housing conditions.

Nearly all children in institutions have family who abandoned them, using the institution as a strategy to cope with poverty or violence

From the perspective of governments and donors, institutions offer discrete opportunities to provide social services to vulnerable children. Finally, the institutions also create employment opportunities, and with them a constituency of employees with a vested interest in their perpetuation.

Why is residential care the least desirable option for orphan care?

Despite the apparent benefit of relatively better living conditions, residential care carries invisible and long-term detrimental costs to children. Poor planning often exacerbates these problems.

Child development—Children in residential care often lose their connections to their families, clans and friends. This alienation, coupled with inadequate and inconsistent attention to developmental needs, especially of small children, leads to stunting of social and intellectual development.

Integration into the community—As residential care facilities are usually established in urban centers or isolated rural locations, they typically prevent connection between children and their clans. The stigma associated with residence in such a facility, and the separation of the child from the community, also hinders reintegration of children when they leave.

Care and protection—The placement of children in residential care facilities removes the community from its role as the monitor of the quality of childcare. Governments often inadequately fulfill this monitoring function, while the lack of a tradition of social work and child care centers in many countries may facilitate child abuse in residential care institutions.

Sustainability—While the ongoing cost of residential care varies considerably, such care can cost between USD\$500-800 per child per year. Despite the relative expense of this option, both governments and donors who fund such facilities often resist efforts to pursue other options with these resources.

Principles for residential care

Responses to orphans and vulnerable children should focus on addressing the causes of poverty and abandonment. While short-term residential care is a necessary option, residential care should not replace community care, but should complement it. Governments, NGOs and donors should follow the following principles when considering residential care :

Design features—Residential care facilities should be located in communities and strive to replicate the local communities’ levels of physical support and family structures, including the mingling of children from different age groups. They should focus on securing the best

interests of the child and recognize children's rights to survival and development, and to participation in decisions. They should also promote contact with community and family members.

Government's role—The government should provide clearly defined laws and social policy related to children that promotes community care first, requires adequate care in existing residential institutions, and monitors such institutions to ensure their compliance with these minimum standards. The government must also allocate adequate resources to relevant departments.

Expanding residential care capacity in countries with high levels of poverty can promote an increase in child abandonment

NGO and donor community's role—While strongly supporting community care, NGOs and donors should remain engaged in discussions around the protection of highly vulnerable children in institutions. They should promote the inclusion of these centers as a small feature of broader community-based responses and encourage and research innovative alternatives such as day care and family group homes. Finally, they should support government efforts to develop and monitor child rights in communities and residential care facilities and advocate for government funding for this purpose.

Discussion

Appropriate role of residential care

The discussion following this session focused on residential care, exemplifying the contentious nature of this debate. John Williamson, the co-author of the *Children on the Brink* study, explained that residential care will not be a feasible solution for the growing number of children orphaned by AIDS. He further cautioned that expanding residential care capacity in countries with high levels of poverty can promote an increase in children abandoned to these facilities, as families use the new facilities to cope with poverty.

In response to questions about the cost of residential care, and their political appeal, MacLeod explained that plans to close residential care facilities should include adequate skills training of institution staff and their involvement in follow-up and tracing to secure their support for the closure of residential care facilities. While she reiterated her support for community-based options, MacLeod cautioned against romanticizing community care. Baingana supported MacLeod's caution, adding that zealous promotion of community-based care can leave communities and families over-burdened, lacking support to provide the right environment for children. Creating incentives for families to take in orphans can also lead to the commercialization of children.

Gender and cost implications of orphan policy

In response to a question about the gender-based understanding of extended family, Assefaw explained that the Eritrean reintegration policy focused on reuniting children with relatives from their *maternal* extended family. He also expanded on his description of the motivation for the Eritrean policy, explaining that cost implications prevented the construction of large-scale residential care facilities, inspiring the government to rely instead on group homes run by illiterate women.

Community Mobilization: Experiences and Lessons Learned of the Malawi Social Action Fund (MASAF)

Christine Kamwendo, Director of Sponsored Sub-Projects, MASAF

Sixteen percent of Malawi's 4.9 million children are orphans

Of Malawi's 9.8 million people, half are children, defined as people younger than 18 years old. Of these children, 16 percent are orphans. The general population is extremely poor and suffers from widespread food insecurity, while the 86 percent of the population who live in the rural areas lack access to many social services including pre-schools.

Malawi Social Action Fund vulnerable groups component

The Malawi Social Action Fund (MASAF) formed with World Bank financing in 1995 to promote demand-driven micro-investments. MASAF works through community-based organizations to provide financial grants and technical assistance to communities to undertake their chosen investments. MASAF also supports networking activities among community-based NGOs and other key actors to promote policy advocacy and national-level program coordination. Service interventions typically cost between US\$500-6,000 while infrastructure investments range from US\$8,000-20,000.

After an assessment revealed the exclusion of vulnerable groups from MASAF benefits, the Fund enhanced its outreach efforts and launched a branch to invest in vulnerable groups exclusively. This vulnerable groups component seeks to improve the Fund's capacity to engage with the poorest of the poor and more marginalized communities. For this reason its experiences are relevant to developing an understanding of effective programs to reach orphans and vulnerable children. .

Eligibility criteria—Eligibility for subproject sponsorship includes an organization's track record, legal status, community ties and the soundness of its management structure. While some argue that these criteria are too stringent, the communities developed the criteria themselves.

Sub-project criteria—The vulnerable group component of MASAF will sponsor those projects that directly benefit marginalized groups, that include capacity building and that provide useful and desired outcomes.

Monitoring and evaluation—Constituting five percent of project costs, monitoring and evaluation is a shared responsibility of MASAF staff, local government, local communities and the sponsoring agent.

Examples of orphans interventions

Skills training—A service intervention provided skills training to older orphans. The program linked the orphans with local artisans and facilitated their transition to independent production. The program served 1,230 orphans at a cost of US\$6,000.

Construction—Other projects have created applicable infrastructure. These include skills training centers, orphanages, multi-purpose halls and rehabilitation centers. Construction

costs include procurement of basic materials and equipment for on-going usage. One project built and staffed pre-schools in rural villages, that, among other benefits, ensure orphans with two meals each day.

Effective responses to orphans must constitute an integrated approach, including joint service and infrastructure projects

Lessons learned

Necessity of integrated and innovative approach—Effective responses to orphans must constitute an integrated approach, including joint service and infrastructure projects. The innovation.

Capacity-building needs—Most sponsoring agencies, predominately welfare-type NGOs and CBOs, lack the capacity to report on and manage the financial aspects of programs. Community-driven interventions such as the MASAF program must include capacity building for the grassroots implementing partners.

Benefit of community-based approaches—Community-based approaches to protecting children are cost effective. Undertaking interventions, such as training programs, through community collaboration decreases their cost.

Difficulty of reaching rural areas—Including residents of rural areas in project benefits is difficult. Outreach campaigns, through radio and the church for example, are necessary to ensure widespread program coverage.

Strengthening Informal Fostering: World Vision's Experience in Uganda

Joe Muwonge, Senior policy advisor, World Vision

Orphans constitute 19.7 percent of the under-15 year old population in Uganda, where AIDS has increased orphan rates and child vulnerability for more than a decade. World Vision's 10-year old program to provide protection for children through informal fostering offers many valuable strategies and lessons.

A 1991 survey showed that the primary caregivers to orphaned children were extended family, including the elderly, the sick, people with disabilities and children. Most of the orphaned children lived in conditions of material deprivation and extreme anxiety, many having been orphaned more than once. In all cases, female, younger and ill children were the most vulnerable. The families that take in orphans experience additional food and cash burdens that they often cannot afford.

Informal fostering

Government's initial attempts to deal with the orphan crisis in the late 1980s through institutionalization met widespread resistance both from communities who rejected the culturally foreign concept and from government administrators who feared supply-driven demand. Instead, extended families have taken up the burden of coping with orphans.

Government and UN agencies cannot accommodate the increasing orphan population that already totals near 2 million children, and have thus turned to NGOs and religious groups to assist in outreach. Given these conditions, World Vision's program supports the community's capacity to undertake this informal fostering role. The program seeks to keep siblings together in a safe family environment with care from extended family, neighbors or trained community volunteers.

Strategies for supporting informal fostering—The informal fostering support intervention focuses on understanding the dynamics that enable communities to care for orphans. The program works with community members to identify families that can take in children and to understand their needs. World Vision then partners with local NGOs and other groups to access resources and to mobilize community support. The program also conducts training sessions to destigmatize AIDS orphans and to build community support.

Interventions—For the orphans, the program provides health and HIV/AIDS education and links to psycho-social support and pastoral counseling. An educational, vocational, and micro-enterprise development component seeks to ensure the children's future livelihood. The program also offers assistance to families caring for young orphans and people living with AIDS, including medical and home-based support, housing construction and repair and tuition and other educational support.

Lessons learned

Child-focus—Interventions should focus on children, who bear the greatest brunt of the HIV/AIDS pandemic. These interventions should integrate orphan/child welfare into the overall community development strategy.

Education burden—The communities' primary concern is the educational burden that fostering imposes. Programs should therefore subsidize the payment of school fees and provision of school equipment.

Micro-loans to HIV-positive parents—Giving small loans to HIV-positive parents is a cost-effective mechanisms for enhancing child welfare as many of the parents focus intently on providing for their children during their curtailed lifespan. Involving parents while they can provide and plan for their children is crucial.

Presence in community—The presence of program administrators within a devastated community is crucial to identify and assist the most marginalized and desperate people.

Child-headed households—Child-headed households tend to be the most vulnerable of all family structures in which orphans live. They also tend to constitute the children of migrants without extended ties in the community.

Coordination—An effective response must involve multi-sectoral programming for multi-level benefits. Networking and coordination is also essential both to prevent double dipping and to facilitate advocacy.

Uganda's attempts to deal with the orphan crisis in the late 1980s through institutionalization met widespread resistance

Children in a World of AIDS: The COPE Model of Community Mobilization

Namposya Serpell, Save the Children

The communities' primary concern is the educational burden that fostering imposes

Children are the base of the iceberg of the HIV/AIDS pandemic. According to UNICEF, for every child affected by war and natural disasters in the world, there are seven children affected and/or orphaned by AIDS. Research into the social and economic impact of AIDS in Zambia has found that orphans and vulnerable children face a myriad of problems including educational discontinuity, compromised nutritional status and discrimination. Caring for dying parents imposes both a physical and emotional burden on many children who are further damaged emotionally by sibling dispersal.

In this context, community mobilization offers a crucial component to the mitigation and coping strategy. Community-based approaches are sustainable, channel support to caregivers, mobilize community investment and enhance access to social services.

COPE Program in Malawi

One such community-based approach has been piloted by Save the Children (US) in Malawi since 1995 with funding from USAID. Known as the COPE (Community-based Options for Protection and Empowerment of HIV/AIDS affected families and children) program, the intervention focuses on mobilizing sustainable community mitigation activities by strengthening the capacity of communities and government at all levels.

Activities—The COPE program trains community members to administer outreach and other components. Prevention and mitigation activities include home-based care, the identification and monitoring of orphans and vulnerable children, income-generating activities to improve food security, HIV/AIDS education and policy development. The program also provides support for elderly caregivers.

Advantages—By utilizing existing government structures and leveraging community support, the program costs only US\$0.15 per participant/year. The focus on community participation empowers communities, ensures sustainable interventions that target the most vulnerable and builds on partnerships with NGOs, government and religious groups.

Challenges—Sustaining long-term volunteer enthusiasm is difficult. Basic food insecurity is also a pressing concern in most communities. Health and nutritional shortfalls experienced by many people living with HIV/AIDS, orphans and other vulnerable children undermine the program's success. The extensive poverty that marks many communities also limits their ability to take advantage of income-generating activities.

Replicability—The COPE program is easily adaptable to different cultural settings and community conditions. The current pilot will be extended from four to 10 communities, through the provision of technical assistance to other implementing organizations. The program can stand-alone or be integrated into national HIV/AIDS strategies.

Areas for further research—A baseline survey of children and a better understanding of the nutritional management considerations for orphans, vulnerable children and people living with HIV/AIDS is necessary. Considering its centrality as a concern, more research should also be conducted into the food insecurity of people living with HIV/AIDS, orphans and other vulnerable children. A better understanding of the general interaction between poverty and HIV/AIDS incidence would also be helpful. Finally, more research is needed into monitoring and evaluating mitigation activities.

Community-based approaches are sustainable, channel support to caregivers, mobilize community investment and enhance access to social services

Income Generation for Fostering Families

Rhoi Wangile, Director and Founder, Ark Foundation

The Ark Foundation of Africa has established programs in Kenya, Tanzania and Uganda to create income generating activities for AIDS orphans and children of parents dying of AIDS. The intervention aims to invest in human capital by providing children with the training and initial support to create viable long-term production opportunities. Program clients are the primary wage earners for younger siblings, and in some cases younger siblings and sick parents.

Features of project

Train for production—The heart of the project is the “training for production” component which develops the children’s ability to produce marketable products. Concurrent life-skills classes, in subjects such as English and accounting, complement the skills training. The program also provides start-up capital and technical support, but aims to enable participants to become fully self-sufficient in their enterprises within three to five years.

Features of program—The program stresses community participation, from the assessment phase through implementation, drawing its volunteers and management staff from within communities and requiring a community co-contribution. Projects are easily replicable and seek to build on the knowledge of participants, local artisans, and other community members.

Outcomes—The program participants exhibit immediate gains in self-esteem, while improvements in health and nutrition extend to their families as well. Younger dependents especially receive better care.

Obstacles—Resource constraints limit the number of children the project can reach. (currently totaling 600 in Tanzania). The inability of many teenage children to take on financial responsibility poses another obstacle, as they often do not spend their income to support their dependents or to invest in their businesses.

Human Development Interventions for Vulnerable Children

Trina Haque, World Bank, Senior Economist

Human development interventions can constitute an effective and efficient mechanism with which to prevent poverty traps. Targeted on vulnerable children widely, these interventions

are usually multi-sectoral and broad. By focusing on the major risks that children face at different stages of their development, these interventions can most effectively protect children and promote their health development.

Major Sources of Risk for Children		
Early Childhood	School Age	Adolescence/Youth
Poor nutrition		
Death		
Injury, abuse and neglect		Early pregnancy
Stunted cognitive development	Low human capital development	Drug use/abuse
		Violence

Two sets of human development interventions—providing household subsidies linked to

educational outcomes of children and administering programs to improve early childhood development—have proven effective in various settings.

Promoting school attendance

Increasing school attendance constitutes a valuable human capital investment. Interventions can address demand or supply-side constraints. Considering other structural issues, such as the opportunity cost of child labor, program coverage, targeting and collaboration between sectors and agencies is also crucial.

Demand side—Some programs seek to address low school attendance and early dropout rates by providing demand-side incentives to keep children in school. These include subsidies to abolish school fees (Malawi, Uganda, Bangladesh) and targeted school fee waivers (Zambia, Indonesia and Bangladesh). One example, the Zimbabwe BEAM program costs US\$1m/term. Providing the guardians of children with cash grants tied to their child's continued school attendance has also proven effective in increasing school attendance and in targeting resources to vulnerable groups (such as girls in the Mexican Progressa program which gives larger grants for girl school attendance).

Supply side—Supply side considerations are also important and may thwart household subsidy efforts. Providing enough teachers to meet student demand, especially in rural areas, is a major supply-side challenge.

Early Childhood Development (ECD)

Young children can benefit more than other age groups from many health and development interventions as they are more responsive during their early formative years. Early childhood development interventions can be free-standing or can form part of more general health or education programs. Many of the best programs are multi-sectoral and community-driven, drawing on indigenous knowledge.

An early childhood development program can include growth monitoring, integrated management of childhood illnesses (IMCI), the provision of pre-school learning materials/training, training of community caregivers, award of innovation grants and

disbursal of Vitamin A and iron supplements. The average annual cost per child ranges from US\$30 in Africa to US\$300 in Latin America and the Caribbean. These investments can result in large returns as evidence in Nepal and Brazil, among other countries. In two African examples, a Ugandan nutrition projects costs US\$6/child/year, while Kenya has established 23,000 early childhood development centers at a cost of US\$20/child/year.

The extent of current interventions is equivalent to trying to extinguish a house fire with a glass of water

FRESH experience—A multi-agency program (World Bank, WHO and UNICEF) launched in April 2000, the Focus Resources on Effective School Health initiative, seeks to address the interaction between poor health and poor school results. Targeted to girls, the poor and the vulnerable, the program supports school hygiene, nutrition and HIV/AIDS prevention. A sourcebook for educators is also currently under preparation.

Discussion

Community-based approach

Participants agreed that both for the long-term psycho-social and physical benefits, and for the infeasibility of other approaches, caring for orphans in communities is the best strategy. One participant pointed to the cost-effectiveness of community-based care, while Kamwendo highlighted the community's capacity to recognize and act on its needs.

Going to scale

Many participants identified the need to “go to scale”—to increase by many times the number of people programs can serve. Serpell pointed out that all current projects could reach only 1 million of the 30 million children projected to need assistance. The extent of current interventions is equivalent to trying to extinguish a burning house fire with a glass of water, she said. Both Haque and Muwonge pointed out that going to scale will require collaboration with governments, while one participant from USAID exhorted others to “get serious about the costs” of scaling up interventions. Haque also highlighted the need to monitor and evaluate pilot programs in preparation for their mass proliferation.

Political will

As indicated in the discussion on scaling up programs, participants agreed that governments in affected countries can play an integral role in interventions to support orphans and vulnerable children. However, two participants involved in grassroots efforts in Africa lamented the lack of credibility and accountability of African governments. Programs must be able to circumvent government obstinacy to reach communities directly, they argued.

Education

A participant from Save the Children pointed out that while demand-side interventions to encourage families to send children to school are helpful, staffing school with adequate numbers of teachers is difficult for many countries in which teachers suffer from high rates of HIV infection and AIDS. This supply-side ramification of the AIDS epidemic is increasingly constraining the ability of governments to provide educational opportunities.

The international community must complement community-based efforts, by sharing knowledge, financing and networking capacities

Food and nutrition security

In a discussion on the food insecurity and nutritional intake of orphans and vulnerable children, panel participants pointed to the unique needs of vulnerable children and to various schemes to assist communities. Muwonge explained that many children who head households lack the basic knowledge of nutrition to ensure the healthy development of their younger siblings or themselves. Training on nutrition, as well as agricultural extension services, is a necessary component of many interventions. More generally, Serpell observed that technical assistance often fails to help sick and vulnerable people because many of them suffer and die from starvation before they can reap the rewards of any training. In response to this problem of food insecurity, Kamwendo explained that the Malawi Social Action Fund had found communities creating communal gardens to assist vulnerable families.

Heritage and culture

A World Bank participant argued that finding solutions to current problems requires an examination of the past, and the promotion of appropriate and historically-grounded cultural practices. In response, Baingana noted that glorifying the past can result in a failure to assess critically the destructive nature of some cultural mores.

Tailored response

While acknowledging the benefit of sharing experiences, Wangila urged participants to recognize that the diverse problems orphans and vulnerable children face demand unique solutions. What works in one place may not work in another, due to differences in the nature of the epidemic, or in cultural or political organization, she said.

Working with NGOs

Responding to a participant who had asked why the World Bank does not work with NGOs, Frederiksen explained that the World Bank is, by its charter, a government institution and a bank that lends money to governments. Within this mandate, the World Bank is already working with NGOs and urges governments to encourage NGO development. Historically, governments have opposed the inclusion of NGOs, though this trend is changing. Frederiksen added that one of the conditionalities the World Bank has recently secured in many countries is that some of the programs supported by World Bank loans should be administered by NGOs. Ultimately, the World Bank envisions, in many cases, the private sector delivery of public services through partnerships with NGOs and others.

Summary

Frederiksen summed up the lively session by calling for a greater response to the problem of AIDS orphans and vulnerable children, explaining that the problem will remain paramount for decades. AIDS has already spurred the precipitous decline in the health sector in Africa, a

reality that strategies to protect children must address. All successful programs will have to be conceived and implemented by the affected countries and their communities, he said. The international community has an obligation to complement this community-based effort, by bringing knowledge, financing and networking capacities. International efforts should specifically focus on evaluating pilot program and bringing the successful ones to scale.

Orphans and Vulnerable Children in Targeting and Public Action

Kalanidhi Subbarao, World Bank lead economist, chaired this discussion of the appropriate placement of support for orphans and vulnerable children. Considering the resource constraints and the myriad social consequences of interventions, participants discussed the best approach for developing feasible strategies. **Subbarao** opened the session with an overview of the basic mechanisms for targeting social service interventions and their various benefits and disadvantages. **Mark Lorey** then described approaches to targeting that leverage community knowledge to identify vulnerable children. **Mike Wessells**, from the Christian Children's Fund, stressed the need to avoid the stigmatization that can arise from disbursing benefits too narrowly and insensitively. Finally, **Matthew Hodge** concluded the session by arguing that targeting health interventions on certain children is inefficient and impractical. Instead, programs to improve the health of orphans and vulnerable children should concentrate on improving basic health service delivery and take up.

Targeting and Program Efficiency Issues

Kalanidhi Subbarao, World Bank Lead Safety Net Specialist (Africa)

Why target?

To meet the challenge of protecting vulnerable children and orphans, programs must be greatly expanded. However, universal coverage of all vulnerable children is not affordable. For example, an intervention to reach Malawi's 3.2 million poor children that costs only US\$0.10/day will consume 5.8 percent of the national GDP.

Circumstances differ in affected countries in respect to administrative capacity, budgetary resources and the nature of the HIV/AIDS epidemic. Targeting approaches should therefore be tailored to specific country conditions. In general, understanding different targeting options, and their advantages and drawbacks, is essential to ensuring the most efficient and effective use of limited resources.

Narrow vs. broad targeting

A major consideration in any targeting scheme is how broadly to target an intervention. This depends on whether the program is more concerned with *excluding* people who do not need the program or with *including* all people who are intended beneficiaries. Regardless of the goals of targeting, administrative costs of targeting should never exceed the savings of excluding ineligible people. More narrowly targeted programs are harder to sustain politically, especially if the recipient group is vulnerable or marginalized.

For orphans and vulnerable children, the targeting scheme must resolve whether an intervention should broadly target *all* vulnerable children, or narrowly seek to reach only double orphans. In some cases, targeting a program too narrowly can lead to horizontal inequality, in which the program unfairly privileges one group. However, if a discrete group (such as mothers living with AIDS) is clearly more vulnerable, and program resources are severely limited, then narrow targeting may be more appropriate.

Targeting methods

Individual assessment—The most expensive form of targeting, individual assessment can take the form of means test, proxy means tests, and nutritional status requirements, among other mechanisms.

Group targeting—A program can be targeted on a group of people who are most vulnerable, such as AIDS-infected women with children or double orphans.

Geographic targeting—Programs can be administered only in those broad regions in which residents are disproportionately poor and vulnerable.

Community targeting—Similar to geographic targeting, community targeting raises greater concerns with horizontal inequality due to the potential of rewarding some communities while denying benefits to others with similar traits.

Self-targeting—By offering to all people only inferior goods disproportionately consumed by the poor, programs can promote self-selection into the program by the most needy.

Who should receive targeted benefit?

Assuming that orphans are the most vulnerable, the question of how to channel support to them remains contentious. Providing the benefit directly to the orphans themselves can create stigma and resentment. For this reason, in a planned World Bank operation in Burundi, it is proposed to give the subsidy to two additional children in a family that is fostering an orphan. In general, most interventions target orphans by channeling support through households. However, to ensure that the household subsidy benefits the orphan, approaches such as in-kind transfers like school subsidies for orphans may be more effective.

*Coverage of all
vulnerable children is
unaffordable.
Understanding targeting
options is essential to
ensure the efficient use of
limited resources*

Community targeting—Allowing communities to select beneficiaries themselves at open community meetings, an approach adopted in Eritrea, reduces abuse and stigma against program recipients. However, this approach may not work in urban settings or if communities are divided along ethnic lines or lack cohesion.

Incentive effects

Understanding how targeting can change behavior, both in beneficial and detrimental ways, is important to predicting the outcomes of an intervention.

Beneficial effect—By offering targeted incentive to households that take in orphans, a program can reduce the cost of fostering and therefore encourage poor families to foster children.

Detrimental effect—Incentives to foster can also lead to the commercialization of children, and their exploitation as additional household labor, especially when incentives involve income generation assistance. Potential abuse can be held in check by regular home visits. An additional potential incentive problem is that any incentive will appear disproportionately more beneficial to relatively poorer households. Such incentives can therefore increase the likelihood that an orphan will be fostered in more vulnerable households rather than in well-off households. Finally, targeted incentives may lead some households to expel orphans they are already fostering in order to take in new ones for whom they can receive the benefit.

Strategic Approach to Targeting Programs

Mark Lorey, Consultant

To address the increasing vulnerability of children in areas with high rates of orphaning due to HIV/AIDS, conflict, and/or other factors, a combination of two approaches is necessary: general investments in social services such as health and education that benefit all children, and targeted interventions intended specifically to benefit orphans and vulnerable children. The appropriate balance should be determined on a country-by-country basis.

For those programs that require targeting, a two-stage approach is most effective. The first stage determines the appropriate geographic areas in which to implement the program. The second stage involves communities within these areas defining and identifying the most vulnerable children.

Community-based targeting is not a one-time action, but a continuing process that recognizes the dynamic nature of vulnerability

Geographic targeting

Situation analysis—The foundation of geographic targeting is to undertake a collaborative analysis of the child vulnerability situation (at a national, regional or local level) involving government, communities, local, national, and international NGOs, faith-based organizations and donors. This form of highly collaborative situation analysis can lay the groundwork for the broad-based cooperation in programming that is essential for responding to the crisis of orphans and vulnerable children at the necessary scale.

Participants in a situation analysis can compile a rough composite index of child vulnerability by assembling a range of existing data, including rates of orphaning, HIV prevalence rates, malnutrition rates, infant mortality rates, immunization rates and primary school enrollment and dropout rates. The situation analysis should also gather evidence on existing responses to the needs of orphans and vulnerable children in the areas under review.

These two sets of data will provide insight into which areas have high levels of vulnerable children who are not being served by current interventions. Programs can be targeted accordingly. Good examples of broadly collaborative situation analysis are those recently undertaken in Zambia and Namibia and one currently underway in Uganda.

Community-based targeting

Once the geographic targeting has been completed, community-based targeting can identify the children within the areas targeted for intervention who are most vulnerable and should receive assistance

Why programs should not only target orphans—Four main considerations argue against targeting programs only on orphans. First, such approaches promote stigma and resentment of orphans. Second, such targeting gives families an incentive to expel or disown their biological children in favor of fostering orphans who can bring income or other benefits. Third, not all orphans are vulnerable and in need of assistance. Finally, many non-orphans are vulnerable. These include “virtual” or “social” orphans shunned by their families, pre-orphans caring for their dying parents, children in households that are fostering orphans and children with disabilities or chronic illness.

Operation of community-based targeting—Community-based targeting is not a one-time action, but a continuing process that recognizes the dynamic nature of vulnerability. Community-based targeting can facilitate long-term community ownership and management of responses to the needs of orphans and vulnerable children in the community. In community-based targeting, communities are themselves responsible for determining standards for assessing child vulnerability, then using these standards on an ongoing basis to identify children who are vulnerable and in need of assistance. The definition and application of standards should be conducted in a fully open and transparent way, typically through community meetings and selection of a community committee responsible for identifying and assisting vulnerable children. Respected community leaders are often involved to enhance legitimacy. Children and adolescents are also frequently involved, as they may have unique understanding of the vulnerabilities of their peers.

Programming agencies should also work with the communities to identify the especially vulnerable children who should benefit. Finally, community-based targeting meetings should occur periodically in recognition of the dynamic nature of vulnerability.

Issues in Targeting Orphans and Vulnerable Children

Mike Wessells, Christian Children's Fund

The major targeting issues are avoiding stigmatization and focusing interventions on addressing specific damaging practices

The major targeting issues are avoiding stigmatization and focusing interventions on addressing specific damaging practices. A key consideration is who defines vulnerability. Donors often drive the agenda, while community-based targeting incurs the potential problems of stigma, denial and the privileging of influential groups.

Rather than targeting interventions based on general indicators, programs should consider each case distinctively and seek to promote multiple-level interventions. After selecting those communities at greatest risk, an integrated community development approach should be undertaken, with assistance to all and additional support for the most vulnerable. General assistance can include community education and dialogue and participatory mapping.

Example from the field—Nyanza Province, Kenya

One program in Kenya's Nyanza province, where HIV prevalence is 30-40 percent and 5,000 AIDS orphans lived in 1998, sought to shore up the overwhelmed community's capacity to respond. The program supported community awareness activities, psycho-social support and youth activities, as well as policy advocacy and food insecurity interventions. These wide-ranging interventions represent the multifaceted response that seeks a balance between prevention and mitigation.

Collaborating with local leaders—Dialogues were held with community leaders—such as traditional chiefs, elders, influential women, youth groups and religious leaders—who collaborated in the mapping of local beliefs, practices and resources. They also identified orphans and other vulnerable children and households.

Community dialogues—Community dialogues were held to discuss issues such as HIV/AIDS awareness, grief, psycho-social stress and support. Community members were also engaged in identifying and planning for the care of vulnerable children.

Policy advocacy—Community members were engaged in identifying damaging laws and policies such as inheritance laws. Dialogues were held with officials and community leaders about potential improvements in these policies and laws.

Food insecurity—A food-insecurity component of the intervention supported community gardens and income generation skills training for adolescent orphans.

Youth mobilization—Youth mobilization is especially important to encourage peer education and to involve youth in the community. Youth mobilization included support for youth groups and encouragement of youth-run outreach such as drama performances, working with the youth as partners in implementation.

In the health services sector, there is little benefit to targeting. General health services improvements can reduce children's vulnerability

Whither Health?

Dr. Matthew Hodge, Department of Child and Adolescent Health, World Health Organization, Geneva

In the health services context, there is little benefit to targeting. The bulk of children either living with HIV/AIDS or vulnerable for other reasons are not different from other children in terms of their health problems and needs. Strengthening health service provision in general is therefore better than ineffective and expensive targeting schemes. Rather than solely focusing on scaling up innovative programs, those concerned with child health should resist the “fetishism of novelty” and concentrate on improving basic health service delivery to all children.

Many determinants of health act outside the health sector—through such factors as employment opportunities or gender relations. Despite this reality, health services improvements can reduce both the insecurity of vulnerable children and the proliferation of AIDS orphans.

Health issues for orphans and other vulnerable children

While improving general health services and combating malnutrition are the most effective interventions for all children, orphans and vulnerable children do face specific problems. These include:

Access to care—Many orphans are cared for by their grandparents who often lack awareness of the health services available to children. While only 10 percent of children in some parts of Africa with curable fatal diseases see a doctor, the rate may be even lower for orphans. “Retooling” grandparents to familiarize them with the medical options available to children is an important task to ensure that children do not lose access to medical care when their parents die.

Care delivery—Many orphans and vulnerable children are marginalized or stigmatized in their communities. This status can result in barriers to access of medical services. In this

context, IMCI (integrated management of childhood illnesses) programs and family/community services should be strengthened to ensure equitable access regardless of family status.

Content of care—Orphans arise when parents die. This blunt reality points to the importance of managing HIV/AIDS in parents as a strategy for reducing the societal burden of orphaning. Modifying community health plans to include the provision of treatment for diarrhea and PCP, nutritional supplementation and HIV testing is likely to be an effective strategy to prolong the lives of people living with HIV and to reduce new infection rates.

Discussion

Exclusion of adolescents

A participant from the World Bank initiated a discussion about the disproportionate focus on young children and the relative disregard for the unique concerns of adolescents among the orphan and vulnerable child population. Hodge pointed out that many international NGOs work with children because children evoke a more compelling emotional response that facilitates fundraising. Wessells added that in the context of HIV/AIDS, working with adolescents requires engaging with controversial subjects such as sex and drug use. Recognizing the unique needs of adolescents is crucial for the delivery of effective programs. As an example, Wessells described one project in Angola which had to recraft its operations and message completely when expanding its program from children to adolescents.

Interventions and policies focus disproportionately on young children, largely disregarding the unique concerns of adolescents

Expanding the agenda

Another participant from the World Bank pointed to the failures in previous health interventions, arguing that the constant drive for innovation and piloting new concepts has undermined long-term health gains. Rather than focusing on children alone, he urged a broader examination of the systemic problems, especially pervasive poverty, that undermine community and family coping capabilities. In response, Wessells concurred that broadening the analytical framework to include global determinants of poverty and insecurity—such as the destructive trade in diamonds and oil—is necessary. Subbarao explained that ultimately countries cannot blame the rest of the world for their problems. While the World Bank recognizes the importance of systemic issues, holding domestic governments accountable and encouraging domestic policy reform is the crucial task, he said.

Criteria for community targeting

A participant from USAID asked for greater clarification on the criteria communities use to identify vulnerable people. Another participant also queried how communities rank vulnerable people. Lorey answered that communities use acute and subtle measures such as whether a person has shoes or soap, how often they eat, or whether they have had to sell productive assets. He further noted that internally-generated criteria of vulnerability are more responsive to community needs. An additional benefit to community targeting, he said, is that community discussions about vulnerable children provide an entry point for broader discussions about peer prevention strategies.

Strengthening the Evidence

This session, chaired by World Bank development economist **Shanta Devarajan**, considered the existing knowledge and research gaps in the field of orphan and vulnerable child care. USAID's **Peter McDermott** opened the session by describing the general dearth of knowledge and research into orphans and children. **Mark Lorey** then outlined various strategic plans and indicators currently being constructed to provide a framework for assessing, evaluating and comparing program impacts. **Sarah Bowsky**, from Family Health International, followed with an in-depth examination, with two examples from the field, of community-based responses and the appropriate role of development agencies, governments and NGOs in assisting these paramount efforts. Finally, **Laelia Gilborn**, a Population Council research associate, detailed the necessary agenda for further research, highlighting the need for formative, operations and impacts research.

What We Do and Don't Know

Peter McDermott, USAID, Principal Advisor, Africa Bureau Office of Sustainable Development

AIDS is the most studied pandemic from a medical standpoint, but we are largely ignorant of its effects on children. While we know enough to act now, we need to know more to increase our effectiveness and to move beyond the untested assumptions that currently drive analysis of how to protect orphans and vulnerable children. Specifically, we need to collaborate to improve research and to build local capacity both to undertake research and to implement programs at the community level.

Knowledge gaps

Further research is necessary to provide a better understanding of the appropriate definition of orphans and vulnerability, a more accurate enumeration of the extent of the problem and greater anthropological understanding of the role of the extended family and orphanhood. Economically, a quantitative comprehension of the impact of AIDS on children is also necessary. From a program perspective, while small-scale pilots have been monitored and evaluated, research is needed to understand the implications of moving programs to scale. In general, research that has been undertaken too rarely disaggregated findings by gender and poverty.

“Black hole” of knowledge on children—Very little research has provided insight into the condition of 3-15 year old children living with HIV/AIDS. Data on the progression of the disease during childhood and its impact on child development is necessary to inform the response to vulnerable children and orphans.

Impact on orphans and vulnerable children—Too little research has probed the impacts of vulnerability and orphanhood on children's development and participation in society. Orphans and vulnerable children are more likely to drop out of school, but the effects on their health and medical status is unclear. Practitioners suspect stigma and discrimination against these children, though limited research has not found this manifested in all countries. More research is required into these children's psycho-social damage and the economic impacts and coping mechanisms of households who take in other children.

Applicability of relevant knowledge

Knowledge from other experiences should be more rigorously applied to understanding and acting on the situation of orphans and other vulnerable children. Specifically, a vast literature and experience base addresses children in war zones and displaced children. This knowledge could be useful to understand orphans and other vulnerable children especially after the development of a better understanding of the link between HIV/AIDS and conflict and in conjunction with more comprehensive monitoring and documentation of HIV/AIDS interventions in conflict situations.

Strategies, Principles and Indicators for Programming

Mark Lorey, Consultant

Based on years of experience in many countries, five basic intervention strategies and 12 programming principles have been developed to guide assistance to orphans and vulnerable children in HIV/AIDS-affected areas. These strategies and principles represent the best distillation of evidence about sound practice in orphan and vulnerable children programming that currently exists. USAID has developed three global indicators to collect evidence on the results of its orphans and vulnerable children programs.

The significance and impact of interventions will be determined by how well they assist community responses

Basic intervention strategies

Affected children, families and communities are carrying out the most important responses to the impact of HIV/AIDS. The significance and effectiveness of interventions by governments, NGOs, religious bodies and donors will be determined by how well they support these responses. USAID's report *Children on the Brink 2000* lays out five strategies for assisting AIDS-affected children and families:

- Strengthen the capacity of families to cope with their problems
- Mobilize and strengthen community-based responses
- Strengthen the capacity of children and young people to meet their own needs
- Ensure that governments protect the most vulnerable children and provide essential services
- Create an enabling environment for affected children and families

Principles to guide programming

Working with practitioners and policymakers, UNICEF is facilitating the development of principles to guide programming for orphans and other children affected by HIV/AIDS. Similar to the basic intervention strategies, these principles focus on strengthening the economic and caring capacity of families and communities. The principles call for fostering linkages between HIV/AIDS prevention, home-based care, and support for orphans and vulnerable children. Interventions should also be participatory and pay particular attention to

gender roles, while targeting all vulnerable children, not just orphans. (A full listing and more detailed discussion of the principles can be found in the *Way Forward* section of this report.)

Indicators for USAID orphans and vulnerable children programs

USAID has developed three basic indicators that it will use to collect evidence of the results of its interventions aimed at assisting orphans and other vulnerable children in HIV/AIDS-affected areas. These indicators provide a measure of the reach of USAID-supported efforts to assist orphans and vulnerable children:

- Percent of orphans and other vulnerable children in high prevalence countries to whom community support is provided
- Number of orphans and other vulnerable children receiving care/support
- Number of community initiatives or community organizations receiving support to care for orphans and other vulnerable children

Defining and applying common standards of quality is nearly impossible because of wide variation in contexts and practices

Issues with indicators

Definition of terms—Several of the terms used in these indicators are contentious as they carry different meanings in different contexts and communities. Such confusion raises questions as to who are “orphans,” what constitutes “care/support” for orphans and vulnerable children and “support” for community initiatives/organizations?

Avoiding double-counting—Preventing double-counting will be difficult when calculating the number of orphans and vulnerable children reached. One child may benefit from multiple interventions. Another child may benefit from the same intervention multiple times. Programs will have to develop methods to ensure that they do not inaccurately report beneficiary statistics.

Quality of care and support—Assuring quality care and support for orphans and vulnerable children is essential. However, defining and applying common standards of quality is nearly impossible because of the wide variation in contexts and practices among USAID-funded orphans and vulnerable children programs. In addition, the need to assure high quality of care/support must be balanced against the need to reach very large numbers of children due to the massive dimensions of the crisis.

Orphans, Vulnerable Children and Communities

Sara Bowsky, Family Health International

Centrality of community response

Why search for solutions in the community?—Communities currently care for most orphans and have been doing so for many years. Community-level interventions are, in many cases, the only feasible approach, due to the necessity to muster a long-term response, the magnitude of the problem, and the inability to rely on overwhelmed health and social services infrastructure.

What does working at the community level entail?—The central principle in community intervention is involving relevant community members, especially people living with HIV/AIDS, in mobilization and partnerships. Interventions should provide platforms for community voice in the context of traditional and cultural support. Projects should also improve safety nets and enhance linkages to HIV care and support. Partnerships should integrate modern knowledge of child development and child rights with traditional concepts and practices. Psycho-social support projects especially should draw on community knowledge and expertise, in design and implementation.

What communities need for comprehensive response—Because almost all orphans and other vulnerable children live in communities, the welfare of those communities is the paramount determinant of the welfare of the children. HIV/AIDS therefore affects these children in the same ways it affects other community members. Improving the basic material conditions and economic viability of the community is crucial. Improving community health, through the care of opportunistic infections and HIV/AIDS prevention, can lengthen the time during which adults can care for their children and prepare for their care after the parent's death. Vulnerable children and communities also require non-material or medical support, such as education and especially psycho-social care.

Critical elements of cost-effective strategies—Given the magnitude of the problem, feasible cost-effective strategies must strengthen existing coping mechanisms and emphasize community care. The response should link care and prevention and integrate with other services. Involving children and youth is also important. Projects should take a long-term and comprehensive approach that conceives of orphans and vulnerable children within a continuum of care. To scale up to meet demand, programs should be cost effective and replicable, while planners must concentrate on moving from theory to practice and from service delivery to community mobilization.

Given the problem's magnitude, feasible, cost-effective strategies must strengthen existing coping mechanisms and emphasize community care

Two examples from the field

SCOPE-OVC (Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children), Zambia—Care Zambia and Family Health Trust have launched this project to strengthen household security. The project provides support to district- and community-level orphans and vulnerable children committees, building on the resources of local and community-based organizations such as churches, ministries and the private sector. The program assists in scaling up local programs and provides technical assistance including HIV prevention, succession planning, community mobilization and evaluation.

Siyawela, South Africa—Family Health Trust and HOPE Worldwide work with the Chris Hani-Baragwanath Hospital outside Johannesburg, South Africa to strengthen the referral system to allow continuum of care through a network of support groups. This project undertakes capacity building of management and staff, establishes community childcare support groups and strengthens community networking and mobilization. The program also strengthens psycho-social support and access to and quality of healthcare for orphans, vulnerable children and caregivers.

The Research Agenda

Laelia Gilborn, Population Council research associate

Both *formative* and *operations research* on orphans and vulnerable children is needed. *Formative research* provides a better understanding of the problem itself. *Operations research* serves to improve the responsiveness and effectiveness of programs. Action is the top priority. Given the magnitude of the problem, the only research we can afford must respond better to the needs of orphans and vulnerable children and their families. Research and programs must proceed hand-in-hand.

Formative research: what do we need to understand better?

Researchers have progressed in their understanding of certain aspects of the context of orphans and vulnerable children. Further research remains necessary. Key issues include:

Needs of sub-populations of orphans and vulnerable children—Among orphans and vulnerable children are sub-populations of especially vulnerable children whose circumstances and needs are still poorly understood. These sub-populations include those living in urban areas, unaccompanied children, children who are caregivers, children in child-headed households, HIV-positive children, and both female and male adolescent orphans and vulnerable children. Recognizing that orphans and vulnerable children's needs vary depending on age and sex is also important.

The only research we can afford must respond better to the needs of orphans and vulnerable children. Research and programs must proceed hand-in-hand

Settings outside Africa—Most formative research on children orphaned by HIV/AIDS in developing countries comes from East and Southern Africa. A need exists for a better understanding of the issues and context in other cultural and epidemiological settings and for wider dissemination of program models and lessons learned in other regions, such as South and Southeast Asia..

Coping mechanisms and needs of sub-groups of affected families—A dearth of research exists on the issues faced by and needs of elderly caregivers/guardians, caregivers for HIV-positive children, and urban and migrant families.

Psycho-social issues—Much research on orphans and vulnerable children has focused on economic, educational and physical health issues. More research is needed on the psycho-social ramifications of being affected and orphaned by AIDS and on their implications for intervention.

Circumstances in urban settings—The plight of orphans and vulnerable children living in cities has been under-examined. We need to answer various questions: where do urban orphans and vulnerable children come from? Why are they in urban settings? What kind of family support do they have? How do they survive? What are their needs? Can they be re-integrated into extended families and communities?

Migration—Migration is another under-studied phenomenon. This includes migration by children and families between rural and urban settings and movement by orphans and vulnerable children from household to household.

Reproductive health risks among orphans and vulnerable children—We need to understand better whether and why orphans and vulnerable children might be more vulnerable than their peers to early sexual debut, unwanted pregnancy, reproductive tract infections (RTIs) including HIV/AIDS, sexual violence and transactional sex.

Longitudinal issues—Researchers need better evidence on what happens to orphans and vulnerable children over time, and to the impacts of their childhood circumstances on their own children.

Research and program tools

Better measurement tools are needed for both programmatic and research purposes. For example, while communities have their own ways to identify vulnerable children, standardized tools that enumerate and identify needs of orphans and vulnerable children and their families can save time and assist in program assessment. We need techniques to determine the best use of limited resources and better tools to assess the psycho-social well-being of children and community mobilization to protect orphans and vulnerable children.

On a more practical and logistical level, better strategies to document and share expertise from and especially within regions is also necessary. Expertise can be shared, within regions, among NGOs and others through centers of excellence, exchange visits, consultations, meetings, training programs and various forms of electronic and other dissemination.

Operations research

Operations research can be used to examine interventions with consideration of *impact, cost, sustainability, scale-up-ability* and *impact on prevention*. Operations research can be used to help answer priority programmatic questions. These include: how can children and youth participate in program development? How can programs better respond to AIDS-affected children in their many roles? Similarly how can programs better respond to various needs of adults? How can programs build government will and capacity?

Better strategies to document and share expertise from and especially within regions is also necessary.

Operations research should examine programs linking orphans and vulnerable children and their families to effective economic strengthening and to better nutrition, food security and educational access. Operations research should also refine programs that respond to the gaps in research outlined above.

Guiding principles

In general, the following principles should guide further research:

- Listen to children and communities
- Adopt participatory approaches
- Build capacity for research and implementation
- Foster exchange of knowledge and experience within regions
- Coordinate efforts
- Learn while you act and act while you learn

Discussion

Education

A participant spurred further discussion on the interaction between HIV/AIDS and education by pointing to the difficulty of inspiring children who have seen their parents die to attend school. Caring for dying parents leaves children without ambition and necessary moral centering, he explained. In light of this effect, research must determine which interventions can motivate orphans to invest in their future by attending school and avoiding dangerous behavior. Picking up on the education theme, McDermott asked whether the AIDS pandemic necessitates a reconceptualization of how education is conducted, considering that many school systems cannot replace dying teachers and that schools are currently serving as a vector for HIV transmission. Given these realities research into innovative community-based schooling may be necessary, he said.

What Should a Country's Strategy Be?

The best national strategies will be multifaceted, incorporating social safety net enhancement along with community-capacity support and government reform. This session probed the appropriate balance for a national strategy. World Bank social safety net expert **Margaret Grosh** outlined the theoretical considerations in formulating a balanced response. **Doreen Mulenga** and **Ian MacLeod**, both from UNICEF, then described national programs in Zambia and Mozambique respectively. These national programs incorporate planning for orphans and other vulnerable children as part of broader, integrated HIV/AIDS and health plans and offer useful models for other countries' balanced responses.

What Constitutes a Balanced Response?

Margaret Grosh, World Bank lead economist, safety nets

Examining what constitutes a balanced response presupposes that the best intervention to address the insecurity of orphans and vulnerable children will be multifaceted. Determining the appropriate mix of social safety net expenditure and other programs in this multifaceted response involves a four-step process: evaluate needs; evaluate effectiveness of individual programs; decide on the mix of programs; design an action plan.

Designing a balanced response

Evaluate needs—The first step is to evaluate the need for social safety net interventions. This evaluation includes consideration of sources of risk and vulnerability such as limited nurturance, nutrition, education and community livelihood. The evaluation will also consider which groups are the most affected, the applicability of orphan-specific vs. general interventions and indicators for monitoring progress.

Evaluate the effectiveness of social safety net interventions—Program designers should map vulnerable groups to programs and policies. They should determine the cost-effectiveness of the program. This measure includes: unit cost, sustainability, targeting, administrative cost, unintended effects and other constraints.

International experience offers myriad programs for comparison and possible adaptation. These include public interventions, market-based risk management mechanisms and informal safety nets and transfers. International evidence can provide models for targeting and administrative structure among other program considerations, and comparisons of impact and other implementation concerns.

Program research should also collect quantitative, qualitative and administrative data. Establishing counterfactuals, through control or comparison group analysis, is also useful to determine the program's impact in its specific context.

Determine program mix—The criteria for judging the program mix should be maximizing the programs' impact on child welfare and poverty. Useful proxies include the cost-effectiveness, feasibility of bringing reforms to scale, political viability, institutional feasibility and whether the programs improve the balance among target groups.

Design action plan—Operationalizing the balanced program determined through the three previous steps must consider the costs and timeline for implementation. The designation of a responsible party to oversee and administer the program is also crucial.

Suggestions from Zambia

Doreen Mulenga, UNICEF

The Zambian experience exemplifies how a situation analysis can create the foundation for determining the appropriate actions for the government to coordinate a response. These actions focused around the organizing principle that policies, strategies and interventions should focus on strengthening the extended family, as an entity in itself and as part of the community, so that it can adequately discharge its protection role.

Context

Poverty, debt and disease were the prevailing social conditions under which the response took place. Of Zambia's 10 million people, more than 7 million live below the poverty line. Adult HIV seroprevalence is 20 percent while malaria also causes widespread damage. The government expenditure on basic social services constituted seven percent of total public spending from 1994-1998.

The driving force behind the government's vision is the belief that the family in a community should serve as the primary safety net for children

While the country lacked an integrated national policy on orphans and vulnerable children, 15 percent of children younger than 18 have lost at least one biological parent, with estimates suggesting this figure could exceed 1 million within 15 years. Orphanhood is thought to lead to other kinds of vulnerability including higher school dropout rates, streetism, abuse and child labor.

Situation analysis

Against this backdrop, the government undertook a situation analysis on orphans and vulnerable children in 1999.

Coping mechanisms—This analysis found that communities relied on various coping mechanisms including extended families, NGOs and CBOs and limited use of foster care and institutional care. Faith-based organizations appeared to be under-exploited in their capacity to assist communities protect orphans and vulnerable children.

Government vision—The government's primary vision is to provide communities with resources to allocate to the vulnerable in their midst. The driving force behind this vision is the belief that the family in a community should serve as the primary safety net for children. The government seeks to implement this vision through policy development, resource mobilization, co-ordination and service provision.

Programs—Government interventions include efforts to improve household economic security and to reduce the economic burden on fostering families. Specific interventions include the provision of social support (such as food, blankets and health service subsidies) to people living with AIDS, and subsidies to exempt orphans and vulnerable children from costs such as healthcare fees and school fees and expenses.

UNICEF's Strategic Response in Mozambique

Ian MacLeod, former Mozambique country representative, UNICEF

Programming context

Impact of HIV—The HIV pandemic, and the response to it, were delayed in Mozambique compared to many of its regional neighbors. Only recently have large numbers of people begun to die of AIDS, affording an opportunity to link prevention, care, support and protection and to stop stigma and discrimination before they become endemic. Despite the late start however, 13 percent of 15-49 year olds are HIV-positive, while AIDS has reduced life expectancy by 15 years.

Orphans—Mozambique has long experienced high rates of orphans due to war and maternal mortality. Communities have absorbed almost all these orphans as very few children live in institutions, on the streets, in child-headed households or in formal adoption arrangements. AIDS is placing severe strains on the traditional community responses, however. The orphan population is expected to double in the next 10 years, with 1 million orphans expected by 2005.

Lack of capacity for national social action response—The government lacks the logistical capacity to reach all orphans with a national program. Social action expenditures constitute only 0.7 percent of the budget, while in most cases only one “social action agent” must cover an entire district. Donors are unwilling to invest in weak government structures, especially the Social Action Ministry.

The strategy focused on shoring up the capacity of families and communities to cope despite widespread poverty and lack of economic resources

National strategy

The orphans and vulnerable children strategy, approved in 2000, represented the government's first sectoral-level strategic action plan at the national level on AIDS. Recognizing the centrality of family and community-level support for vulnerable children, the strategy focused on shoring up their capacity to cope despite widespread poverty and lack of household economic resources. The plan focuses on assisting the caregivers of all vulnerable children, not just orphans.

Centrality of community—The plan channels resources to communities to undertake small-scale action. Communities are also left to define vulnerable children and to mobilize and monitor interventions.

Integration—Integration of HIV/AIDS interventions into other sectors is another important component of the plan that, for example, calls on health workers to take a lead role in HIV/AIDS education.

Human rights approach—A human rights approach is paramount to ensure that the plan addresses both the immediate problems and systemic causes of child vulnerability.

UNICEF's role

International organizations such as UNICEF seek to assist and strengthen the capacity of all levels of government, NGOs and the community. Specific initiatives include assistance for legal reform and policy development, staff training, intersectoral planning, information system strengthening and community capacity development. Other interventions aim at

assisting in the expansion of schools to serve as community centers and the enhancement of children's access to essential social services.

Determining the strategic mix—To determine the strategic mix for support, international organizations should tap community knowledge. A community-level situation assessment should consider the ways in which children's rights are violated and identify the roles of various duty bearers, existing capacities, potential resources and resource gaps. Ultimately, programming principles and strategies are only a guide to the ingredients; the recipe must be determined within each context.

Any plan for dealing with orphans and vulnerable children should constitute one component of a more comprehensive national HIV/AIDS strategy

Discussion

Political commitment

Conference participants agreed that political will is an important component of an effective response. But a World Bank participant pointed out that most governments, with a few noticeable exceptions, have not taken the AIDS problem seriously. In the case of the countries discussed in this session, Mozambique and Zambia, MacLeod observed that the resistance of mid-level managers in the government bureaucracy to take on reform can stall even well-directed plans that emanate from central government. Mulenga also described the difficulty of quantifying commitment. In the case of Zambia, each ministry is held

accountable for implementing the HIV/AIDS strategy based on its actual expenditures.

Avoiding bias in community-driven intervention

A participant from Plan International asked panelists to provide clarification on the implementation of community-based interventions. Specifically, he wondered how these strategies define "community" and how they ensure that elites in the community do not capture the resources intended for vulnerable children. Mulenga responded that, in the Zambian program, communities themselves decide who sits on the allocation committees which cannot include potential beneficiaries and their families. Participants also discussed another fundamental issue in community-level targeting—reconciling a rights-based approach which privileges the poorest and most violated against a cost-efficiency perspective that could call for targeting resources on the just-poor who are easier to reach.

Integration of orphan and vulnerable children plan

In response to a question from a participant who observed that a proliferation of national policies can sow confusion and undermine an effective response, the panelists agreed that any plan for dealing with orphans and vulnerable children should constitute one component of a more comprehensive national HIV/AIDS strategy. MacLeod further suggested that the national HIV/AIDS plan should be incorporated in the larger national poverty reduction strategy.

The Way Forward

World Bank Managing Director **Dr. Mamphela Ramphele** began the session by stressing the importance of addressing the needs of orphans and vulnerable children, and the unprecedented challenges of caring for a generation of children who will be raised without parents. Ignoring the problem, or denying the imperative for a global solution will put at risk all other development efforts in heavily affected regions. Following her introduction, conference participants discussed the draft *Principles to Guide Programming for Orphans and Other Children Affected by HIV/AIDS* and discussed the necessary framework to muster a coordinated response.

Presentation of Principles

Mark Connolly, UNICEF, Child Protection Advisor

The draft *Principles to Guide Programming for Orphans and Other Children Affected by HIV/AIDS* is intended to coordinate a strategic response by various sectors and to reflect best practices in a single document. The *Principles* emerged to meet a perceived need for clear principles on programming expressed at the July 2000 international AIDS conference in Durban, South Africa. A series of regional consultations culminated in a meeting in Lusaka in November 2000. The *Principles*, and the accompanying recommendations, will remain open for revision in order to incorporate ongoing consultation on content and new best practices.

Fear of the extent of the problem has blocked strategic thinking on how to cope with AIDS orphans and vulnerable children. The *Principles* attempt to overcome this paralysis by outlining a human rights approach to programming, describing the situation analysis, detailing programming principles and providing a list of recommended program actions. Stressing the primary task of shoring up community capacity to respond, the recommended program delineates appropriate actions at the community, national and global level.

Panelists' Responses

Rhoi Wangile, Ark Foundation

The burden on relatives of orphans and other vulnerable children is overwhelming. The *Principles* do not explore enough the option of lightening this burden by caring for teenage children in boarding schools. In general, the school system and religious groups are both under-utilized resources in the response. Income-generation projects should also play a central role in encouraging hope among communities. Finally, the emphasis on partnership is a welcome aspect of the *Principles*. However, international organizations must fulfill this principle by providing technical assistance as well as financial resources.

Christine Kamwendo, Malawi Social Action Fund

The role of governments is crucial in the response. The political will of governments can manifest itself through budgets, support for programs, and the extent to which the government utilizes its convening powers to promote collaborative programs. In the effort to undertake necessary scaling up, the government can facilitate evaluation of pilot programs and their transformation into widespread interventions. The government must be accountable and conduct its business transparently to fulfill its potential to assist in this effort.

Aurorita Mendoza, UNAIDS

The conference stressed two themes: needs and capabilities. UNAIDS is positioned to assist in the response by motivating coordinated and appropriate responses between multi-sectoral actors. The priority should be to build human capital and to develop processes that promote consensus. To muster the appropriate response will require overcoming the three-pronged stigma that limits the quality of governance, resource allocation and research. Ultimately, the response must be multi-faceted involving prevention, risk reduction and mitigation. Just as when cooking a rice cake a fire must be built both from below and from above, the response must both increase demand and enrich supply for interventions.

Discussion

The Principles should be more sensitive to culturally-based conceptions of who constitutes an orphan and consider the unique needs of adolescents

Community-level intervention

The conference concurred with the *Principles* in sounding a clear call for community-based interventions. An Eritrean participant explained that communities have taken in orphans for many years and proposed that interventions should merely aim to complement and assist these efforts, rather than imposing outside models. Another participant agreed that the traditional structure of fostering by extended families in communities could be modified to address the current crisis.

A World Bank participant described the inherent difficulty in ensuring that money channeled to communities reaches its intended recipients. Since its first AIDS project in 1992, the World Bank has learned about building capacity, but now focuses on the financial pathways that can support a response, she said. These pathways include the community, sectoral ministries and national AIDS councils. Frederiksen noted that these new crops of World Bank projects, implemented through the multi-sectoral MAP process, are too recent to determine how effectively they channeled money to communities. Mendoza agreed that ensuring money reaches communities will require thoughtful planning and innovative bureaucratic instruments. One measure of a government's political will, she said, is its willingness to set up structures to ensure that the money gets down to the communities.

Youth vs. adolescents

A participant from the World Bank critiqued the *Principles* for their focus on younger children, pointing out that the descriptions of the needs and responses of adolescent orphans seems peripheral. Ramphele agreed that the *Principles* should be more sensitive to culturally-based conceptions of who constitutes an orphan. In different languages, she explained, the word "orphan" connotes children of different ages. Connolly welcomed the observation and replied that concern about the lack of consideration for adolescents had not emerged in other consultations about the Principles.

Donor considerations

Another participant from the World Bank urged the drafters to extend the recommendations and relevance of the *Principles* to include donor agencies in order to promote donor discipline. Wangile reaffirmed the need for such discipline by describing the herd mentality

of international NGOs operating in Uganda who flock to regions where they can easily win contracts. A participant from the World Health Organisation noted that, in addition to coordinating efficient national responses, donors should adopt governance structures that enhance their accountability by mimicking corporate administrative design, conceiving of collaborative projects as “joint ventures.” Frederiksen pointed out that the World Bank has shaken up the donor community with its ability to increase its implementation pace for AIDS projects. To improve on these current conditions, Mendoza explained that UNAIDS and the UN Foundation are attempting to educate donors, coordinate donor responses and facilitate collaboration between donors and governments.

Impacts of AIDS and orphans

Various participants cited the importance of quantifying the societal impact of high rates of orphans and vulnerable children. One World Bank official explained that just as rigorous analysis of the long-term macroeconomic impact of HIV/AIDS was necessary for policymakers and international agencies to consider it a pressing development issue, so too must similar analysis quantify the impact of orphaning and child vulnerability. Frederiksen explained that such analysis should focus not only on society-wide impacts, but also on the impacts on distribution and gender relations. AIDS disproportionately impacts vulnerable groups, such as the poorest of the poor and women. While whole societies will suffer life expectancy drops, among members of these vulnerable groups, life expectancies will fall through the floor. The greatest legacy of HIV/AIDS will be exacerbated inequalities within societies, he said.

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Principles too vague

Another World Bank participant, initiated a discussion of the form and content of the *Principles*. She pointed out that unlike other guiding documents, that tend toward the technocratic, these principles focus heavily on how programs should operate rather than on what they should do. Other participants agreed that the document provides more a framework than a set of principles.

Conclusion

Concluding the discussion and conference, Ramphela asserted that the profile of the problem of orphans and vulnerable children must be elevated with governments and with the World Bank and other development agencies. Researchers must also unpack the implications of the sociological impact of this magnitude of children and adolescents growing up without the cushions of older generations. The international community has enormous responsibilities to learn from community actions and scale up responses, she said.

Breakout Session

In small group discussion, participants considered how to improve the current state of research and understanding of the dynamics of the orphans and vulnerable children crisis. They recorded these ideas in short phrases on notecards then organized the various groups' proposal together in thematic groupings under the following headings.

National framework

- Consider the various elements of political will: government attitudes and government structures, mechanisms and policies.
- Examine institutional framework of how national governments are preparing/repared to tackle the problem.
- Develop a better understanding of the impact of migratory labor on HIV transmission and how this mobility of people impacts orphans and vulnerable children.
- Determine to what extent national programs have used the Convention on the Rights of the Child as a framework.
- Discern the impact of culture on transmission, prevention and mitigation of HIV/AIDS.

Community coping mechanisms

- Examine traditional response to orphans and vulnerable children and how cost effectiveness these responses are.
- Inventory the current coping mechanisms of orphans.
- Probe the vicious cycle between orphans and poverty.
- Investigate the scope of sexual and family violence and best practices to curb it
- Discern the gender issues involved in causes and responses.
- Determine the components of an ideal psycho-social service for children.
- Integrate food security concerns into programs and evaluate methods to ensure household food security.
- Develop effective strategies for inducing behavior change.
- Improve documentation of responses at the national and local level.

Evaluation

- Develop vehicles for child participation.
- Determine the most common causes of failure.
- Assess existing models of the boarding school system.
- Publicize the impacts of Early Childhood Development programs in developing countries.
- Link results from children in conflict to HIV/AIDS and early childhood development.

Impact

- Conduct impact evaluation and cost effectiveness studies.
- Determine the consumption impact of AIDS using household data sets.
- Evaluate what has worked in the communities: implementation, coping mechanisms, entry points, capacities/resources.
- Quantify the cost per child for a comprehensive package of interventions.
- Research the impacts due to the unique psycho-social aspects of adolescence.

Relevant Resources and Websites

The following list summarizes resources and websites discussed during a breakout session on tools and sources of information relevant for orphans and vulnerable children programming:

Action for Orphans (Association François-Xavier Bagnoud (AFXB) Special Focus)—(www.orphans.fxb.org). This site contains background information, articles and petitions on AIDS orphan issues. The site is also the platform for the AIDS Orphans Assistance Database, a joint project of AFXB and the World Bank's Early Childhood Development Team. The database is a web-based collection of organizations worldwide—from large international institutions to small community-based initiatives—involved in assisting AIDS-affected children. Any interested organization can enroll.

Christian Children's Fund—(www.christianchildrensfund.org). Features a comprehensive report on the State of Christian Children Fund's Children, based on health, education and poverty indicators; includes AIDS assessment in household surveys.

Malawi Social Action Fund—The World Bank's beneficiary assessment details the Social Fund's operation in its initial phase. MASAF is currently developing their own website.

Save the Children—(<http://www.savethechildren.org/>). This website will soon include a section on children and HIV/AIDS.

Synergy Project—(www.synergyaids.com). A clearinghouse for information on HIV/AIDS prevention and care. The site includes a number of articles and reports on orphan and vulnerable children issues, an indicators guidance document for USAID programs and a handbook prepared for USAID-supported programs to mobilize community care for AIDS-affected children. A full copy of USAID's report *Children on the Brink 2000* is available on the site. The site also provides a link to sign onto the Children Affected By AIDS listserve

UNAIDS—(www.unaids.org). A clearinghouse for global information on HIV/AIDS, this website includes information and resources on the general context of the epidemic and the macro setting in which children are affected and infected. The site also includes a homepage for best practices. An upcoming booklet on psycho-social care will provide best practices in this field, while the website will soon include a portal for use by young people. Beyond orphans, other relevant links include gender and stigma.

United States Surgeon General's AIDS website—(www.surgeongeneral.gov/aids) This site includes links to relevant data and programs in the US campaign against AIDS.

World Bank

Early Childhood Development—(www.worldbank.org/children/) This site includes a portal for young people affected by AIDS and will soon host case studies on caring for children in the context of AIDS, and tools for assessing the situation of young orphans and vulnerable children. The vulnerable children component of the site includes a subsection on HIV/AIDS.

Povertynet—(<http://www.worldbank.org/poverty/>) A comprehensive guide with links to various projects, databases and other resources. Includes sections on safety nets and transfer, best practices, and impact evaluation methodologies. one of six websites

Research paper—Subbarao, Kalanidhi, *et al.* (2001). “Social Protection of Africa’s Orphans and Vulnerable Children.” Africa Region Human Development Working Paper Series. Available from the World Bank, Africa Region, Washington, D.C.

Social protection—(www.worldbank.org/sp) This website includes links to the World Bank’s programs, and other information, on safety nets, disability and social funds among other topics.

World Bank User

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