Social Protection: How Important are the National Plans of Action for Orphans and Vulnerable Children?

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LIST OF ACRONYMS

ARVs	Anti-retroviral
INGO	International non-governmental organisation
NGO	Non-governmental organisation
NPA	National Plan of Action
OVC	Orphans and Vulnerable Children
PRSP	Poverty Reduction Strategy Paper
RAAAP	Rapid Assessment Analysis and Action Planning
SWAP	Sector-wide approach
UNGASS	UN General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
UNAIDS	The Joint United Nations Programme on HIV and AIDS
USAID	United States Agency for International Development
USG	United States Government
WFP	World Food Programme

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BACKGROUND

This briefing paper emerges from a review of 14 national plans of action (NPA), or in the absence of a NPA, outputs from the rapid assessment analysis and action planning (RAAAP) work for orphans and children made vulnerable by HIV/AIDS.[1] The purpose is to analyse the way that issues of social protection are incorporated into these plans and to highlight areas within the plans where social protection activity may be needed to achieve stated outcomes.[2] Annex 3 summarises, country by country, the social protection content of each NPA.

SOCIAL PROTECTION NEEDS FOR OVC

HIV and AIDS have generated a major livelihood crisis for many families in Sub-Saharan Africa. The consequences of the pandemic have been devastating – significantly reduced life expectancy, a dramatic weakening of livelihood systems, and a dramatic increase in poverty and vulnerability for all categories of people, especially children. The number of children affected by HIV/AIDS has escalated, evidenced by increasing numbers of 'single' and 'double' orphans, as well as an increase in the numbers of institutionalised, abandoned and street children. Numbers and estimates vary, but a recent study estimates that of the 48 million orphans in Sub-Saharan Africa (single and double) of any cause in 2005, 12 million (25%) were attributable to AIDS.[3] At the end of 2005 there were an estimated 8.2 million orphans of AIDS in the twenty countries of east and southern Africa, representing 54% of the global total.[4] Within this context and given the prospect that the situation is unlikely to improve significantly in the near future due to the long-incubation period of HIV/AIDS and severely undermined livelihoods, the need for social protection for vulnerable children is urgent.

Social protection is essentially a policy agenda for responding to risk and vulnerability. Social protection is commonly conceived in the narrow 'safety net' sense, as mechanisms for smoothing consumption in response to declining or fluctuating incomes. Under this view the focus of interventions is logically on targeted income or consumption transfers to affected individuals. In keeping with Sabates-Wheeler and Waite (2004) and Devereux and Sabates-Wheeler (2005) we believe that the range of interventions that can contribute to the provision of social protection is much broader than resource transfers, though these are obviously important in cases where vulnerable groups are literally unable to survive on their own resources. Targeted income transfers provide 'economic protection' in response to economic risks and livelihood vulnerability. Other forms of 'social protection' should address distinct problems of 'social vulnerability', not necessarily through resource transfers, but through delivery of social services, facilitating access to social services

[1] Reviews of the NPAs for Cote d'Ivoire and CAR have not been included here as we do not have access to English-language copies.

[2] The review here relies solely on the NPA and RAAAP documents. Is is clear from communications with staff in UNICEF as well as consultants involved in the planning and preparation of the NPAs and RAAAP documentation that many elements of social protection are found in other documents, other sectors as well as in on-going processes in different countries (to differing degrees). A comprehensive overview of the way that each country and government is engaging with the social protection agenda around OVC and HIV/AIDS requires knowledge of these broader initiates, processes and discourses, than that provided in this document.

[3] UNICEF/UNAIDS/USG (2006) Africa's Orphaned and Vulnerable Generations; children affected by AIDS, New York.

[4] UNAIDS (2006) Global Report 2006, Geneva.

and through measures to modify or regulate behaviour towards socially vulnerable groups. We use the following definition of social protection:

> **'**Social protection describes all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised; with the objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups.'[5]

It is useful to elaborate briefly on the mechanisms that deliver social protection under the above definition as we will be reviewing the NPAs with these mechanisms in mind. The categorisation of social protection measures below draws on the work of Guhan (1980). The categories of 'protection' 'preventive' and 'promotive' are used widely in the largely literature and discourse on social protection and correspond to the categories of 'coping', 'mitigating' and 'reducing' as put forward in the World Bank's Social Risk Management Framework.

Protective, safety-net measures provide relief from deprivation. Protective measures include *social assistance* for the 'chronically poor', especially those who are unable to work and earn their livelihood. Social assistance programmes typically include targeted resource transfers – disability benefit, single-parent allowances, carer grants, cash transfers, and 'social pensions' for the elderly poor that are financed publicly – out of the tax base, with donor support, and/or through NGO projects. Other protective measures can be classified as *social services.* These would be for the poor and groups needing special care, including orphanages and reception centres for abandoned children, feeding camps and the abolition of health and education charges (as with Uganda's Universal Primary Education policy) in order to extend access to basic services to the very poor.

Preventive measures seek to avert deprivation. Preventive measures deal directly with poverty alleviation. They include s*ocial insurance* for 'economically vulnerable groups' – people who have fallen or might fall into poverty, and may need support to help them manage their livelihood shocks. Social insurance programmes refer to formalised systems of pensions, health insurance, maternity benefit and unemployment benefits as well as informal types of insurance.

Livelihood-promotion measures aim to enhance real incomes and capabilities, which is achieved through a range of livelihood-enhancing programmes targeted at households and individuals, such as microfinance, school feeding, universal primary education and training programmes.

Transformative measures seek to address concerns of social equity and exclusion, such as collective action for workers' rights, or upholding human rights for minority ethnic groups. *Transformative* interventions include changes to the regulatory framework to protect 'socially vulnerable groups' (e.g. people with disabilities, or victims of domestic violence) against discrimination and abuse, as well as sensitisation campaigns (such as the 'HIV/AIDS Anti-Stigma Campaign', which is discussed later in this paper) to transform public attitudes and behaviour and enhance social equity. These kinds of measures also include counselling programmes.

These categories may overlap, in that some measures could simultaneously 'promote' incomes as well as 'prevent' deprivation. For instance, school feeding aims to prevent hunger but could also have a promotive element if students are able to move out of poverty and vulnerability through access to education. We use these categories as a framework for evaluating the NPAs and RAAAP documentation reviewed for this paper.

[5] Stephen Devereux and Rachel Sabates-Wheeler (2004) 'Transformative Social Protection', *IDS Working Paper,* 232. Brighton: Institute of Development Studies. Sabates-Wheeler, R and M. Waite. 2004, "Migration and Social Protection", **Working Paper Series of the Migration DRC**, Sussex University, Sussex.

A BACKGROUND TO THE POLICY FRAMEWORK

A National Plan of Action (NPA) for Orphans and Vulnerable Children (OVC) is a government strategy document detailing a set of key objectives and the corresponding activities to address the national OVC situation.[6] In general, NPAs share a common format, drawing their key objectives from the 2001 UN Declaration of Commitment on HIV/AIDS, generated at the UN General Assembly Special Session on HIV/AIDS.[7] The plans are therefore oriented towards HIV/AIDS. NPAs are usually designed as a five year matrix, often broken down into one or two-year planning phases. The purpose is to respond comprehensively to OVC issues and to build upon areas which are insufficiently addressed by current OVC-related services. NPAs therefore adopt a multi-sectoral approach. Although each NPA retains its individual characteristics, primarily they cover direct activities targeting OVC; institutional and legal arrangements to protect OVC; activities for the communication and publicity of OVC issues; and monitoring and evaluation of the progress of the NPA. Most of the NPAs have been costed. Financing of the NPAs is an ongoing process and is summarised in a recent review.[8]

NPAs are designed based on the rapid assessment, analysis and action planning (RAAAP) process, initiated in early 2004. The RAAAP is intended to be nationally-owned and it is a response to the 2001 UN Declaration of Commitment on HIV/AIDS and is the result of a collaboration primarily between the national government, UNICEF, WFP, UNAIDS and USAID. It provides a situational analysis of the current response to OVC in the country, based on gathered evidence and consultations with stakeholders at all levels, including local communities, NGOs, INGOs, donors and sometimes children. The RAAAP process is intended for use by all those involved in providing services to OVC. The NPAs include within them either a complete, recommended and costed budget.

While many of the NPAs include a wide range of social protection activities, explicit reference to the term 'social protection' is only made in four of the NPAs (Malawi, Uganda, Tanzania and Rwanda). Except for the Tanzania NPA, which explicitly mentions social protection over 20 times, the others use the term only seven times in total. Simply looking at explicit use of the term 'social protection' does not provide a comprehensive review of how these documents engage with related issues. Therefore in order to get a more informed understanding of how the various NPAs actually incorporate social protection concerns it is necessary to look in-depth at the activities and programmes proposed within the plans. This is the main objective of this paper. The rest of this paper is structured around an evaluation of a variety of explicit and implicit assumptions related to vulnerability and social protection within the NPAs.

WHAT DO THE NPAS SHARE?

From a review of the RAAAP reports and NPAs in general it appears that the level of collaboration between government, NGOs, communities, donors and other service providers has been high and constructive (Swaziland NPA provides a solid example of this collaborative process). While some of the NPAs may appear weak in terms of concretising social protection plans for the future, the process of generating the NPAs has likely drawn attention to the plight of OVC and the urgency for response at all levels and across stakeholders. The majority of the documents take a very comprehensive approach to tackling the OVC issue, that is, they consider all aspects of OVC welfare, from direct assistance to advocacy and media publicity, to legal and policy reforms. Furthermore, in the main, the NPAs place a great deal of emphasis on networking and collaboration between different service providers (the Zimbabwe NPA, an exception, gives more weight to direct assistance to OVC

[6] Also known as National Action Plan, Action Plan, Most Vulnerable Children Action Plan.

[7] 'UNGASS goals' in this context are articles 65-67 of the UN Declaration of Commitment on HIV/AIDS.

[8] See Webb et al. (2006) Supporting and Sustaining National Responses to Children Orphaned and made Vulnerable by HIV and AIDS: Experience from the RAAAP Exercise in Sub-Saharan Africa, *Vulnerable Children and Youth Studies*, 1, 2.

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than networking). To the extent that this reflects a participatory and truly collaborative agenda this will have the positive effect of reducing future overlap of activities and will promote a cohesive and 'joined-up' environment for OVC care.

Broadly speaking the NPAs all share the same seven priority areas: responses to OVC at family level; responses to OVC at the community level; access to services; government policy/legislative reform; advocacy/social mobilisation; monitoring and evaluation and capacity building. Social protection activities are typically addressed in the first three of these areas. Within the NPAs, the focus of direct assistance is at the household and community level and the approach is that OVC are better off in families, rather than in institutions. The government is seen as having a supportive role and therefore the general emphasis is towards self-sufficiency rather than dependence.

Of the social protection content, in general NPAs focus on protective and livelihood-promotion measures. Protection against risk includes activities such as school feeding, provision of health care and school equipment, psychosocial support, counselling and some grants. Promotive measures include various maintenance grants, conditional transfers (such as education bursaries), micro-credit, communal gardening, training of trainers and carers. Preventive measures, such as provision of ARVs, education in relation to ARVs and family planning are outlined in just a few NPAs. Nearly all NPAs include discussion of legislation, anti-discrimination and 'sensitisation campaigns' to alleviate stigma, however it is difficult to know the extent to which these initiatives will translate into an improved situation for OVC, as the budgets for many of these 'transformative' measures are usually very small. There are a number of NPAs that make reference to unconditional cash transfers (Malawi, Mozambique, Namibia, Swaziland and Zambia). While the specifics of how the transfer will be administered and targeted are not detailed, there is space for innovation as there is typically a budget line for these transfers.

VULNERABILITY AND SOCIAL PROTECTION WITHIN THE NPAS

While the NPAs contain little by way of explicit reference to social protection, common assumptions about the nature of vulnerability and the care of vulnerable children run though most of the NPAs and these assumptions underpin the 'social protection' policy response within the plans. While these assumptions may be valid in a number of cases and regions, the lack of empirical grounding and context-specificity presents a danger that social protection responses are not tailored to specific needs. Below we review these general assumptions and draw out the implications they have for social protection. We also highlight how individual NPAs epitomise these assumptions as well as those that reflect exceptions.

The numbers of orphaned and vulnerable children are increasing due primarily to HIV/AIDS and the situation is likely to become worse. This leads to a largely protective social protection agenda for OVC. That is, the implicit assumption that 'OVC' is a permanent and worsening phenomenon, evidenced by the forecasting of the number of OVC in many of the NPAs, cause the focus of activities to be on OVC protection rather than on tackling the causes of the expected growth in OVC together with a long term 'exit' strategy from social protection for OVC. For instance, activities such as psycho-social counselling, maintenance grants, support for carers, campaigns for OVC, feeding programmes, school provisions respond to *ex-post* vulnerabilities. This is probably a very reasonable line to take and the associated activities are certainly important, but in order to include a holistic approach to social protection, more emphasis could also be placed on instituting measures that pre-empt these vulnerabilities, and halt OVC growth. The Zambian NPA provides one of the interesting exceptions here, as it stresses the importance of activities to *prevent* the acceleration of the number of orphans, such as providing ARVs to parents with HIV/AIDS and providing family planning services. Also, Lesotho's NPA, being one of the most comprehensive, emphasises the need to tackle the problem of HIV/AIDS as a long-term remedy to the OVC problem.

Mozambique and Namibia also highlight the ARV provision and access problem.[9] In terms of prevention, ARV provision is perhaps the one issue that a number of the NPAs address, however it is important to highlight that this may not be the best focus for prevention as anecdotal evidence shows that families sell ARVs in order to finance other priorities, such as child schooling or other health concerns. Other evidence from South Africa points to cases where very poor people indicate a willingness to contract HIV as this will allow them to obtain a range of social assistance benefits (Norman and Gillespie <date>). If plans explicitly included activities that tackled the causes of orphanhood and vulnerability for children more directly, such as sex education and provision of ARV treatment, then the forecasts for OVC growth would be much less.

Ministries of social development or departments of social services (or equivalent) are typically the leading government agencies in most of the OVC RAAAP initiative countries. However, there is a problem in trying to evaluate the NPAs in terms of whether they contain a comprehensive approach to social protection. This is because in many countries certain preventive measures, for instance the planning for access to treatment and rolling out of ART, are being catered for under the various National HIV/AIDS Strategic Frameworks and there may also be national coordinated responses under health ministries with support from the Global Fund, pooled funding and health sector wide approaches (SWAPs). Unfortunately, many of the NPAs do not detail the range of ongoing activities within the country and so it if impossible to tell how different organisations, activities, frameworks and plans add up or join up at an aggregate level. Furthermore, social development ministries are often 'weak' ministries with little budget and decision-making capacity. It is very likely that their low profiles as institutions is reflected in that 'NPAs fall short of addressing systematic development of the infrastructure and human resources needed to provide an expanded vision of 'social services''.[10]

Non-state, traditional mechanisms for OVC care are over-stretched and on the point of collapse.

The basic storyline regarding 'collapsing traditional safety nets' (a theme embedded in a range of development initiatives and discourse around HIV/AIDS) is as follows: HIV/AIDS has the greatest impact on 'productive' members of a society by directly undermining their ability to work, thus increasing the number of dependants in a household. This has a dual effect of decreasing household productivity directly (and therefore income) and indirectly, by increasing the caring burden of other household members. It also interrupts the intergenerational transfer of knowledge and skills (e.g. farming skills, health knowledge, exchange of ideas and tools). These effects have knock-on impacts on the rate of asset depletion (in order to fund medical and living expenses), shrinking livelihood opportunities, increasing vulnerability and poverty. As income dries up, savings are run down, assets are liquidated and coping strategies becoming increasingly more irreversible, ultimately leading to family disintegration, assetlessness and destitution. More risky coping mechanisms are then employed, further promoting the likelihood of contracting HIV/AIDS. Clearly, this means that more and more children are likely to be orphaned and these extra orphans imply a further 'care burden' which serves to further exacerbate the above situation. As more and more households are affected by HIV/AIDS and AIDS-related illnesses, the same networks and informal mechanisms that are supposed to help AIDS-affected people are shrinking and those that exist are being stretched at community and nationwide levels.

The above story provides the underlying subtext to many of the NPAs and RAAAP documentation that we reviewed (for instance see annex two that replicates the 'Interaction between HIV/AIDS and coping mechanisms'

[9] Correspondence with a consultant involved in the RAAAP and NPA processes in many of the countries reviewed here indicates that while the importance of ARV treatment may not be explicitly mentioned in many of the documents, many countries are in fact actively involved in discussion and initatives that support and facilicate the use of and access to ARVs.

[10] Quote taken from correspondence with Jane Begala, Senior HIV/AIDS Associate and Development Specialist.

that is presented in the Malawi NPA). While there may be some substance to many of these observed (and/or asserted) relationships between HIV/AIDS and informal 'coping strategies' at household and community levels, we are concerned that these assertions are not nuanced enough or adequately grounded in real evidence. The assumption about collapsing informal social protection systems is usually supported with proxy indicators, such as a rising incidence of street-children and destitute elderly people. But this is unlikely to reflect the intricacies of what is happening on the ground in different contexts. A number of fundamental questions about the social and economic consequences of HIV/AIDS remain under-researched. For instance, how are different traditional mechanisms (domestic care, fostering arrangements, burial societies, lending/borrowing mechanisms, exchange labour, access to land) changing over time? How are livelihood systems adapting, and what are the consequences? Who is made most vulnerable by these adaptations and social changes? What are the most important and urgent roles for social protection in protecting affected people against these negative consequences? Homogenising the OVC situation leads to limited interrogation into social protection programmes that works and those that do not work as well as an inability to prioritise. Further research is needed to address many of the questions posed above.

…….however, OVC live in households and communities that have the potential and are *willing* and ready to care for them. At the same time as promoting a thesis of 'collapsing social protection' another assumption, running explicitly through all the NPAs reviewed, is that OVC are located within households and families. Furthermore, that the community is a reliable support that can be drawn upon and is available for OVC care and support. This is evidenced by the social protection interventions and instruments being promoted and supported within the NPAs. There are many examples of this: Kenya devotes one of its key strategic areas to mobilising and supporting the community response which adopts the approach that OVC can be best supported within a community that has had its own needs met. Therefore the Kenyan NPA includes activities such as providing water and sanitation and establishing community vegetable gardens. Swaziland is providing income support to older carers of OVC and in Rwanda, in order to involve the community in child and family welfare they are training protection networks and other community stakeholders on family mediation, prevention of separation, family conflict resolution and family tracing.

In the majority of cases these communities may be ready and the most appropriate place to care for OVC: this together with the collapsing informal care hypothesis above provide strong support for government and donor action aimed at supporting these types of support mechanisms. However, what may be overlooked in this analysis is the plight of the most vulnerable children. In the majority of NPAs there is a noticeable lack of attention to street children, abandoned children, children that have been institutionalised, child soldiers and other categories of children that are likely to be more vulnerable than those being cared for in a community setting. In this way, the NPAs could be more balanced in the nature of support that they advocate (family and community care of OVC). Within the NPAs, the focus of direct assistance is at the household and community level and the approach is that OVC are better off in families, rather than in institutions. The government is seen as having a supportive role and therefore the general emphasis is towards self-sufficiency rather than dependence. However, if it is true that communities' mechanisms are being overstretched this means that social protection must go beyond support to traditional coping services and community care to supporting other forms of non-state mechanisms, providing alternative ones and recognising the limits of non-state mechanisms. Evidence of increasing numbers of street children not only supports the argument to support traditional forms of care, but also requires a policy response in terms of new forms of care. Emphasis needs to be placed on the range of service provision, from home-based care to community care, to alternative forms and to institutional care. Clearly we would not advocate for increasing the number of OVC in institutional care. However, we do recognise that there are a number of OVC that may need this care, particularly in the short term, and for this

reason some attention must be paid to improving the quality of institutionalised care at the same time as experimenting with innovative forms of fostering. We would suggest that this is a significant oversight of the NPAs with respect to social protection for OVC.

Even within the remit of the NPAs, there is again a lack of empirical and verifiable evidence, which means that we have very little evidence about how social networks and support systems are constructed and maintained in each local context, and how they are 'coping' with the additional case-loads imposed on them by HIV/AIDS. If informal mechanisms for sharing and coping with risk are collapsing under the strain, how best can public action compensate for this decline in private support systems? These issues raise important – and to date largely unasked – questions about the *political economy* of social protection. Furthermore, the linkages between formal and informal social protection are not well understood. Another gap exists in our understanding of the intricate relations between public and private (state and non-state, or formal and informal) provision of social protection. What is the appropriate mix? While mention is often made of the so-called 'crowding out problem' (formal assistance displacing informal assistance, with little overall gain for beneficiaries and a risk of creating dependency on external support), there remains a large knowledge gap concerning the extent and nature of this issue in specific contexts. If a trade-off between the two sets of providers does exist, then the sensible policy question must be: how can we mobilise and support, rather than undermine, these increasingly fragile systems?

All OVC are vulnerable. The Mozambique NPA is exceptional in its attention to definitions of OVC. The NPA clearly defines a vulnerable child and uses a 'life-cycle' approach to design different programmes for the varying needs of OVC of different age groups. Other than this, the difficulties of orphans and vulnerable children are sometimes posed as synonymous with each other and the problems facing them are seen as relatively homogeneous. Throughout all the NPAs little, or no, attention is paid to gender, disability, ethnicity, class and wealth as well as specific indicators of vulnerability. This is surprising given that some of the RAAAP findings did identify differing needs of different OVC groups, and given the amassing evidence on the specific social and psychological needs of child soldiers or of OVC that have endured conflict situations, or of girl-child orphans as opposed to boy-child orphans. Rwanda's NPA makes a point to target groups that are in contact with OVC, such as police and teachers, to sensitise them to OVC rights.

This 'lumping' together of different categories of children may also explain the limited attention to structural vulnerabilities that emerge from and are exacerbated by exclusion, discrimination and stigmatisation. Issues of stigma and discrimination are rarely made explicit within definitions. While many of the NPAs devote substantial text-space to the 'rights' of OVC as enshrined by legal frameworks and facilitated by sensitisation campaigns, there is little explicit reference and programmes focused on empowering the orphans themselves so that they can take proactive steps to access productive assets and claim rights as individuals, regardless of their carers. Some of the NPAs do ensure the involvement of children. This is the case mostly in the southern African NPAs, where children are consulted particularly over legal reform. Swaziland's NPA is unique in its strong emphasis on rights and a rights-based approach to OVC. There is an emphasis on transformative types of social protection realised through various types of promotive activities such as farming equipment for vulnerable households, food production initiatives, but also through 'girl friendly initiatives' and gender training.

It is difficult to see where the transformative measures of social protection appear in the budgets. The reason for this may be because many transformative measures, such as legislative change, anti-discrimination campaigns, regulation and monitoring, are less costly activities than other initiatives such as carer grants, school feeding and cash transfers.

An unstated, yet, seemingly implicit assumption in many of the NPAs and their supporting documents is that the vulnerability associated with being an OVC is related almost entirely related to economic poverty. This

translates also into a notion that households containing OVC are poor households. There are two possible concerns with this association. First, it is a contested issue that OVC households are necessarily poorer than non-OVC households (Seaman and Petty <date>; Devereux et al, 2006)[11]. Second, economic poverty is only one dimension of poverty and perhaps not the most relevant one when considering OVC vulnerabilities. OVC poverty is likely to be related more to abuse, neglect and intra-household inequalities in resource allocation, especially around food and labour demands. To the extent that OVC vulnerabilities are related to intra-household inequalities in resource allocation and labour demands, then targeting social protection interventions to OVC households without dealing with the intra-household constraints to resource sharing, will do little to alleviate OVC vulnerability. (There is a lot of emphasis on psycho-social counselling which of course is necessary however there is little to challenge/investigate the structural vulnerabilities and the factors that perpetuate the vulnerabilities of OVC). [12]

Providing assistance to OVC carers will translate into benefits for OVC. The large emphasis on carers of OVC sidesteps the problem of access to social protection for OVC themselves. In some respects this has positive implications for OVC, for example the provision, in many of the plans, of ARVs to carers of OVC with HIV/AIDS. By not singling out OVC for 'special' protection and incorporating them into more general assistance for the community, this can reduce discrimination against them. On the other hand, if supplementary food programmes are to be provided to the community as a whole, they need to be complemented with anti-stigmatisation efforts to ensure that OVC can access the food. The South African NPA is an example of this. The Namibian NPA explicitly provides food to both OVC and non-vulnerable children so that OVC are not viewed as a separate group in the community. In Lesotho, recognition is made of the problem of transport in accessing free health services and education. A feasibility study is proposed, and budgeted for, of transport to school for OVC. However, it appears that there are no funds earmarked to provide the transport.

In a few NPAs there is a risk that many OVC will fail to be identified as they are targeted through proxy indicators such as 'children cared for by the elderly with pensions'; 'unemployed cases and those living with disabled caregivers.' If these groups are not registered then the OVC will not be identified. Again, the targeting often reflects the notion that all OVC are located within households; there is very little to address those OVC that are not in households.

INSTRUMENTS

New and Innovative social protection instruments

A small number of the NPAs included cash transfers as a social protection instrument. This probably reflects the fact that the growing interest in cash transfers is a very recent phenomenon and was probably not in the forefront of social protection discussions when the NPAs were being drafted. Cash transfers can be conditional (where the conditionality of receipt of the cash may be linked to the pre-condition to send a child to school, or to immunise a child), or unconditional (where transfers of cash are made unconditionally to individuals or households identified as highly vulnerable, or poor). Currently there is an enormous interest from a range of donors in supporting unconditional cash transfer schemes (for some background to this shift in policy and a review of recent evidence see Devereux 2005, p3).

A limited number of the NPAs incorporate both conditional and unconditional cash transfer programmes for OVC/OVC

[11] Seaman and Petty: XXX ; Devereux, S, B. Baulch, A. Phiri and R. Sabates-Wheeler (2006): Vulnerability to Chronic Poverty and Malnutrition in Malawi, A report for DfID Malawi, available from the authors.

[12] Part of the reason of the non-attention on structural change was the underlying philosophy of the RAAAP on initiation as short term (2 year) 'emergency' style plans aiming to scale up what was working. Over time the emphasis has switched to integration of the NPAs into development instruments (such as PRSPs) but this conceptual transition is not reflected in a re-write of the NPAs.

households as part of their social protection strategies. For instance, the Namibia NPA details an extensive system of grants available to OVC households. These include maintenance grants and foster grants. While many of the NPAs do not explicitly incorporate unconditional cash transfer schemes there is space in many of the plans for pursuing these schemes if so desired. For instance, the Malawi NPA claims that grants of social welfare are being provided, initially as a pilot project to six districts by 2006 and scaling up to a nationwide programme by 2009. Direct assistance is to be given to destitute families caring for OVC through a variety of mechanisms. The NPA claims that it will 'develop a system of block grants.' The NPA does not detail this programme or how it will be scaled up, however ongoing activities by UNICEF-Malawi reflect the fact that this idea in the NPA is being followed up in the form of 'operational research that will design the scope of work of piloting an integrated social protection mechanism for OVC in Malawi' (pp 2. TORs). One of the objectives is to establish a cash grant system to empower families caring for OVC to ensure that the basic needs of OVC are met. So while many of the NPAs are non-specific about interventions, a full evaluation of the mainstreaming of social protection within the NPAs requires an understanding of the follow-up activities (this is not something we have access to here).

We would like to sound a note of caution in regard to the potential (or lack thereof) of the NPAs. We are of the opinion that the lack of specificity with regard to implementation and targeting within NPAs has a real danger of leading to inaction whereby the NPAs will remain government documents that fulfil their role in terms of rhetorical policy frameworks, but are not operationalised. Emphasis and attention must be placed on operationalising these plans by linking them up to larger national policy frameworks (such as new social protection strategy documents, PRSPs), sector strategies and donor and NGO initiatives. The Malawi NPA stands out as much more comprehensive than many of the other NPAs.

While most NPAs are not explicit about the introduction of specific social protection instruments, including cash transfers, this does not necessarily imply that there is no space to pursue such programmes as evidenced by the Malawi initiative.

Other instruments:

- An innovative idea to fund the National Trust Fund through airport taxes for social protection provision for OVC outside the national grant system is put forward in the Namibia NPA. The idea here is to use the taxes to provide emergency needs through in-kind transfers, such as blankets, food and uniforms. While an innovative idea, it is not uncontested. One problem is that there is no assurance about the level of resources, which could fluctuate from year to year. OVC support should be tied to predictable support. Ring-fencing airport taxes for OVC seems somewhat *ad hoc*, rather than needs-based. Surely any increases in taxes should go to a central budget. The government should make a political commitment to supporting OVC initiatives regardless of the source of the funds and their fluctuations from one year to the next.

- Particularly interesting is the involvement of the private sector in several NPAs. Rwanda is one of the countries that has a private scheme to provide vocational training and apprenticeships for youth and out-of-school OVC.

- Micro-finance and income-generating activities are also incorporated into several NPAs. This may involve the provision of small loans as start-up capital (Rwanda) or the supply of seeds and agricultural materials for household, community or school gardens.

FINAL COMMENTS

- It is important to note that the NPAs cannot be evaluated in isolation but should be read in tandem with the RAAAP documentation, and ideally

with knowledge of the range of ongoing and proposed activities for OVC in any one country as well as an understanding of ongoing policy processes and agendas ongoing in any country.[13] This will provide the situational analysis, policy context and programme linkages that is usually lacking in the NPAs. The Malawi NPA is an exception as it indicates that it is integrated with current government programmes and makes explicit the links to ongoing social protection for OVC in the country. Without this knowledge it is impossible to know to what extent the NPAs are consolidating existing efforts around social protection or simply proposing new programmes. For instance, there is no mention of the Namibian social pension in the Namibia NPA, however it has been established that the social pension benefits OVC in recipient households. This may relate to confusion over whether the NPAs focused on gap filling, rather than reiterating already existing mechanisms.

- As discussed above, the difficulties of orphans and vulnerable children are sometimes posed as synonymous with each other and the problems facing them are seen as relatively homogeneous. Throughout all the NPAs little, or no, attention is paid to gender, disability, ethnicity, class and wealth as well as specific categories of vulnerability. Furthermore, there is little focus on double orphans as a special category of OVC. The same is true of street children and abused children.

- **Due to limited understanding of the complexities of household coping responses, local care-giving practices and capacities over time, and stigma with respect to HIV/AIDS, social protection interventions are not 'joined up' or scaled up, and evaluations often have limited generalisability.** Recommendations in relation to providing care for PLWA often refer to supporting and building on existing structures and 'indigenous' systems of care in the community. However, very little research has been done detailing "specific strategies and interventions that would make such an approach feasible and sustainable for institutions already facing increased stress and diminishing resources".[14] For example, 'community-based care' initiatives invoke and idealise the 'traditional' ethos of community support, which may or may not reflect a reality that, in any case, varies from community to community and evolves over time. Also, there is a tendency to seize on successful experiences as 'best practice' models that should rapidly be scaled up from community to national level. This neglects the fact that local success often depends on local conditions – such as a committed NGO team that has close relationships with the local PLWA community – advantages that would be lost if the approach 'goes to scale'. In such circumstances, more appropriate would be *replicating* successful small-scale initiatives through supporting local NGOs to do similar work in other communities, rather than centralising and bureaucratising the programme at national level. It is also vital that social protection initiatives for PLWA extend beyond HIV-positive persons to support their families and communities, especially women in affected households and female community workers who may already be over-burdened.

[13] The NPAs are intentionally non-explicit to leave scope for developing individual programmes. Also the final NPA is the abbreviated version of an extensive planning process, (which is why they may look more inadequate than they actually are).

[14] S. Gillespie and S. Kadiyala (2005) 'HIV/AIDS and Food and Nutrition Security: From Evidence to Action', *Food Policy Review*, 7, Washington, DC: IFPRI.

ANNEX 1: The interaction between HIV/AIDS and coping mechanisms, (presented in the Malawi NPA)

Some of the negative effects that can be seen as a result of the HIV/AIDS epidemic are:

- Fragmented households: orphaned and elderly people may be absorbed into households of other relatives and families may be split up.
- Increased child labour: orphans are at risk of being exploited through child labour as households struggle to cope with higher requirements of resources due to increase in household members.
- Wife inheritance: Women are vulnerable to harmful cultural practices such as wife inheritance
- Property dispossession: women and orphans especially are at risk of property dispossession upon death of spouse/father.
- Increased number of girls involved in commercial sex: women and young girls are at risk of having to engage in commercial sex to generate income for survival for themselves and their siblings/children.
- Increased number of child headed households: child headed households are increasing and its members are made vulnerable as they lose the safety net that a family may provide. On many occasions children in child headed households have to take on adult responsibilities such as caring for younger siblings and engaging in farm and household work.
- Elderly headed households: elderly people are losing their traditional support network as their adult sons and daughters become ill and die. In addition many of these elderly people have to take on the responsibility of care for an increasing number of orphans. Such households face a particular risk of enhanced poverty and threat to survival.
- Increased risk of HIV infection: adaptation for survival as a result of food insecurity exposes caregivers and children to risky coping strategies and thereby increased risk of HIV infection.
- Drop out of school: children, especially girl children, are at risk of being excluded from school, as they have to take on more responsibilities at home.
- Early marriages: a coping mechanism for households with increasing numbers of household members is to marry off girls earlier and earlier. Many of these girls are at risk of dropping out of school as they have to attend to household duties upon marriage.
- Early pregnancies: commercial sex work, support by a man in exchange for sex, need for love and attention (especially upon death of parents) and early marriages are some of the scenarios that make young girls susceptible to early pregnancies. Upon becoming pregnant the girl has to leave school and few of them return due to lack of family support and stigma.
- Street children: many orphans find themselves at risk of ending up on the streets of Malawi's main urban areas and/or find themselves in an environment that makes them susceptible to criminality.

ANNEX 2:
A Country-by Country Review of the Social Protection content of National Plans of Action for Orphans and Vulnerable Children

Rachel Sabates-Wheeler and Lissa Pelham
December 2005

ETHIOPIA

NPA, 2004-2006

Collaborators: Government ministries, UNICEF, UNAIDS, WFP, SCF-USA, SCF-Sweden, Hope for Children and USAID (OVC taskforce).

OVC Population: 4.6 million orphans (11% of all children, 2003)

Budget: Not fully costed

Objectives:

1. Situation analysis/Planning
2. Advocacy and capacity building
3. Monitoring and evaluation
4. Legal and regulatory framework
5. Consultation and coordination

Analysis

Social protection mechanisms are not a prominent feature of the Ethiopian NPA; the focus of the NPA is on regional planning, advocacy and capacity building. The RAAAP refers to some regular support currently provided by the government, NGOs and FBOs, mainly through financial assistance to meet basic needs and to provide school materials. The national HIV/AIDS policy makes no provision for OVC, therefore the NAP is the only government strategy that actively addresses OVC. The plan targets needy OVC in particular, rather than generally.

The NPA provides much scope for further development of specific activities.

The Plan stresses that OVC should have access to shelter, education, health services, nutrition, exploitation from abuse and psycho-social support. The initiatives that relate to social protection are in education: scaling up non-formal education, which is budgeted at US$2,500,000. School-feeding will also be increased, requiring US$200,000. Education is provided for free, however there are costs for registration and uniform and school materials, which may be prohibitive. There is no programme related to formal education and OVC in the NPA. There will also be efforts in non-formal education (2 i). Food, shelter and clothing is also mentioned, however, only food is costed, at US$6,250,000. Under this objective, there is also US$100,000 set aside for a revolving fund for small grants. The purpose and beneficiaries of these grants are not defined – whether for families and carers of OVC or for sponsors and actors running food and shelter programmes for OVC. US$ 2,500,000 is allocated to providing access to healthcare and services for needy OVC. Currently, healthcare is free on proof of financial incapacity, however medicines must be paid for. Street children also, are not entitled to free healthcare. Reference is made in particular to OVC in unstable and conflict or drought situations (2.j).

Resources have been allocated in the budget for local sponsorship and the involvement of the private sector. These activities could be interesting, although they are not expanded upon in the NPA.

The focus is on intervention at community level to ensure the provision of services for OVC. There is an extensive amount of coordination between ministries and also between central government service providers and local community facilities (eg delivering health care). Activities predominantly focus on coordination. There is also some important collaboration between OVC programmes and other national programmes and government ministries, for example linking the OVC NPA with the Ministry of Health and its ARV drug programmes.

The NPA lacks detail regarding the target number of children it is trying to reach in its programme objectives and the type of programmes that will meet the objectives. There are 4.6 million orphans in Ethiopia, which account for eleven per cent of the total child population (2003).

KENYA

5 year national OVC Plan of Action, 2005 – 2009
No. of pages: 33 - no situational description/context, table format only

No. of references to: Social protection – 0
Safety net – 0
Gender - 0

Budget
Total expenditure 2005-2009: US$ 583, 445, 290
Expenditure: **2005**: US$ 42,026,902 **2006**: US$ 80,891,288
2007: US$ 118,853,674 **2008**: US$ 146,204,480
2009:US$ 195,468,946

Objectives
- Capacity of family to protect and care for OVC is strengthened. (US$ 70, 714,000)
- Community-based response mobilized and supported. (US$ 16, 200, 000)
- Access to essential services, including education, health care, nutrition/food, housing/shelter and water and sanitation ensured. (US$ 480, 328,290)
- Government policy on legislative reform to protect orphans and vulnerable children sustained. (US$ 9,375,000)
- Awareness to create a supportive environment for children and families affected by HIV/AIDS at all levels promoted through advocacy and social mobilization. (US$ 4, 443, 000)
- Capacity to monitor and evaluate programme effectiveness and quality strengthened and expanded. (US$ 1, 065, 000)
- Building capacity for coordination, management and institutional structures strengthened and supported. (US$ 1, 320,000)

Overview (focusing on social protection).
The NPA attributes the increase in the OVC problem to illnesses and death that have rendered the labour force inactive. To respond to this, the outcomes of the plan aim to build household economic capacity, prolong lives of carers, encourage successful will-planning, provide psychosocial support for children and caregivers and strengthen life skills of young people (not especially OVC). Direct social protection measures would be provided in Objectives 1-3. Activities are mainly in skills training, such as supporting micro-finance projects, training households in small businesses and agricultural practices; will and memory training and training in youth skills. ARVs and home-based care will be provided to PLWHA and "preventive programmes" will be promoted, although there is no indication how.

To achieve support and mobilize community response to OVC (Objective 2), involves working with local leaders to respond to community issues, to talk more openly about HIV/AIDS and to organize "good support activities." Activities such as communal gardens, psychosocial clubs, training trainers in support and will-writing, providing farming inputs, supporting community-based shelters and providing safe water and sanitation for the community are the response to the objective. This will be indicated by the number of trainers trained and the number of service deliverers mobilised.

Objective Three concerns service provision to protect and support OVC and absorbs the largest proportion of the annual and overall budget (82%). The services are **education, food consumption, health**, and **nutrition**. These are covered through "provision" of primary school uniforms and "support" for secondary school uniforms. "Support" for secondary school fees, "supporting" free childcare for 0-4 year old OVC and provision of one hot school meal. However, the budget allocates a total of US$121.5 million to school food provision for 0-4 year olds and US$92.3 million for 5-14 year olds. "Sensitisation tests" will be taken in schools and teachers and Ministry of Education (MOEST) staff will be trained in the challenges faced by OVC. The education objective will be measured by enrolment rates (to be disaggregated by age, sex, orphan status, etc), the number of "adequately trained" teachers, retention and completion rates, the proportion of OVC accessing education facilities and the number of institutions where the capacity to deliver essential services has been enhanced. Encouraging primary/secondary school attendance of double orphans in particular, is mentioned, although this is not addressed again in either the planned activities or the indicators.

To meet the health/nutrition objective (to provide basic health services, nutrition and food), planned activities are to strengthen home visits to vulnerable households and to monitor health and nutritional standards, to "support" supplementary feeding to OVC and to provide medical cards to OVC to access free medical care. Indicators that these have been successful, will be in the number of OVC immunised, the number of OVC accessing micronutrients and vitamin support, the number of children with access to ARV and the number of healthy children.

Strategic objectives 4-7 concern the legislative framework, awareness-raising, monitoring and evaluation, and building and strengthening the institutional structures to cope with OVC. Combined, these objectives absorb less than 3% of the total budget. The government acknowledges its responsibility for children and recognises itself as the second guardian of children, after the direct parents. It therefore assumes responsibility for protecting children, including marginalised and disadvantaged children, through laws, policies and regulations.

Analysis. The Kenyan NPA has planned a year-by-year budget, which has allocated financial resources to each activity within the seven objectives. This has been calculated proportionally, so that each objective is each year allocated the same proportion of the total budget. This therefore implies that there is a blanket approach to the NPA, and that it will not be necessary to allocate proportionally more of the budget to achieve some objectives in one year than another. For example, the legislative and institutional framework will not be consolidated first before tackling the other objectives.

Scope and reach of the NPA. Despite the budget allocated to each area of activity, the plan fails to mention the scope for each activity, for example, the number of children to receive school feeding, the number of teachers and community leaders to be trained, or the number of community gardens to be funded. Not all of the indicators appear to directly respond to the activities they are evaluating. For example, growing communal gardens (Activity 2.1.2) will be measured by the number of TOT (trainers of trainers) trained; and the success of Activity 2.3.2, to sensitise family and community of the importance of birth registration and where to register births (Activity 2.3.2), will be indicated by the increase in the number of birth registration facilities and centres.

Cash transfers and social protection mechanisms. Overall, in the Kenyan NPA there is no direct, regular state provision for OVC or carers of OVC. There is little explicit use of safety nets (other than school-feeding). The main focus of social protection is on education and service provision (health centres, training community leaders in psychosocial support). Direct government transfers are in-kind (uniforms, school meals, ARVs etc), or conditional cash, such as bursaries for school fees and skills training. No unconditional cash transfers are referred to in the NPA. No indication is given as to the extent of current support that exists for OVC, either formally or informally. There is also no evidence of collaboration with non-state actors to deliver services, although there are activities planned for NGOs/CBOs and other organisations to network with each other.

Stigma and discrimination. Some emphasis is placed on the reduction of stigma and discrimination. This in relation to HIV/AIDS, rather than specifically directed at OVC more generally (Strategic Result 5).

Regional sensitivity and gender awareness. There is no recognition of regional variation across the country, nor the different needs of OVC in rural and urban areas.
There is no indication of how the NPA for OVC links with other national strategies, such as the PRSP. In particular, although HIV/AIDS is a large focus of this NPA, there is no reference to the AIDS Action Plan/Framework, as there is with NPAs in other countries. Several of the activities do not address OVC specifically, such as school attendance and feeding. Furthermore, double orphans are identified as being particularly vulnerable (Strategic Result 3), yet no activities in the NPA target specifically the needs of this group.

Implicit within the NPA is an assumption that all OVC are vulnerable. Further, some activities address vulnerable households in general, implying that vulnerable households are synonymous with OVC. Following from this, there is no distinction between different types of OVC – especially in the legislative framework: such as ethnic, and gender differentiation, household context and living environment, regional variation and rural/urban differences, although OVC in varying situations may have different needs (although there are plans in the school registration process to disaggregate children by various criteria).

There is no allowance explicit in the NPA that it may take time for the benefits of some activities to be realised, such as the impact of youths' skills-training upon household income (Activity 1.1.4). Therefore, a *range* of different indicators at different stages in time, may be more appropriate.

LESOTHO

NPA, 20005, costed for 3 years- no situational description/context, table format only

No. of references to: Social protection – 0
Safety net – 0
Gender – 0
Stigma/discrimination/exclusion/inclusion – 0
Cash grants/transfers/bursaries -

Only one activity in which girls are prioritised/mentioned – Theme Area 6, activity 10. There is no mention of regional differences or variation in the types of OVC.

Budget
Total budget allocation for NPA: US$ 34,769,500
Year 1: US$ 8170900
Year 2: US$ 11,360,800
Year 3: US$ 15,237,800

OVC definition: N/A
OVC situation: N/A
Collaborators: N/A

Strategic Objectives('Theme areas')
1. National consultation coordinating structure (US$ 23,000)
2. Situation analysis (US$ 220,000)
3. Policy/regulatory framework (US$ 235,000)
4. Monitoring and Evaluation (US$290,000)
5. National Action Plan (US$ 25,000)
6. OVC access to essential services (approx US$ 36,000,000)

Overview and Analysis
The Lesotho NPA is one of the most comprehensive of the Plans, as it details where Lesotho is in relation to OVC 'Actions to Date' before setting out the activities to meet each strategic objective. This said, it is sometimes vague about the level of accomplishments, so that it is difficult to know how far it has reached its targets and whether the Plan goes further to fulfilling them. In particular, see Theme Area 6 – OVC access to essential services, p11. On the practical side, OVC are exempt from paying for all essential services, however the process by which they access these services is not addressed. Often, these 'free services' do not appear to be costed in the budget.

Social protection. The main actor for social protection is community/household support. Theme Area 6 is concerned with reaching OVC directly, whilst Theme Areas 1-5 involved framework and regulatory matters. Some of the programmes provide a social protection service, however complementary services such as access to, or education of the usage of services, may limit the benefit of the activity. For example, **Health Protection:** Hygiene kits are to be distributed, although there is no training about the use of the kits incorporated into the plan. Free medical care is available for OVC, yet there is no provision for example of transport services, to assist access to the service. There is considerable capacity building of service providers, for example training workshops for CBOs on OVC issues, also of the media to improve their capacity to report effectively on OVC issues and rights. For ARTs, there is advocacy, lobbying, procurement of provision of services. There are plans to sensitise the media, have community consultations and mobilise high level support, identify centres for the provision of services and develop the capacity of health professionals in the diagnosis and treatment of HIV/AIDS in children. This is apparently linked closely to the PRS, but there is no indication of how this ties in with the AIDS strategic framework.
Food security: Activities include reviewing and disseminating nutrition guidelines, engaging a consultant, holding a workshop for stakeholders and establishing a task force to monitor progress and effectiveness. The plan does not include the promotion of food security, neither how nor how many OVC will be reached. Some food security related activities focus on programme design, rather than delivery (Theme Area 6, activity 7, p15).
Education: Books and book rentals are currently provided to OVC in secondary schools. The NPA plans to update the register of needy OVC in schools and purchase and distribute more equipment. This will be followed up annually at a total cost of US$1,116,000. The Department of Social Welfare will take responsibility for

assessing OVC eligible for uniform provision and the payment of special fees for primary school students. Uniforms will be bought and distributed. This is allocated a total cost of US$1, 508,000. Again, there is no indication of the breakdown of these costs (which would give an indication of how many OVC were intended to be reached, eg by uniform provision). In order to sustain school enrolment (Theme area 6, activity 10), OVC may also be entitled to an education bursary. The plan indicates that it intends to focus on school enrolment of girls, although there are no activities suggest how this will be tackled. US$2, 591, 000 is budgeted for school bursaries. US$20,000 has been allocated for a feasibility study of transport to school for OVC, however no money is earmarked to provide transport in the future.
Psychosocial care and support involves community training, procurement of equipment and technical material (40 sets) and remuneration of trained caregivers for their services. There is no indication as to the planned number of caregivers to train. The total budget allocated to this area is unclear.
Anti-discrimination is mentioned implicitly, as 'sensitisation workshops.' However, there are no more details as to the focus of these. There seems to be an assumption that the problems of OVC are homogeneous and that there is no difference between different regions in the country.
Stigmatisation: There is no indication that activities will combat stigmatisation and discrimination of OVC. There are also no programmes to encourage inclusion of OVC, in particular the integration of OVC with more general child-focused programmes such as education and school-feeding.

Involvement of children: In contrast with many of the NPAs, children seem to be embedded into the consultation process for the legal framework.

Regional variation: There is no indication that different areas of the country can adapt or need plans that are specific to the region. The Plan is also unclear as to how services are to be divided up across the country. For example, Theme Area 6, No.13 (p18) – '60 sets of equipment/Technical material is to be bought for OVC support services. There is no indication how many each province will receive and how many children these kits are intended to target.

Budgeting: the costing information is confusing. Some activities are costed individually, others appear not to be, or they fall under a general amount allocated to a particular objective/area of action. Therefore, it is unclear if funds have been allocated to all activities or not. For example, for Theme Area 6, Activity 5, the provision of shelter, institutional care and places of safety for OVC. Advocacy activities seem to be budgeted for US$13, 300. However no other activities are individually costed in this way. The supervision of quarterly and annual reports has been budgeted for US$51, 000 although the number of years over which this sum is to last is not specified.

Size and scope of the plan: As with many of the NPAs, the Lesotho Plan is non-specific as to the numbers of OVC that the activities are intended to reach - for example, medical exemptions are provided for OVC, but there is no indication what resources will cover this, how many education bursaries will be provided and how many OVC will receive vocational training. NGOs and CBOs run shelters for OVC, but are these adequate? There is an assumption that the services that are provided are sufficient and no moves are taken towards extending/improving them. There seems to be a lack of support of NGO activities from the government.

Coordination with other national plans: There is no indication of how the NPA works with other social protection policies (for instance, Public Assistance – a cash grant for poor people and households and the Old Age Pension); the National Aids Plan; Vision 2020 and the PRS. This could lead to administrative and service overlap(for example, there is doubling of departments in the delivery of social cash transfers).

Collaboration with partners: Some activities detailed in the plan do not appear to be coordinated with organisations that run similar programmes. For example, capitalising on working with WFP's capacity in food distribution for out-of-school feeding for OVC.

MALAWI

NPA, 114 pages. Detailed situational analysis and matrix.

OVC Population: 1,040,000 *Orphans* (2001) -- this accounts for 14% of all children in Malawi. By 2010, the expected figure of OVC will be 1,150,000, of which 50% will be due to HIV/AIDS.

References to: Social protection – 2
Safety net – 0
Cash transfer/bursary/grant – 0/13/18
Gender - >15
Stigma/discrimination/exclusion – 5/>20/5

Budget: Five years - US$ **(?)** 188,405,835
The Government of Malawi has allocated US$ 14,500,000 to HIV/AIDS support. Donors are providing US$ 77,200,000.Funds have been allocated for HIV/AIDS programmes but no money has been formally earmarked to meet the needs of OVC and the NPA. The budget requires **US$?** 64,581,262 for Strategies 1 and 2 for the 2004-06 budget period. Of this, in December 2004, only **US$?** 13,913,480 was available (22%). Only school feeding, food support to households caring for OVC and nutritional programmes have funding available. A further **US$?**98,984,027 is needed for 2007-09.

Overview
The Malawi NPA provides one of the most detailed NPAs in this review.
The plan takes a gradual approach to implementing new programmes, piloting new schemes in one or two districts and phasing these in throughout the country over time.

Area objectives

Strategy 1 Access to essential services (US$ **?** 47,144,652)
Strategy 2 Family and community capacity for care, support and protection (US$ **?** 17,436,610)
Strategy 3 Leadership, coordination and programme management (US$? 1,746,910)
Strategy 4 Capacity Building (US$ **?** 742,000)
Strategy 5 Advocacy and Social Mobilisation (US$ **?** 139,512)
Strategy 6 Monitoring, Evaluation and Operational Research (US$ **?** 2,436,952)

Analysis
The Malawi NPA covers the period 2004-2009, divided into two three-year phases. The emphasis of the Plan is to provide care, support, protection and development for OVC through the family and community. The focus for 2004-06 is on establishing a framework for OVC assistance, therefore training, capacity building, awareness-raising and monitoring and evaluation activities are prominent. Activities are provided by a combination of the Government of Malawi, INGOs, NGOs, FBOs and other stakeholders. The NPA is integrated into current government programmes (such as the National Safety Net Programme.

Social protection. The Malawi NPA focuses quite extensively on social protection. According to the Plan, a feasibility study is to be conducted into social safety nets in Malawi. Two out of six strategies of Malawi's NPA employ social protection mechanisms. Strategy 1: to enhance access to services (education, health, nutrition, water and sanitation) and Strategy 2: to enhance family and community care support to OVC in order to strengthen their economic, social and emotional well-being. Social protection programmes combine direct and indirect support for OVC through a combination of service provision, in-kind and cash transfers. There are four types of social protection programmes: food security (school feeding and take-home rations); education (bursary scheme); psychosocial support; services (including health, water and sanitation) and economic assistance. In contrast to many of the NPAs, Malawi details the numbers of children it is trying to reach through each activity.
Food security: Food security and nutritional needs for OVC are met through school feeding programmes. These involve direct food rations (at school and to take home). School feeding is currently provided in ten districts and this will be extended to all 28 districts under the NPA. Agricultural inputs will be provided to each school to establish community gardens. Health and nutrition welfare (complimentary feeding, micronutrients, growth monitoring, deworming, malaria prevention/bednets and home health practices) are targeted at 1,120,000 OVC. Water-points and latrines are also to be provided in schools, child and elderly-headed households. Anti-retroviral treatment is addressed through the National HIV/AIDS Strategic Framework, not the NPA.

Education: Transfers for primary and secondary education programmes are distributed to OVC through an in-kind bursary scheme. This will provide 100,000 bursaries (books, uniforms, school and exam fees) to OVC by 2006. There is some unspecified additional financial and material provision for OVC accessing formal education. Training and vocation skills will be provided for 56,000 out of school OVC from 2005-09. Psycho-social support is addressed through training of community leaders, volunteers and carers. Further support is given through equipping community-based child care (CBCC) centres with educational, recreational and sports materials.
Health, sanitation and water. 3500 latrines and 3500 water points are to be constructed by 2009. Psychosocial support will be provided by training counsellors and establishing children centres ('children corners'). The Malawi NPA targets particular groups in its activities. For example, it deals specifically with the needs of abused children and street children. Further, home-based care kits are costed for 100 households per district, which does not take account of regional variation in needs.

Stigma and discrimination. This features consistently throughout the NPA. A national campaign is being implemented to tackle this, through advocacy and media publicity.
Gender. An emphasis on gender balance and sensitivity to gender is featured in many of the activities in the Plan.

Cash transfers. Support to families and carers of OVC is closely linked with the National Safety Nets Programme (NSNP). The direct relationship between the NSNP and the NPA is not explicit. Grants for Social Welfare are being provided, initially as a pilot project to six districts by 2006 and scaling up to a nationwide programme by 2009. Direct assistance is to be given to destitute families caring for OVC through several mechanisms. The NPA is developing a system of block grants, but do not detail how the support will be provided the support. The Pilot project on Household food security and nutrition is to be extended to a national programme. There is an emphasis on income-generating activities (IGAs) – start-up capital and micro-finance institutions. Other activities also imply that they could be administered through cash transfers. For example, Objective 2.2 to improve the economic security of households caring for OVC. Other activities explicitly involve in-kind transfers providing direct support to destitute families caring for OVC (2.6), through food support and meeting material needs.

It is unclear from the NPA, which services and transfers are currently in operation, and which are new initiatives. The Plan concentrates on service provision rather than on how services will be delivered to and accessed by, OVC.

MOZAMBIQUE

NPA, 2005 18pages. Matrix and includes background description

Number of references to: Social protection – 0
Safety net – 1
Gender/female/girl – 5/1/9
Cash transfer/bursary/grant – 0/0/1
Stigma/discrimination/inclusion - 3/4/0

No of OVC (projection) 2005:755,212 (English version) 2005: 1,167,278 (Portuguese version)
2010: 904,228 2010: 1,367,500
Average cost per child (2005): US$39.

Budget
2004 US$ 18 million 2005: US$ 46 million 2006: US$ 71 million 2007: US$ 95 million
2008: US$ 118 million 2009: US$ 140 million 2010: US$ 160 million
Total budget, 2005-2010: US$ 630 million

Objectives
Objective 1: To create a protective and enabling environment to reduce the impact of HIV/AIDS on OVC.
Objective 2: To strengthen institutional capacity of MMAS and other key partners at all levels
Objective 3: To strengthen the capacities of families and communities to find local solutions to protect and care for OVC made vulnerable by HIV/AIDS
Objective 4: To establish and strengthen data collection and monitoring and evaluation systems at all levels and establish feedback mechanisms to the communities and OVC stakeholders

Analysis
Mozambique clearly defines a vulnerable child. The NPA is explicitly linked to Mozambique's international commitments to UNGASS, the Convention on the Rights of the Child, the Global Framework for HIV/AIDS and the MDGs. It has been drawn up with reference to other national plans: Mozambique's National Strategic Plan against HIV/AIDS, the Government's 2005-2009 Five Year Plan and the National Policy on Social Action. The NPA acknowledges a willingness of communities to care for and support OVC (unlike other NPAs, where this has been assumed implicitly)

Plan approach, sensitivity to community and regional differences. In its priority interventions, the Plan acknowledges the need for a range of programmes designed to meet the varying needs of OVC, a "life-cycle approach". Activities therefore address three different age groups. The Plan also is concerned to focus on the active involvement of young people, attention to discrimination and different gender roles, to respond to the differing needs of communities, to increase collaboration among stakeholders and to use the community's definition of vulnerable children. Therefore flexibility is a key intention of the plan and there is an intrinsic recognition of the variety of communities and households and children that this plan is aiming to embrace. However, these key concerns are not always incorporated comprehensively into the plan of budgeted activities.

Social protection. Objective Three is the main section of the Plan to directly address OVC. There is a very varied selection of activities including informing and training peer groups, families and carers of OVC about their needs, types of care; skills-training for youths; expanding community-based nutrition schemes through community gardens and building farming skills of young people; expanding day care centres for pre-school OVC, particularly in rural areas; support in and promotion of micro-enterprises and small scale industries for young people and carers of OVC. Cash support is also to be given to communities, although the plan is not explicit in what capacity, nor whether these are one-off grants or recurring transfers.
Food security and school-feeding: In the 2005-2006 plan improved access to nutrition for vulnerable families and through school-feeding programmes is budgeted for 2005 only at a very limited allocated cost of US$300,000. Take-home rations are not costed in the budget plan itself. There is no indication that food support will be provided during school holidays or if the programme will last for more than one year

Education: Financial support towards school costs to families with OVC is proposed (Objective1), although in the costed plan this has been amended to suggest that the support will be provided to schools directly (Objective 1, Item 7, p16). Education programmes address children in general, rather than singling out OVC alone. There is

an emphasis in the plan to reach both girls and out-of-school children, although at this stage, there are no specific plans as to how this is to be addressed.

Stigma and discrimination is being addressed through media and community campaigns and (implicitly) through information-sharing meetings in districts.

Health and HIV/AIDS: There is a polio and measles immunisation programme and services to prevent MTCT. With regard to HIV/AIDS social protection programmes include better access to ARV (including paediatric treatment). The plan has allocated resources to programmes that provide better access to clean water and sanitation, and better access to education, with a particular focus on girls.

Cash transfers: US$3 million is earmarked for communities to receive "financial support" although it is unclear in what capacity this will be provided. There is no reference to other government cash transfers that the government currently administers

Scope and reach: A significant oversight of the plan is a failure to indicate how many OVC/households are to be targeted for each activity, although a detailed breakdown of the profile of OVC in Mozambique is provided in an annex. For example, Objective 1 item 9, aims to improve access to clean water and sanitation, although the number of communities to reach is not specified. Targets for measuring the outcome of activities have not yet been decided although they are factored into the Plan (Annex II). There is a disjuncture between the descriptive plan of initiatives and the activities that have been included in the budget matrix (for example, take-home rations). Similarly, the costed plan emphasises some activities that were not mentioned in the descriptive plan (eg provision of vitamin A supplements)

Budget allocation: All activities included in the budget matrix have been costed, although the activities are often quite generic. Resources appear to have been allocated differently in the English and Portuguese versions of the plans. There is a high proportion of the budget allocated to organisational and capacity programmes (23%) compared with NPAs in other countries. Only 7% of the budget is allocated towards education, and 3% for health needs. Although annex one states that US$117 million is needed for 2005-2006, in the costed budget, only US$24,450,000 is requested.

US$ 2.4 million is allocated to M&E over the two years (10% of the total 2-year budget).

NAMIBIA

Matrix format with extensive notes

No of references to	Social protection – 0
	Safety net - 0
	Cash transfer/grant/bursary - >25/1/1
	Gender/female/girl – 0
	Stigma/discrimination/inclusion – 1/3

OVC Population: 171,000 approx. 1/6 of the total population of children
Objective target: to reach 85% of OVC by 2010.
Collaborators: >25

Budget

Total budget across all 5 objectives		2006: US$50,200,000
	5 year budget	2006-2010: US$356,100,000
Unit cost per OVC per year (for 171,000 OVC)		2006: US$293.39
		2010: US$390

Organisational costs – 12% total programme costs

Overview

There is an extensive system of grants available to OVC and 50% of the first year's budget is allocated to care and support

Strategic Objective 1: Rights and Protection (3%) US$1,299,000. The budget allocation for this objective will increase by 0.75 by 2010. Activities include disseminating information for community caregivers and OVC on rights; campaigning to raise awareness about social grants; reviewing/revising legislation, policies and regulations on OVC through community level consultations; an anti-discrimination media campaign; and a registration campaign.

Strategic Objective 2: Educational opportunities for in- and out-of-school OVC. 2006: 21% - US$ 10,657,000. This budget is to increase by 1.3 by 2010.

Includes monitoring the implementation of the HIV policy for the education sector, identifying OVC in schools. Social protection activities centre on feeding programmes and assistance with school costs. The aim is to increase the number of OVC in school-feeding programmes; to provide out-of-school feeding programmes: community feeding for the "most needy" during holidays, (numbers of OVC and food costs are kept at constant 2004 figures) and establish an HIV/AIDS committee in every school. It is planned to establish an Education Development Fund and a tariff system to exempt only the most needy OVC from school fees (the most needy 10% of OVC will be exempt in 2006), although it appears that schools will only be reimbursed 50% of the costs which could impact upon the effectiveness of the programme. Education and skills-training will be provided for out-of-school OVC. Schools will allocate inspectors to care for OVC

Strategic Objective 3: Care and Support . 2006: 49% - US$24,650,000. The budget is to increase by 2.5 by 2010

This objective reflects Namibia's provision of social safety nets, particularly through cash transfers. Activities in Objective 3 are to maintain the national grants system (including foster grants and maintenance grants); provide subsidies for care homes and improve access to hostels. Seed money will be given to CBOs for food, materials, seeds and income-generating activities. A national Trust Fund financed from airport taxes is to provide emergency needs for those OVC outside the grants system

Strategic Objective 4: Health. 2006: 17% - US$8,373,000. To increase by 0.99 by 2010

This includes social protection activities: OVC will have access to health services, provision of ARVs and training in food production. Temporary food supplies will be given to households with OVC (WFP provides $100 per OVC for 6 months, the Government provides $67 per OVC for 4 months. There are also immunisation, routine health monitoring and provision of vitamin supplements for 0-4 year olds.

Strategic Objective 5: Management and Networking 2006: 10% - US$ 5,238,000. The budget for this is to double by 2010. 12% of the total budget is allocated for M&E, administration, fundraising and reporting. This also covers salaries and other costs such as office equipment.

Analysis

The focus of action of Plan is on community support. There is emphasis on training of "traditional authorities" in child issues. This differs from many other NPAs which focus on community leaders, which may be part of the official administration, rather than traditional leaders.

Scope and reach: Unlike many of the NPAs, Namibia has specified the numbers of OVC it will target in each year. By 2010, it plans to cover 100% of OVC. However, some of the programmes do not plan to increase their target size over time and their scope remains small. For instance toys are to be provided to 500 children and this will only increase to 850 children at maximum.
Identification of OVC: Food is to be provided to the most needy during holidays and weekends
Definition of OVC: There is an implicit assumption that OVC is inextricable from poverty. The focus of the definition is on poverty and lacks attention to abuse and neglect. This could therefore exclude many orphans. There is also a risk that some OVC will fail to be identified, as they are distinguished by their link to other national programmes. For example, 'vulnerability' includes children cared for by the elderly with pensions, unemployed carers and those living with disabled caregivers. This is dependent upon those groups being formally registered, which many may not be (ie what about those OVC living with elderly who for one reason or another cannot access a pension?) There is an assumption too that all OVC are in households – there is very little to address those OVC not supported by a community or household. How will the "most needy" be defined and identified? There is a lack of distinction between households with OVC and vulnerable households in general (4.6). It is unclear how the OVC population has been calculated – there has been an assumption that there is a 5000/year growth in OVC under 19 years since the 2001 census.

Budgeting: Many of the activities are assumed to have zero cost, for example 'disseminating information to parliament'. It is assumed that inspectors will train school boards "at no extra cost" (2.8). One focal teacher for HIV/AIDS is to be established in every school (2). Again, this is assumed to have zero cost, which may reduce the effectiveness of this objective as there is no incentive to provide this service. Many activities do not appear to have been budgeted at all in the cost matrix. No allowance has been made for inflation in the budget, nor to increase salaries over time, so that a staff salary is budgeted to remain at $5000 for the duration of the NPA 2006-10. This suggests that the budget is under-calculated. (There is an acknowledgement that food costs may rise, however, although this has not been factored into the budget calculations). School fees are to be provided free of charge for the most needy OVC. However, schools will only be reimbursed 50% of the fees to educate a child. This could lead to difficulties for OVC attending school. Although Strategic Objective 5 only absorbs 10% of the total costs (12%, depending on source), the budget for this will double by 2010, unlike some of the other objectives.

Psychosocial Support: This has been factored into the plan, particularly through schools, who must establish HIV/AIDS committees. However, the positive impact of this could be limited as there are no incentives for the school to provide these extra services.
Anti-stigma/anti-discrimination has been incorporated into all parts of the NPA – at the legal level, as well as working with leaders in communities to train them in child protection and child rights. However, some of the activities suggest they are counter attempts to decrease discrimination and stigma about OVC. For example reimbursing schools only partially for free school fees for OVC, increasing the burden on schools to care for OVC without providing them with the extra support to do so.
Birth Registration campaigns will be conducted, however are these free of registration costs, which could inhibit their effectiveness?
Grants and cash transfers: Namibia has an established system of maintenance and foster grants (US$400/year). This has been included in the budget to 2010, although the size of the grant has not been increased. There is an innovative idea to fund the National Trust Fund through airport taxes which provides emergency needs in kind (blankets, food, uniforms) for those OVC outside the national grants system.

Monitoring and Evaluation: This appears to be quite weak in the plan – how will schools be checked to ensure they do have an active HIV/AIDS committee and focal teacher (especially when there is no incentive to provide one)? Further, what happens when schools are found to be failing to provide the planned support for OVC?

Overall, the Namibian NPA is very detailed. There are numerous alternative options for those OVC that do not meet criteria for certain types of assistance. Is there a case for a simpler method of targeting and budgeting, such as block grants? There are some innovations in this NPA that have not appeared in others (such as funding some needs for children through airport taxes). There is also a greater attention to improving institutionalised care compared with other NPAs. This implicitly suggests a lesser dependence upon community/household support for OVC, although there is no mention specifically of OVC that exist outside of a community network.

NIGERIA

RAAAP, 2004

Orphan population: 7 million (2003)

Orphan situation:

References to: Social protection – 0
Safety net – 2
Gender/female/girl – 2/5/1
Cash transfer/grant/bursary – 0/3/0
Stigma/discrimination/inclusion/exclusion – 4/6/0/1

Orphans and vulnerable children appear to be synonymous with one another

Budget: 2005 (estimated): US$ 15,081,000.00.
2005-6 (estimated): US$33,000,000
However, this does not appear to be based on any calculation of cost of activities, numbers of OVC to reach, etc.

Overview
The RAAAP comments on the level to which current response to OVC is inadequate. At both state and national level, there is a lack of data, a need to foster an enabling environment, poor coordination between actors and a need for M&E.

The causes of orphanhood are primarily due to conflict (22%). HIV/AIDS accounts for 11% of orphans. This suggests that OVC programmes should prioritise the needs of children orphaned due to conflict (for example, concentrating resources in specific regions and focusing on psychosocial support.

The principles upon which the RAAAP is based are;
To support community based responses and community ownership and to use external resources to strengthen the community response. The Nigerian RAAAP places even stronger emphasis on the community as the source of the response, compared with other NPAs/RAAAPs. It mentions the importance of increasing OVC participation, in mainstreaming gender in programming and in finding linkages between the NAP and other national plans.

According to the NPA, the overarching goal of the NPA is to improve coordination, support existing efforts and plan a long term response to OVC.
The five strategic objectives have been adapted from the UNGASS goals:

1. Establish data management systems for planning and monitoring and evaluation at all levels.
2. Increase awareness through advocacy, to broaden participation among public and private actors on OVC issues at all levels.
3. Scale up the national response by supporting family coping strategies.
4. Increase participation of OVC, especially adolescents to meet their own needs.
5. Build capacity of the public sector to coordinate, legislate and lever resource to provide essential services for OVC

Analysis

There appears to be a mismatch between the strategic objectives and many of the suggested activities. According to the RAAAP, the NPA should begin by conducting a situational analysis of OVC in Nigeria (was this not the point of the RAAAP?). It recommends supporting a state level situational analysis, developing a five-year strategic plan, holding national consultations, developing a framework for M&E and ratifying the plans.

There is no explicit and very little **implicit reference to social protection**. The first two objectives address advocacy in child rights and protection. Strategic Objectives Three and Four should be primarily focused on social protection mechanisms. The strategies *do* suggest activities that promote social protection (both protective and promotive). Strategies suggested include increasing availability and access to food by families of OVC; increasing the economic coping capacity of caregivers; promoting access to education; improving access to

health and nutrition services; building the capacity of caregivers to meet the psychosocial needs of OVC; and establishing community based support structures to ensure protection and care of OVC. Advised activities are nutrition training, technical assistance to improve farming practices, health subsidies, immunisation campaigns, training teachers as counsellors and school enrolment campaigns. These fail to adequately address the suggested strategies (such as increasing access to and availability of food). The examples given suggest that there is a strong tendency to avoid transfers to OVC and their families. There are no suggestions of direct transfers either in cash, or kind. Furthermore, the suggested indicators of the success of the activity do not necessarily measure the improvement in the lives of OVC, but focus on the number of caregivers trained, of the number of adolescent caregivers granted microcredit. (other indicators do measure school attendance, the nutrition ratio of orphans and non-orphans – although where are they including vulnerable children in this?
Strategic Objective 4, which looks at the capacity for OVC to meet their own needs incorporates some **promotive** examples of social protection. It focuses on vocational and job skills training and non-formal and alternative forms of education. There are references to **gender** in the situational analysis, but although it states that it is to be mainstreamed within all activities, there is absolutely no indication of this in the suggested NPA. Unlike other NPAs, the provision of essential social services and safety nets is grounded in institutionalised care, therefore there are many orphanages compared with other country programmes (perhaps a reflection of its historical circumstance)

In other activities, the RAAAP suggests that the NPA should focus on 'channelling resources to OVC on all levels of coordinating mechanisms and structures, rather than establishing that OVC have sufficient food, healthcare and education. There is an implicit assumption throughout, that by providing assistance to communities and families, OVC will directly benefit.

OVC Definitions: The Nigerian RAAAP is the only NPA/RAAAP to recognise different ethnic/religious definitions for OVC, although it acknowledges the 'cultural milieu' in Nigeria, this is not built directly into the plan.. Therefore, the widely accepted definition of an orphan does not apply to Muslim communities in Nigeria. If this holds for other Muslim communities in Africa, this has not been factored into the NPA, even on the rare occasion that NPAs acknowledge that communities have the right to decide their own definition of OVC. How does this correspond with UNICEF's objectives? The definition of vulnerable is more accommodating of the variation in OVC. It is defined as children at risk of facing increased negative outcomes compared to the average child in the defined society (p8). This includes malnutrition, increased morbidity and mortality, low school attendance and/or completion, increased risk of abuse, etc. This allows communities to reach their own decision about the profile of the 'average child'. However, it also means that there is no national standard, which becomes difficult during M&E and assessing the extent to which the country has reached its targets. No distinction is made as to differences in situation or needs between orphans and vulnerable children. . **Stigma and discrimination** are dealt with in a legal context only and in reference to PLWHA, not OVC.

RWANDA

NPA – 2005 and 2005-2007 (drawn from the RAAAP)

Collaborators: N/A
OVC population: N/A
Definition of OVC: N/A

Budget: US$ 83,693,750 (2005-2007)
Administration costs: US$ 16,738,750 (20% of total cost)

References to: Social protection – 1
Safety nets – 0
Cash transfers/grants/bursaries – 0
Gender/female, etc - 2
Stigma/inclusion/exclusion etc. - 0

Objectives

1. Ensure that children enjoy their rights by protecting them from all forms of abuse and exploitation (US$ 3,882,000)
2. Ensure access of OVC to health services necessary for the survival and development. (US$ 20,672,000)
3. Ensure the access to free primary education as well as to continued education beyond basic primary education (including secondary and technical / vocational training) (US$ 18,672,000)
4. Ensure the provision of psychosocial support to children in difficult circumstances. (US$ 636,000)
5. Identify and strengthen the capacity of children, families, communities and social service providers to care for and protect vulnerable children. (US$ 17,925,000)
6. Reinforce the socio-economic situation of orphans, vulnerable children and their families through support to income generating activities, access to credit and improved agricultural production (US$ 2,280,000)
7. Enhance the co-ordination of all programs and interventions concerning orphans and other vulnerable children to ensure systematic monitoring and evaluation and strengthen institutional and policy framework (US$ 66,955,000)

Analysis

Social protection. In Rwanda's NPA, child protection refers to legal, physical and psychosocial protection. Importantly, the NPA targets many groups of people in contact with children. Therefore it includes work with teachers, police and members of the community. Unlike many of the other NPAs, this NPA tackles how the rights of OVC may be protected during the legal process, rather than the way in which OVC are handled in legal documentation. The concern is that some of these activities are vague and may be difficult to address adequately with the required resources. For example, the NPA US$318.000 to psychosocial counselling to cover 40% of all OVC that are in need. However, it is not specified how this may be provided – through schools, hospitals or by other means

Social protection – Education. The NPA will provide free education for primary school 300,000 OVC and to 12,000 secondary school OVC. School materials will also be provided, although uniforms are not mentioned specifically. This will relieve households of the burden of education costs. There are no incentives to encourage children outside the school system, to benefit from this programme, for example, a school-feeding programme. This may place a greater burden on the out-of-school activities in the education programme of the NPA.

Rwanda's NPA tackles school provision from multiple perspectives. Programmes to provide primary school education are complemented by initiatives to promote the value of school education to the community. It is unclear how some of the activities will adequately meet the objectives. For example, ensuring access to primary education for 300,000 OVC is to be addressed by providing school materials.

Some of the activities will have spillover benefits for non-OVC children also. For example, a media campaign promoting the benefits of school education for both boys and girls; provision of life-skills and technical for out-of-school youths is absent. Vocational training (see activities in objective 6) is targeted at 30,000 OVC, however, it is unclear if some of the activities will meet the objectives adequately. For example, ensuring 30,000 OVC have access to vocation training is to be met by constructing and rehabilitating vocational training centres.

Whether these have been estimated to include provision of teaching staff and materials has not been detailed. Promotive social protection is being provided in the form of micro-credit and income-generating activities at US$100 to 100,000 households, although it is not specified how this will be disseminated. This is the only activity which includes a possibility of cash transfers.

Definitions, gender awareness, regional sensitivity, specific vulnerable groups and assumptions. Gender-oriented activities are included in the plan overall, although not to specific activities. As with many other NPAs, it is uncertain whether different regions and individual communities will be able to adapt the plans to fit their own particular circumstances. Rwanda's NPA makes direct reference to the many different types of OVC, including street children and abused children. Other than the provision of some psychosocial support, there are no activities that take preventive measures to address these difficulties (particularly measures that acknowledge displaced persons).

The Rwandan NPA makes efforts not to replicate activities such as awareness-raising campaigns and efforts to integrate OVC policies with general regional development plans. The resources spent on networking and collaboration between service providers will be especially important because many of the activities will be accomplished by a variety of organisations. For example reproductive health, nutrition, malaria and hygiene education for OVC is the responsibility of several government ministries, NGOs, FBOs and CBOs.

In summary, cash transfers are not directly implemented in the Rwandan NPA (with the possible exception of income-generating activities and micro-credit). As with many other NPAs, direct assistance is provided in the form of food to OVC, ARVs to OVC and parents (as an orphan preventative measure), education and materials (uniforms are not mentioned), vocational and skills-training. The NPA seems to be quite focused on promotive aspects of social protection. Many types of service provider are incorporated in each activity, including government ministries, NGOs, CBOs and for certain initiatives, the private sector. Gender awareness is included in general in the NPA although activities do not focus specifically on gender. This is one of the most well-rounded NPAs included in the RAAAPs.

SOUTH AFRICA

NPA - 2006-2008

References to: Social protection - 0
Cash transfer/bursary/grant – 0/0/0
Gender/female/girl – 0/0/0
Stigma/discrimination/inclusion/exclusion – 0/2/2/0
Safety net - 1

Budget
Total operational/programme costs: 2006: US$ 1,432,307,402
2007: US$ 1,645,938,316
2008: US$ 1,745,196,154
Administrative costs have been calculated at 15% of the total programme costs
Monitoring and Evaluations has been estimated at 10% of total programme costs.

Total cost of NPA 2006: US$ 1,790,384,253
2007: US$ 2,057,422,895
2008: US$ 2,181,495,193
An allowance for 6% inflation has been added to 2007 and 2008 estimated costs.

Overview
Strategic Objectives

1. Strengthen and support the capacity of families to protect and care for OVC.
2. Mobilise and strengthen community-based responses for the care, support and protection of OVC.
3. Ensures that legislation, policy, strategies and programmes are in place to protect the most vulnerable children.
4. Ensure access of OVC to essential services.
5. Raise awareness and advocacy to create a supportive environment for OVC.
6. Engage the business community to play an active role in supporting the plight of OVC.

Analysis
The South African NPA focuses strongly particularly on building up and improving existing social protection provision in the country.

Social protection. In common with the other NPAs, South Africa tackles the issue of OVC through the household and community. Regarding **food security**, the NPA aims to expand school nutrition programmes and develop 'food schemes' for communities, although it is not detailed how this will be done. Community programmes focus on more self-sufficient aspects, such as strengthening community food production schemes and encouraging income-generating activities among OVC, although this is through life-skills programmes (there is no mention of any direct transfers)
South Africa is the only NPA (so far) to look to the private sector to provide assistance with reaching OVC.

The NPA states that **psychosocial support** will be included in all training programmes and also for programmes to caregivers – however it does not say how this is to be included.
Health services will be provided to children of HIV+ mothers and ARV support will be provided to primary caregivers.
Education and training. Unlike other NPAs, activities to assist child-headed households are prominent. Assistance is in skills-training (parenting skills, money management, nutrition and health, legal right and safe sex, etc) and overseeing child-headed families.

Also included with South Africa's NPA is an ongoing review of other models of care and good practice for OVC.

As not all programmes in the NPA have yet been fully designed, there is potential for communities and regions to adapt the plan to suit their own requirements, although this is not explicitly acknowledged. On the negative side, no references are made to ethnic differences amongst South Africa, not the varying types of support that different regions and communities may require. There is no reference to OVC in rich versus poor households

not in racial discrimination and marginalisation of OVC, nor is mention made of the particular needs of girls. In common with other NPAs, there is no indication as to the number of children that are going to be targeted within each activity.

Budget, monitoring and evaluation. There is recognition of the importance of monitoring and evaluation, and 10% of the total cost of programming is allocated to this, although no specific plan has been drawn up and there is no indication of why 10% of the activity costs is an appropriate budget for M&E. An additional 15% is allocated to a general 'administration costs' although it is unclear what the precise use for this is and why it has not been calculated into spending within each activity. There is no indication of how financial resources are to be divided up between regions in South Africa.

Overall, the emphasis is creating an environment in which young and older OVC can grow and operate self-sufficiently. This involves collaborating with service providers, media awareness campaigns and community sensitisation, alongside meeting the basic needs of OVC.

SWAZILAND

RAAAP – Jan 2005-Dec 2006
NPA - 2006 - 2010
The Swaziland NPA is one of the most recent NPAs to be published. It is impressive in scope, comprehensiveness of review and clarity in matching budget lines to proposed activities.

Budget: 2006-10: US$ 228 million
According to the costing exercise (2005), the total budget for the plan is US$ 228 million, starting with US$36.1 million in 2006, and scaling up to US$57 million by 2010. These estimates for reaching OVC are additional to normal Government budgeting to maintain its ongoing social programmes. The rounded budget totals, inclusive of administrative and M&E costs, for each of the five years (2006-2010) are as follows. Note that these are exclusive of inflation or costs of human resource attrition due to AIDS.

References to: Social protection - 0
Safety nets - 0
Cash transfers/grants/bursaries- 0/2/7
Gender/female/girl – 5/0/4
Stigma/discrimination/exclusion – 0/4/0

OVC definition: The Swaziland NPA is very careful to define what is meant by Orphans and Vulnerable children. This is refreshing as many NPAs do not explicitly define these categories.

Orphan: is a child (less than 18 years) who has lost one or both parents.

Vulnerable Children: children under the age of 18 years who satisfies one or more of the following criteria:

- Parents or guardians are incapable of caring for him/her;
- Physically challenged;
- Staying alone or with poor elderly grandparents;
- Lives in a poor sibling-headed household;
- Has no fixed place of abode;
- Lacks access to healthcare, education, food, clothing, psychological care and/or has no shelter to protect from the elements;
- Exposed to sexual or physical abuse including child labour.

OVC Situation

- It is estimated that there are currently over 130,000 orphans and vulnerable children, with projections for over 198,000 OVC by 2010 (2004) which will be approximately 20 percent of the total population. 70,000 orphans and 60,000 vulnerable children
- 48% of Swaziland's 1.1 million population is under the age of 18 years.
    - Estimated number of children (0-14) living with HIV/AIDS: 16,000 (2003)

Overview
Priority Programme areas:

1. **Right to Food** Individuals and households are able to produce or acquire sufficient appropriate food to meet short and long-term nutritional needs
2. **Right to Protection** OVC, their carers and community members are able to respond immediately to circumstances and conditions that result in gross violation of the rights of children, subjecting them to serious risks and hazards. Vulnerability as a result of a breakdown in guardianship, isolation and insufficient legal protection or psychosocial support; abuse and a loss of property rights. Psychosocial support is understood as the ability for OVC and their carers to provide "positive and meaningful psychological and social support to their family and to the society in which they live." There is particular emphasis on emotional abuse of OVC from carers, school peers and the wider community.
3. **Right to Education** - Emphasis is placed on formal and non-formal education for all young people and their carers. In particular, the Plan mentions bursaries and assistance with fees and other school costs, especially for girls.
4. **Right to Access Basic Services** - this objective aims to meet the basic physical, mental and emotional needs of OVC and their carers and intends to cover food, clothing, bedding, shelter and healthcare. Particular focus is on access to and provision of healthcare and low socioeconomic status of many OVC.

5. **Right to Participation** – Activities are to be planned to enable young people to participate in policy and legislation processes
6. **Cross-Cutting Issues.** Monitoring and evaluation systems are to be established at all levels, with communities responsible for their own data collection and monitoring systems.

Analysis
The Swaziland NPA is unique compared with the other NPAs. It ostensibly adopts a rights-based approach. The issue of focussing on rights as opposed to UNGASS goals was a strategic decision taken by government and other stakeholders based on the CRC that Swaziland ratified in 1995. However the NPA does have firm linkages with the UNGASS goals. Each of the priority areas is grounded in a particular right (to food, to protection, to access basic services, etc.). In practice, this seems primarily to be rhetoric. This is reflected in a stronger emphasis on the psychological wellbeing of OVC. This means it identifies the rights of OVC and initiates activities to fulfil each right. This differs from other plans which plan activities around sectors, such as legal reforms, health, education, etc. In this way, the Swaziland NPA establishes a horizontal structure.

Social protection. There is quite a strong focus on social protection in Swaziland's NPA. In common with other NPAs, social protection for OVC centres on the community. Many of the activities are not listed in detail in the plan, however the emphasis on provision of "packages" of basic services for short-term care of OVC and vulnerable households and to provide improved shelter, sanitation and water in the community.
Education: This focuses on gender with the aim of increasing the number of girls in schools and access of OVC to education. However, the activities do not directly encourage girls to stay in schools. They imply that the problem of girls leaving school is an issue of discrimination and stigma rather than, for example socioeconomic and household issues. Therefore programmes to promote girls in schools are through "gender and rights sensitive materials and teaching approaches (2 c) and promoting "girl friendly initiatives." Retaining OVC school attendance, is to be addressed by a "collective lobby for universal primary school education and target support of OVC in secondary schools" (2b), which would be measured by 'the number of stakeholders lobbied", rather than the outcome in terms of OVC school attendance.

Cash transfers. Two types of cash transfer are mentioned in the NPA under the basic assistance for socioeconomic security (Theme area 4, p10). Livelihood support will be offered through the provision of credit services for OVC. More distinctive, is that regular income support will be given to older carers of OVC. According to the plan, US$ 1million is allocated to it and it will run for 10 months from March to December 2005, although it is not clear how this will be provided. Much mention is made of bursaries for a range of needs such as school uniform, exam fees and stationary, for both primary and secondary school.

In general, the emphasis of the plan is on **transformative mechanisms** of social protection, rather than establishing safety nets. Therefore, the right to food, is handled not through food distribution, but through agricultural and food production initiatives, such as procuring agricultural tools and equipment for vulnerable households, training in non-formal gardening skills, training in less labour-intensive technologies and establishing school and community gardens. There is direct food provision in the community, at clinics for infants and pregnant women, schools and linked with ARV. Most of the programmes that provide assistance such as support to OVC caregivers and free healthcare, are short term only, again emphasising that the social protection is seen as transformative and the aim is not to create dependence. Water is addressed through awareness campaigns only.

As with many of the NPAs, none of these programmes indicate how many citizens are to be reached through each programme, nor is there an indication that these may be adapted to suit specific regions.

Key interventions do not necessarily address the Priority Programme area. For example, OVC are failing to reach health services because they cannot afford the fees or they have to travel long distances. Training of healthcare workers to provide "efficient and faster service" to the older persons, disabled people as well as OVC, developing health manuals for OVC caregivers and providing information on health, hygiene and ARVs do not overcome the problems of health service costs and physical access.

Some of the social protective mechanisms (as opposed to economic), such as removing children from dangerous and abusive situations, reveal a gap in information about OVC underlying the Plan. For example, OVC in dangerous situations are to be removed and temporarily resettled. This will be measured by the number of OVC that are taken away from their current living situation, rather than based on research into the extent of abuse amongst OVC and the numbers that may need assistance.

There are some interesting initiatives such as involving local business in sponsorship of OVC (although this is not linked explicitly to apprenticeships).

TANZANIA

NPA, 2006-2010, 231pages.

OVC population: 1.8 million children (10% of children under 18) are MVC. This is increasing by 3% per year. A rate of increase has been factored into the Plan.

OVC definition: Tanzania refers to most vulnerable children (MVC), not OVC.

Budget
Tz Shilling (?) 4,857,018,750
The majority of resources (63%) are for household care and support
The projected budget has been calculated with an inflation rate of 5%.

Overview

Objectives
(i) Service delivery Environment
(ii) Education;
(iii) Health;
(iv) Household level care
(v) Protection and security
(vi) Psychosocial support
(vii) Measuring the process.
(vii) Community economic capacity building and resource mobilization.

The Tanzanian NPA provides a very comprehensive plan for OVC/MVC, focusing on all categories of service provider. The document is based on thorough knowledge and detailed research of the OVC/MVC situation. It also highlights where progress with OVC/MVC could be inhibited by state and non-state actors. The Plan focuses specifically on where the gaps are in the current structures of OVC assistance and therefore aims to expand and extend current activities (such as the Council AIDS committees, the Ward councils and the Village AIDS Committees. It identifies how each aspect of OVC support needs to be addressed and identifies this at national, district and community level and incorporates non-state actors into the state system. The Plan explicitly mentions the tensions between traditional and modern law (although this is dealt with under the Children's Act).

Social protection. According to the situational analysis provided in the NPA, social protection that is currently being provided by state and non-state service providers, is predominantly protective: focusing on care, fostering adoption and alternative care arrangements.

Social protection is addressed implicitly in the NPA as an outcome of the extensive planning, awareness-raising. The Plan concentrates on developing national policies, such as a youth policy and a social welfare policy, that will support current initiatives.

UGANDA

RAAAP – 2004; 87 pages

Collaborators: Government of Uganda (Ministry of Gender Labour and Social Development), UNICEF, UNAIDS, WFP, USAID, private consultants, International HIV/AIDS Alliance.

References to:
Social protection - 4
Safety nets – 1
Gender/female/girl - >25/16/.30
Cash transfer/grant/bursary – 0/ >10/ 2
Exclusion/inclusion/stigma/discrimination – 0/ 2/ >25/ >30

Budget: US$170 million (to nearest million). Not all activities have been costed, for example monitoring and evaluation. The projected budget for 2006-7 has been calculated with an inflation rate of 3% per annum.

OVC situation: 2 million orphans+ 960,000 live in internally displaced persons camps. The age structure of Uganda is young – approximately half the population of over 24 million is under 15 years old. (p6, 2002 figures). 14% of Ugandan children are orphans and 20% of 6-17 year olds. The majority of orphans are due to AIDS. Although HIV/AIDS is a less severe problem for OVC in Uganda compared with other African countries, it remains a significant cause of and problem for OVC.

Definition of OVC: A child who has lost one of both parents and is in sub-standard health.

OVC in legal framework: 1995 constitution refers to OVC although subsequent child-related laws "do not adequately articulate issues and concerns of OVC

Overview
The Ugandan NPA is based on 4 objective areas. Unlike other NPAs it comprises a month-by-month timeline of activities, although it should be noted that the activities that have not been timetabled are those around reviewing the current grant management system (in objective 4).
Objectives (proposed in the RAAAP):

1. Sustaining livelihoods (US$ 130.5 million)
2. Linking essential social sectors (US$ 34.4 million)
3. Strengthening policy and legal framework (US$ 417,708)
4. Enhancing the capacity to deliver (US$ 4.4 million)

The Ugandan NPA is a very general plan providing scope to develop more detailed initiatives and to develop the plan more fully. Over a five-year period (2004-2008), it is aimed to introduce 79,800 new OVC each year, for a maximum of three years, so that at maximum capacity (2006-2008), 239,400 children will be reached.

The main section that is undeveloped concerns direct intervention with OVC (Objective 1). Other parts of the plan are costed in considerable detail. The following guiding principles of the RAAAP may give some indication of the direction of the NPA. They include plenty of capacity for social protection and cash transfer programmes. The guiding principles are to:

- Build on Human Rights-Based approach to programming
- Make the family and community the first line of response
- Focus on the most vulnerable children and households
- Reduce vulnerability
- Facilitate community participation and empowerment
- Promote gender equity
- Treat recipients with respect
- Reduce stigma and discrimination
- Ensure the social inclusion of marginalised groups
- Ensure the participation of vulnerable children and families
- Strengthening partnerships

- Deliver integrated and comprehensive services
- Support service delivery through decentralization
- Design age-sensitive programmes

There are some interesting findings from the RAAAP research regarding the economic burden of orphans on a household. These may be useful in the detailed planning of the NPA, particularly with a view to the types of social protection that could be provided. It is estimated that a household's investment decreases by 20% for each additional family member adopted.

Although it is not fully developed, the plan appears to be supporting programmes that are already active in Uganda, rather than implementing new initiatives.

Analysis
Given the limited detail in the NPA, this analysis identifies some of the features of the RAAAP that provide a sound basis on which to build the NPA.

The critical areas identified in the RAAAP, which should therefore be addressed in the future NPA, are education, conflict (residual psycho-social problems, particularly for girls and women), HIV/AIDS, health and poverty. According to the RAAAP, the greatest problem for OVC lie in malnutrition and education costs. Although these are referred to in the budgeted plan of the RAAAP, no unit costs or numbers of OVC to be reached, are mentioned.

Social protection programmes in the Plan fall within the first objective area (sustaining livelihoods). This comprises socio-economic security service provision to OVC, support for food security and nutrition service provision, support for care and support interventions for OVC and their families and support to interventions that mitigate the impact of conflict on OVC. However, no more detail is provided about the interventions. Due to the non-specific nature of the plan it is difficult to establish how much social protection there will be and whether the programmes will be transformative or protective.

Cash transfers. The RAAAP refers to a 'grants management system' in Uganda. This is a UNICEF-organised network of NGOs providing support to OVC through microfinance and income-generating projects and financed through a 'grants bank'. However, it should be noted that the RAAAP is referring to loans and items in-kind (such as goats for start-up businesses) rather than cash grants. Grants are also provided to schools. Direct cash transfers are not distinctive in current social protection for OVC, neither is it included in the NPA, although there is scope for this. Furthermore, activities regarding the grants system have not been timetabled in the plan.

Definitions, gender awareness, regional sensitivity, specific vulnerable groups and assumptions. The RAAAP concentrates on orphans, rather than distinguishing between different groups of vulnerable children. However, it does emphasis the problems of street children, prostitution, child labour and abuse although these are not referred to in the current NPA. Uganda adopts a different definition of OVC to the convention, by including a health standard for OVC (see above). The Ugandan RAAAP explicitly acknowledges the differences in local definitions of OVC. It also asserts the importance of appreciating the distinction between definitions in research used for quantitative use and for targeting purposes. Research has also shown the variation in distribution of OVC between regions, although so far this is not realised in the Plan. The plan recognises that there have been genuine initiatives in gender policy although these have not been successfully operationalised. Similarly, in the NPA, there is no reference to gender-oriented programmes. The RAAAP reveals that there is a breakdown in the traditional family support mechanism, so rather than assume that the extended family is inevitably able to absorb orphans, it is concerned with what mechanisms can be put in place to provide family-based support.

The RAAAP recognises that there is currently no effective monitoring and evaluation system for OVC. It emphasises that M&E will be an ongoing part of the plan (p24). As yet, there no substantial provision is made for monitoring and evaluation in the plan, apart from two months of M&E of OVC programmes time-tabled for February-March 2005 (4.1 (b), p22).

Zambia

NPA – Medium term plan 2005-2007. 61 pages
RAAAP, 2004

Budget: No total cost – 2005/7 approximately US$722,700 Confusing – I can't get their numbers to sum to the given figures.

Collaborators: 20 representatives from the Government, NGOs, INGOS, FBOs, UN organisations and donors.

OVC situation: 22% of households look after an orphan. 86% of orphans are single orphans and in 1996, 13% of children were orphans (LCMS, 1996). 4% of 0-4 year olds are orphaned and 23% of 15-18 year old children are orphans. Almost 75% of Zambian children live below the poverty line and almost half are not enrolled in school

OVC Population: 1,146,614 orphans (NPA) 815,545 (2005 Spectrum project in the NPA), 838,000 OVC (LCMS, 1999) with over 75 000 street children (SADC HDR, 1998)

References to: Social protection – 0
Safety net – 0
Cash transfer/grant/bursary – 0/4/1
Stigma/inclusion/exclusion - 0
Gender/female/girl – 3/3/1

Overview
Priority Areas:

1. Establishing an effective national coordination and management body
2. Strengthening the legal and policy environment for OVC
3. Develop effective and efficient OVC information generation, storage and dissemination mechanisms at community, district and national level.
4. Improving OVC access to basic resources and services.
5. Establish mechanisms for Monitoring Evaluation Research and reporting
6. Up scaling interventions for greater coverage.

- The Zambian NPA identifies three primary areas in which to focus resources: health, education and family/home support, with the majority of expenditure on healthcare.
- The resources required increase from US$ 58 million in 2005 to US$ 181 million in 2011 (Zambia, OVC Cost model) ,although this does not appear to be accurately reflected in the 2005-7 NPA
- The Priority Areas do not directly tally with the areas of activity listed in the breakdown of the budget.

Analysis

Budgeting: The costing in the NPA does not reflect the resources required in the Cost Model. Certain services have not been costed. For example, legal/policy activities and staff costs are not included within the cost model, which implies they will be funded separately through another mechanism and not as part of the OVC Plan. Certain education activities that are not costed in the plan may be included in other education programmes, such as community school health care, the provision of hygienic kits, exam fees and life skills/reproductive health. Community support and psychosocial support services are also absent from the Plan. No allowance seems to have been made for inflation, for example, monitoring costs remain constant throughout the duration of the plan. The costing for legal/policy activities and staff costs (school teachers and community workers) has been omitted from the Plan explicitly and there are no financial resources allocated to monitoring and evaluation activities. Unit costs have only been calculated for health and education activities, not for the other areas of the Plan – such as advocacy and legal reform.

Coverage: Unlike some other NPAs, the Plan *does* detail the target coverage for activities (see the Cost Model). However, it is uncertain whether these always reflect the situation on the ground as some activities aim to reach the same numbers of OVC, although they me be targeting very different groups of children. For example, the same numbers of OVC are planned to receive micro-finance assistance as will receive seeds for food crops.

Activities: Certain areas of action included in the Plan have no corresponding activities. For example, pre-school education for 0-6 year old OVC is included in the Plan and yet no activities are detailed. The Zambian NPA utilises education to provide OVC with many other needs, such as health care. One concern with this is that OVC's access to health care and HIV education depends upon a successful school attendance programme.

Social protection. Social protection activities in education meet school needs in-kind by providing books and uniforms as well as payment of exam fees. Protective health care is made available through provision of nutritional supplements. ARVS are to be provided for both OVC and parents of OVC living with HIV/AIDS. This is listed as an 'orphan prevention' measure, suggesting that only parents, rather than carers of OVC, with HIV/AIDS, will be provided with ARVs, rather than providing ARV treatment to carers of OVC, as a protective measure for current orphans.

Cash transfers and transfers in-kind. Family support is a combination of assistance in kind (bednets, clothing, blankets and shoes) and cash transfers - Public Welfare Assistance Scheme(PWAS) and cash transfers to households, for food support. This will cover 10% of OVC (presumably the poorest 10**%???),** reaching 79,124 in 2005 and almost 85,000 by 2011, at a fixed unit cost of US$120 per annum. The interesting characteristic of the PWAS is that it operates a community targeting mechanism.

The Zambian NPA is distinguishable from many NPAs because it contains activities to *prevent* the acceleration of the numbers of orphans, such as providing ARVs to parents with HIV/AIDS and providing family planning services. This is comparable with the Rwandan NPA.

Zimbabwe

No of explicit references to: social protection - 0
Safety nets - 0
Cash transfers/grant – 0/3
Gender/female etc – 0/0
Stigmatisation/inclusion/exclusion – 0/0/0

Budget (see below)
There are two costing options.
Scenario 1 - Year 1: US$ 35m increasing to US$ 55m by year 3 (US$ 380 per OVC per year).
Scenario 2 – Year 1: US$37m increasing to US$96m by year 3, (US$ 366 per OVC per year).
The 2 costing scenarios depend upon whether 25% target coverage (305, 000 OVC) is achieved by 2008 or 2011.

The costing model is calculated on: target OVC population x coverage goal x Unit cost/OVC/year = annual resources needed. M&E was calculated at 5% of the total programme costs.

Target OVC Population: 1,220,806, in a total of an estimated 5.8 million children. Therefore, approximately one fifth of children are OVC. It should be noted that the NPA here refers to this 20% as orphans (previously referring to them as OVC) indicating a lack of distinction between OVC and orphans. Disaggregating this, 1.1 million children are classified as orphans, 120,000 as vulnerable children (which includes 19,730 children with disabilities). Note that according there appear to be fewer 'vulnerable children' compared with orphans.???

Definitions: A narrow definition of OVC is used in the Plan. The Plan uses 'near' and 'new' orphans as a proxy for OVC, and these are defined as 'children living with a severely ill parent who will die in the next year'. This accords with the understanding of OVC as HIV/AIDS affected children, but it but it does not include activities to tackle other situations of disadvantaged children, such as abused/neglected children. Although this HIV/AIDS-related definition is used, the estimated number of OVC includes 20,000 children with disabilities, who are not addressed substantially in the activities.

Objectives
Objective 1: Coordination – Strengthen the existing coordination structures for OVC programmes and increase resource mobilisation.
Objective 2: Child participation – Increase child participation in all issues that concern them from community to national level, considering their evolving capacities.
Objective 3: Increase the percentage of children with birth certificates by at least 25%.
Objective 4: Education - To increase OVC school enrolment 25% and retention of OVC in primary and secondary schools
Objective 5: Access to food, health services and water and sanitation – to increase access for all OVC
Objective 6: Education on nutrition, health and hygiene – increase education for all.
Objective 7: A healthy environment and protection from abuse – reduce the number of children who live outside of a family environment by at least 25%.

Analysis
The Zimbabwe NPA does not frequently employ direct social protection mechanisms in its activities; however it establishes the structure on which social protection mechanisms could build. The plan provides a broad overview of its plans to address OVC issues, providing scope within it to develop individual plans tailored to provinces and local communities. Objective One aims to create a framework within which children can be supported – mainly through capacity building - forming child committees at local and regional administrative levels. It also allows for the development of an M&E plan and details various progress reports and review conferences for stakeholders, which will enable a continuous process of review and progress checks. The Zimbabwe NPA works at the local community level – very little involves national level mechanisms. However, the Plan coordinates its activities with international initiatives such as the Zero Tolerance Campaign against Child Abuse on a nationwide scale. A helpful presentation on the Zimbabwe NPA explains the rationale behind the NAP and in particular, where it meets the UNGASS goals - Articles 65, 66 and 67 which focus on OVC.

There is a three-pronged approach to children regarding social protection initiatives. Firstly, to increase and retain the number of OVC in primary and secondary school through calculating the number of children out of

school, mobilising resources to support block grants for schools and skills-training programmes for youth and providing the resources for school uniforms, tuition and books. This could be through cash or in-kind transfers, but this is not made explicit in the NAP. The objective to increase access to food, health services, water and sanitation for all OVC by 2005 is being approached through collating information regarding service provision in the area and gaps in distribution/provision to OVC; coordinating existing and additional resources to do so through existing community outreach mechanisms. Education on nutrition, health and hygiene is being targeted at children, teachers, parents and child-related service providers.

Social protection activities fall predominantly within Strategic Objective 2: Access to Food, Health Services, Water and Sanitation. Operations allow for access to sanitation (unspecified), provision of health supplies to child-headed households, ARTs and nutrition for HIV-infected children, community-based nutrition. **Food, health, water and sanitation**. Community based nutrition is to be provided to 0-4 year olds at $1/OVC/day this will be provided for the 3 months following exit from therapeutic feeding at hospitals.

There is a strong focus on education and on child participation in the plan, demonstrated by Objectives 1 and 2. **School-feeding programmes** are being implemented, aiming to cover 95% of the OVC population. Take-home rations were considered in Zimbabwe in order to reduce stigmatisation. Food rations (based on WFP minimum costs) are estimated at $15.50 per OVC per year. Other **school-based programmes** for OVC include activities to reintegrate out of school primary aged OVC. 50% of these children (or 16,000) are to be targeted by 2011. Assistance with school costs will be provided to each age group at $55/primary student/year and $218/secondary student/year. In terms of **psychosocial support**, this will be addressed through five days' training of teachers (along with OVC issues and registration, HIV prevention and child rights). Vocational training will also be provided for out-of-school youth, covering 5% of youths not attending secondary school (10,283 OVC) in 2005 at a unit cost of $218 and rising to 25% coverage by 2008 (activity 1.7).
Also included is some basic skills training (for example through peer education in reproductive health and HIV/AIDS education). Although according to the plan, this relies on the initiatives of children themselves.

These strategies are extremely inclusive as they embrace children universally rather than targeting OVC. Conversely however, it does little to positively reduce stigmatisation or embrace marginalised children. One activity is to integrate vulnerable children by expanding linkages between youth, involving a large spectrum of actors, from the government, to the child parliament and church based organisations to street children's projects.

Social protection programmes are employed to meet the fourth objective to retain OVC school-goers and decrease by 25% those OVC that do not go to school, predominantly through **direct, in-kind transfers** such as books and uniforms. Block grants will be provided to schools and will therefore reach children indirectly, but there are no proposed individual cash transfers or feeding programmes related to education activities.

Creating a healthy family environment and protection from abuse (Objective 5) concentrates on psychosocial needs and therefore involves training for carers and NGOs and provision of psychosocial support. Fundamentally, the plan does not address economic perspectives of child vulnerability. However, income generating activities absorb 88% of Strategic Objective 6, which is concerned with Child Participation.

As with many of the National Plans, a significant part of the Plan involves data collection and establishing a baseline of the numbers and situation of OVC in the country, identifying their needs and the resources necessary to meet them. This is the case for all basic needs.

Food, health, water and sanitation. Community based nutrition is to be provided to 0-4 year olds at $1/OVC/day this will be provided for the 3 months following exit from therapeutic feeding at hospitals.

The focus for support is on the community where possible, for example, community-based nutrition for the 0-4 year olds. One concern may be that the nutrition activities focus on the 0-4/5 age group, and provide supplementary feeding during food shortages, which by implication assumes that 0-5 year olds are accessing food at all other times. Less than 8% of the Objective 2 budget is allocated generically to 'food security' and there is no indication as to what food security activities entail.

The Zimbabwe NPA is distinct from the other NPAs in the way it explicitly focuses on *promotional* activities, rather than protection. Under Objective 2, it endeavours to create an environment in which children generate ideas and projects for themselves, rather than depend upon initiatives designed by adults. This approach is also

reinforced by Objective 3 which focuses on birth registration. This will assist future protection programmes, which require accurate baseline data, again indicating the longer term strategy of the Zimbabwean NPA.

Overall, the NPA in Zimbabwe is quite modest (and maybe for that reason, more realistic) than many other plans. For example, the objective to increase access to food, health services, water and sanitation for all OVC focuses on collating information and identifying resource gaps, rather than direct activities to overcome the issue. Similarly, the fifth Objective is devoted to increasing *education* on health and hygiene for all children. Nutrition, health and hygiene needs are being addressed through education of children, teachers, parents and child-related service providers. Resources (existing and additional are being mobilised to strengthen and expand local initiatives, regarding education on nutrition, health and hygiene and also to ensure adequate care for institutionalised and children and child-headed households.

The Budget.

The plan acknowledges that the budget costs may alter considerably over time, given the state of inflation in Zimbabwe, therefore the prices are budgeted on an assumption of stable prices, but are subject to frequent revision.. The Plan also notes, uniquely, that putting the budget in dollars (for donor purposes), is misleading of the stability of prices. Particularly useful, the Zimbabwe budget of the NPA is accompanied by footnotes which provides a rationale behind the choice of activity and the budget allocation

The Plan lists a series of different activities to that identified in the budget. Of some concern is the apparent failure to allocate resources to many of the social protection activities listed in the budget. These activities include payment of school fees and provision of school materials, (both at primary and secondary levels). The largest portion of the budget will spent on education (40.1%) with 18.0% allocated to creating protective family environment, 15.5% for food, health water and sanitation and 0.5% on education on nutrition, health and hygiene. 13.8% of total costs will be spent on administration and coordination and less than 5% on M&E activities. There is considerable focus on feeding programmes: School-feeding, pre-school aged supplemental feeding and nutritional and health -based community care.