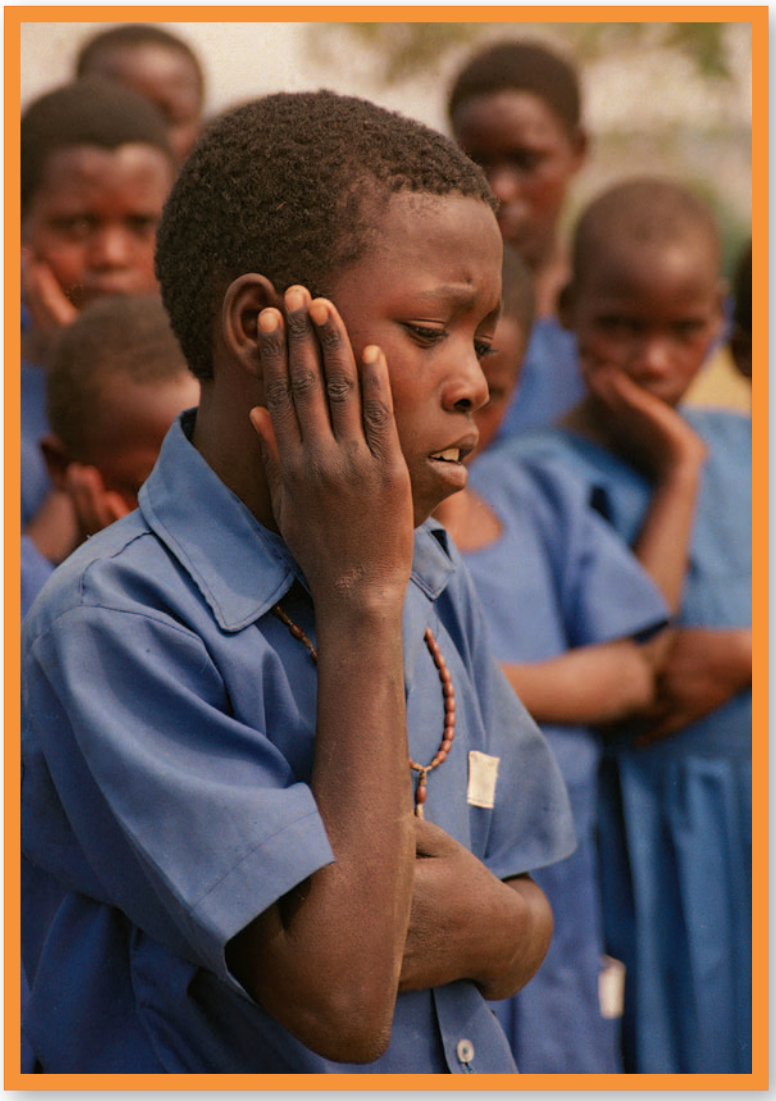
World Vision

More than words?

Action for Orphans and Vulnerable Children in Africa



Monitoring progress towards the UN Declaration of Commitment on HIV/AIDS

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Cover photo: Portrait of Alex sadly singing. Many Adults and children are still suffering from AIDS in Rakai district, where the first AIDS case in Uganda was diagnosed.
Credit: Simon Peter Esaku/World Vision

Contents

Abbreviations

ADP	Area Development Programme
AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-retroviral
CBO	Community Based Organisation
CCC	Community Care Coalitions
CNCS	National AIDS Council (Mozambique)
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisation
DDADR	District Direction of Agriculture and Rural Development (Mozambique)
DDMCAS	District Direction of Women and Co-ordination of Social Actions (Mozambique)
FBO	Faith Based Organisation
FGD	Focus Group Discussion
HACI	Hope for African Children Initiative
HAPCO	HIV/AIDS Prevention and Control Office (Ethiopia)
HIV	Human Immunodeficiency Virus
KIHECFO	Kigezi Health Care Foundation (Uganda)
MMAS	Ministry of Women and Social Action (Mozambique)
MMCAS	Ministry of Women and Coordination of Social Action (Mozambique)
MoH	Ministry of Health (Ethiopia)
MoGLSD	Ministry of Gender, Labour and Social Development (Uganda)
MoLSA	Ministry of Labour and Social Affairs (Ethiopia)
NAADS	National Agricultural Advisory Services (Uganda)
NRC	National Registration Card (Zambia)
OVC	Orphans and Vulnerable Children
PLWA	People Living with AIDS
PLWHA	People Living with HIV and AIDS
PMA	Plan for the Modernisation of Agriculture (Uganda)
PMTCT	Prevention of Mother to Child Transmission
PRSP	Poverty Reduction Strategy Paper
REPSSI	Regional Psychosocial Support Initiative (Zambia)
UDHS	Uganda Demographic Health Survey
UNAIDS	United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education

Executive summary

HIV and AIDS has left millions of children neglected and vulnerable. In sub-Saharan Africa alone, a staggering 12.3 million children have been orphaned as a result of AIDS – a figure roughly equivalent to the total number of children in the UK – and millions more have been left extremely vulnerable.*

The impact of HIV and AIDS on children in developing countries is immense. As well as threatening a child's right to life and a family environment, it also undermines a multitude of other rights, and can leave affected children vulnerable to abuse and exploitation.

Given the devastating impact on these children's lives, urgent international action is needed to ensure that their rights are protected and needs met. In 2001, specific commitments to orphans and vulnerable children were made as part of the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS – commitments which were to be met by 2005. Despite this, many governments and donors have fallen short of the promises made and progress has been frustratingly slow.

Intended to inform and challenge, *More than words?* is a qualitative investigation of how far the rights and needs of orphans and vulnerable children are being met in four of the worst-affected countries in sub-Saharan Africa. Based on surveys and focus group discussions with children, parents, caregivers and officials in Ethiopia, Mozambique, Uganda and Zambia, this report offers a timely insight into how far the commitments are being met and provides practical recommendations for action at both national and international level.

This study has found that in all four countries, children orphaned and made vulnerable by AIDS are most likely to be missing out in terms of education, health, nutrition and other basic needs. *More Than Words?* has concluded that orphans and vulnerable children are:

- least likely to be in school
- least likely to have access to healthcare
- least likely to receive normal meals
- least likely to have their basic needs met
- unlikely to be receiving psychosocial or other support
- unlikely to have their births registered
- frequently victims of property grabbing

Given these findings, it is clear that care and support for orphans and vulnerable children must be considered an integral part of national and international response to the HIV/AIDS crisis, not an optional addition. World Vision therefore calls on governments, international institutions and other key duty-bearers to take the following actions at national and international levels:

* Figures taken from UNAIDS/UNICEF/USAID (2004) *Children on the Brink 2004* and UNICEF (2004) *The State of the World's Children 2005*

National

- Fully implement Articles 65 – 68 of the 2001 UNGASS Declaration of Commitment on HIV/AIDS to ensure special assistance for children orphaned and affected by HIV/AIDS
- Produce and fully fund National Plans of Action for orphans and vulnerable children in all highly affected countries, with a specific focus on education, health, nutrition, psychosocial support, community capacity and protection issues (see Conclusion & Recommendations for more detail)

International

- Fully implement Articles 65 – 68 of the 2001 UNGASS Declaration of Commitment on HIV/AIDS to ensure special assistance for children orphaned and affected by HIV/AIDS
- Endorse and support 'The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS'
- Make specific, time-bound and measurable commitments to enable the implementation of the framework, including additional earmarked resources of at least 10% of total HIV/AIDS expenditures specifically for support of orphans and vulnerable children
- Support the development and implementation of National Plans of Action for orphans and vulnerable children in all highly affected countries
- Initiate a report card system to rank donors and national governments according to their actions on children and AIDS
- Accelerate the abolition of local school and health fees and associated costs for all children, paying special attention to the most vulnerable and disadvantaged children
- Provide access to treatments (both drugs for opportunistic infections and antiretroviral therapy) for parents to delay orphaning and extend the parent-child relationship
- Ensure the inclusion of children in national and international initiatives to scale up access to care and treatment
- Provide increased access and coverage of PMTCT interventions to prevent infection in children
- Support the further development of paediatric ARV formulations and treatment practices
- Drop the debt for heavily and newly indebted countries with significant numbers of orphans
- Ensure that responses to the needs of orphans and vulnerable children are included and prioritised in macro-level policy documents, such as Poverty Reduction Strategy Papers (PRSPs), national development plans and National AIDS Strategies
- Provide resources for the broadening of the social protection safety net for children and caregivers

Introduction

The mention of your name, scares me out of my skin
Out of the darkness you crept in
Swept our continent, home is but full of graves
Thousands and thousands you have killed
Causing no meaning to life.[1]

Such is the reality for millions of children across sub-Saharan Africa. HIV and AIDS has swept through their lives, leaving many orphaned or vulnerable and without hope for the future. In 2003, a staggering 12.3 million children in the region had been orphaned as a result of AIDS (a figure roughly equivalent to the total number of children in the UK[2]) and this is expected to rise to 18.4 million by 2010 (see Table 1).[3] Many millions more have been left extremely vulnerable by the effects of the pandemic both on their families and the wider community.

The impact on these children is immense. HIV and AIDS not only threatens their right to life and a family environment, it also undermines a multitude of other rights.[4] As well as suffering the severe psychological distress of losing one or both parents, orphans may also lack food, shelter, clothing and healthcare. Due to pressure on the household, children may be forced to drop out of school to work or look after sick relatives or younger siblings. On top of all this, they are likely to face stigma and discrimination, and may be at risk of abuse or exploitation.[5] This includes land or property grabbing, which deprives them of what little resources they have been left with.

In the longer term, such suffering and neglect is destined to have catastrophic consequences, not only for the children themselves but also for their communities and nations as a whole. As a recent World Bank study suggests, heavily affected countries such as South Africa could face economic collapse within a few generations unless the AIDS epidemic is combated. Central to this must be a concerted effort to improve and protect the lives of orphans and vulnerable children, recognising that, *'if countries are to avoid the very worst economic and developmental scenarios that AIDS might bring, then investment in the future of OVC will be essential'*.[6]

1 Extract from a poem by Judy Wangui, an orphan from Kenya who lives with her grandmother.

2 In 2003, the number of children under 18 in the UK was 13,275,000. UNICEF (2004) *The State of the World's Children 2005: Childhood Under Threat*

3 UNAIDS/UNICEF/USAID (2004) *Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action*, p.29

4 Backhurst, J., Collen, S., & Young, H. (2004) *Small Voices, Big Concerns: A Child Rights Approach to HIV/AIDS*, World Vision EULO, p.8

5 For a detailed description of the impact that orphaning is having on children, families and communities see: UNICEF (2003) *Africa's Orphaned Generations*

6 Brandt, D. (2003) 'Meeting Basic Needs of OVC: A Global Imperative with Emphasis on Education and Health Care in Africa, in Currah, K. & Whaites, A. (2003) *False Economies – Why AIDS-Affected Countries are a Special Case for Action*, World Vision International

Table 1: Sub-Saharan Africa: Orphan estimates by type and cause, 2003[7]

Country	All children 0-17 (thousands)	Total orphans as a percent of all children	Total number of orphans	Total number of orphans due to AIDS	Orphans due to AIDS as a percent of all orphans	Children orphaned in 2003
Ethiopia	35,000	11%	3,9000,000	720,000	18%	470,000
Mozambique	10,000	15%	1,500,000	470,000	31%	200,000
Uganda	18,000	14%	2,000,000	940,000	48%	190,000
Zambia	6,000	19%	1,100,000	630,000	60%	120,000
Sub-Saharan Africa	**350,000**	**12.3%**	**43,400,000**	**12,300,000**	**28%**	**5,200,000**

Global Crisis – Global Action

Over the last few years, there has been increasing recognition of the need to address the plight of orphans and vulnerable children. Several conferences have taken place during the last decade, including a UN General Discussion on 'Children living in a world with AIDS' in 1998 and an African regional meeting on orphans and vulnerable children held in Zambia in 2000.[8] However, it was only in July 2001, at the UN General Assembly Special Session on HIV/AIDS, that a truly global commitment to action was made by many of the world's leaders. The resulting Declaration of Commitment on HIV/AIDS sets out over 100 articles to guide national, regional and international efforts to combat the problem. Significantly, three of these articles refer directly to children orphaned and made vulnerable by HIV and AIDS, with a fourth addressing the broader social and economic impact on their lives (see Table 2).

Table 2: Commitments to Orphans and Vulnerable Children

Articles 65-68 of the UN Declaration of Commitment on HIV/AIDS (2001)[9]

Children orphaned and affected by HIV/AIDS need special assistance

65. By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psychosocial support, ensuring their enrolment in school and access to shelter, good nutrition and health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;

66. Ensure non-discrimination and full and equal enjoyment of all human rights through the protection of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;

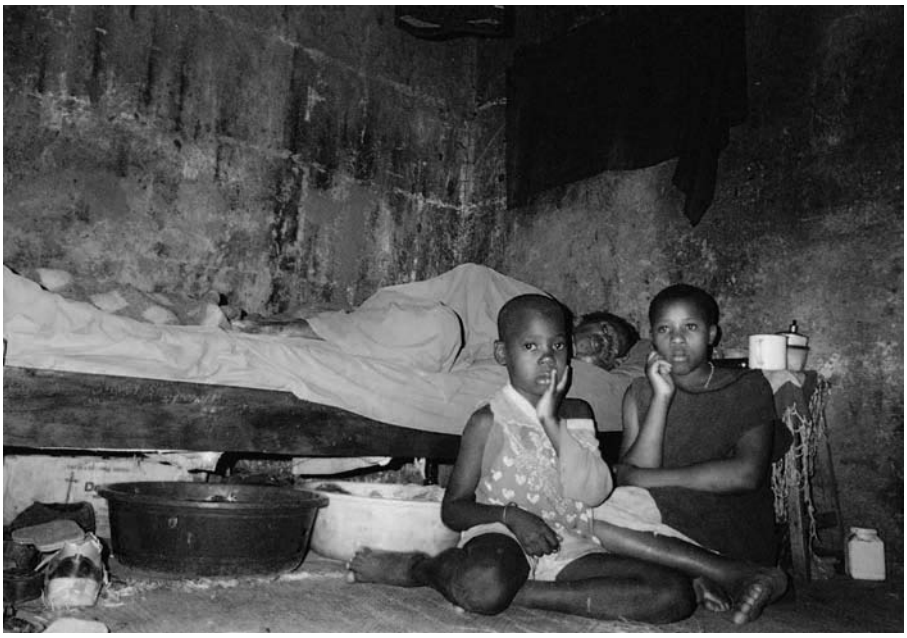
67. Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa;

To address HIV/AIDS is to invest in sustainable development

68. By 2003, evaluate the economic and social impact of the HIV/AIDS epidemic and develop multisectoral strategies to address the impact at the individual, family community and national levels; develop and accelerate the implementation of national poverty eradication strategies to address the impact of HIV/AIDS on household income, livelihoods and access to basic social services, with special focus on individuals, families and communities severely affected by the epidemic; review the social and economic impact of HIV/AIDS at all levels of society, especially on women and the elderly, particularly in their role as caregivers, and in families affected by HIV/AIDS, and address their special needs; and adjust and adapt economic and social development policies, including social protection policies, to address the impact of HIV/AIDS on economic growth, provision of essential economic services, labour productivity, government revenues, and deficit-creating pressures on public resources;

As the most internationally agreed statement of intent around the issue of HIV and AIDS, this Declaration is a powerful tool for ensuring international action for orphans and vulnerable children. Backed up by many other international commitments, including the Millennium Development Goals and the 'World Fit for Children Declaration' made at the UN Special Session on Children in 2002, it provides a means by which world leaders can be held accountable to a clear timetable of action.

With 2005 set as a key milestone both for the Declaration of Commitment on HIV/AIDS and the Millennium Development Goals, this year demands serious review of what has been achieved and what still needs to be done. To this end, a high-level meeting has been scheduled for 2 June '*with the aim of identifying the level of progress achieved, problems and constraints facing the full realization of those commitments and the prospects for achieving them and for sharing best practices*'.[10] Though a more thorough review is planned for 2006, this interim meeting provides a key opportunity to contribute to the comprehensive 2005 review of progress towards the Millennium Development Goals, due to take place in September.



I wonder what is going through these children's minds as they shoulder the responsibility of caring for their ailing parent.

Photo & caption by Richard Kigula, Uganda

This photo is part of ***Heartprints of the Child's Soul***, a collection of photos taken by children affected by HIV and AIDS in Uganda, Zimbabwe, Kenya and Tanzania. The photos are an expression of how the children are coping and responding to trauma caused by the pandemic and speak to us about their struggle to survive in a world that is falling apart.

7 Taken from *Children on the Brink* 2004

8 Smart, R. (2003) *Policies for Orphans and Vulnerable Children: A Framework for Moving Ahead*, Futures Group International, p.13

9 UNGA (2001) Declaration of Commitment on HIV/AIDS, A/RES/S-26/2

10 UNGA (2004) *Organizational arrangements for the high-level meeting to review the progress achieved in realizing the commitments set out in the Declaration of Commitment on HIV/AIDS*, A/RES/58/313

As one of the world's leading development agencies, with more than fifteen years experience of working to care for and support orphans and children made vulnerable by HIV and AIDS, World Vision has much to contribute to this review process. Fully aligned to 'The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in A World With HIV/AIDS' developed by UNICEF and other partners, World Vision is committed to keeping orphans and vulnerable children high on the global agenda through evidence-based advocacy.[11] As part of this, *More than Words?* is a qualitative investigation of how far the rights and needs of orphans and vulnerable children are being met in four of the worst-affected countries in sub-Saharan Africa (Ethiopia, Mozambique, Uganda and Zambia) and is intended to inform and challenge leaders on the commitments they have made.

Table 3: Definition of Orphans and Vulnerable Children[12]

Orphans are children below 18 years of age who have lost either a mother, a father, or both parents to any cause.

Vulnerable children are:

1. Children whose parents are chronically ill. These children are often even more vulnerable than orphans because they are coping with the psychosocial burden of watching a parent wither and the economic burdens of reduced household productivity and income and increased health care expenses.
2. Children living in households that have taken in orphans. When a household absorbs orphans, existing household resources must be spread more thinly among all children in the household.
3. Other children the community identifies as most vulnerable, using criteria developed by the community. One of the critical criteria will be the poverty level of the household.

At the community level, defining OVC is complex and should not be dictated by others. Not all orphans are vulnerable, and some of the most vulnerable children may not fall into the categories that have been defined here. The term 'AIDS orphans' should not be used because parents rarely know their HIV status. The term may lead to stigmatisation and discrimination against orphans.

11 UNICEF (2004) *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in A World With HIV/AIDS*

12 Taken from World Vision's *Guide to Mobilizing and Strengthening Community-Led Care for Orphans and Vulnerable Children.*

Chapter 1: Research overview & summary of findings

A framework for action

Recognising the complexity of the task at hand and the immense challenge of tackling the issue in a comprehensive way, a series of regional and global consultations have taken place to determine how the Declaration of Commitment should be implemented. Key amongst these was the 2002 Windhoek workshop on children affected by HIV/AIDS which brought together representatives from across eastern and southern Africa to agree practical measures for the implementation of the UNGASS goals. Each country, including the four highlighted in this report, was asked to review its progress to date and draw up a country action plan to guide future activities.[13]

Eager to capture the lessons from these workshops and encourage further scaling up of action for orphans and vulnerable children, UNICEF, UNAIDS and many others have collaborated to produce 'The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in A World With HIV/AIDS'. Finalised in July 2004, this framework outlines five key strategies for translating the ambitious goals of the Declaration of Commitment into timely practical action:

1. Strengthen the **capacity of families** to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support
2. Mobilize and support **community-based responses**
3. Ensure access for orphans and vulnerable children to **essential services**, including education, health care, birth registration and others
4. Ensure that **governments protect** the most vulnerable children through improved policy and legislation and by channelling resources to families and communities
5. Raise awareness at all levels through advocacy and social mobilization to create a **supportive environment** for children and families affected by HIV/AIDS

The Framework has been widely endorsed by governments and non-governmental organisations alike and provides operational guidance to all stakeholders involved in responding to the needs of orphans and vulnerable children. Each strategy suggests a series of actions, though care is taken to emphasize the importance of varying the approach '*according to locally identified needs, capacities and priorities*'.[14] In addition, it provides a core set of indicators for monitoring progress towards the goals set out in the Declaration of Commitment, stressing the need to measure progress both nationally and at programme level.[15] Efforts are currently underway to ensure that as many governments as possible endorse the Framework and commit resources to implementing its recommendations.

13 See UNICEF (2002) 2002 *Eastern and Southern Africa Workshop on Children Affected by HIV/AIDS: Implementing the UNGASS goals for orphans and other children made vulnerable by HIV/AIDS*.
14 UNICEF (2004) *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in A World With HIV/AIDS*, p.14
15 *Ibid*, p.31

Monitoring progress

With over fifteen years programmatic experience working with children affected by HIV and AIDS (see Table 4), World Vision is a vocal advocate on the issue of orphans and vulnerable children and is working hard to keep it high on the global agenda. A key part of its work is therefore to inform and challenge leaders, holding them to account for the promises they have made. To this end, a monitoring exercise was conducted in four of the worst-affected countries in sub-Saharan Africa to provide a qualitative assessment of how far commitments to orphans and vulnerable children are being met.

Table 4: World Vision's Programmatic work[16]

Key components of care and support provided to orphans and vulnerable children

Effective care for orphans and vulnerable children involves addressing seven core needs. World Vision's programmes typically include the following, according to the particular needs, capacities, and priorities in the local context:

- Education support: Ensuring that all barriers to primary school attendance are overcome (e.g. school fees, uniforms, supplies, stigma and discrimination, as well as equipment, school construction or rehabilitation)
- Health care (for example, health checkups, immunisations, provision of treated bed nets for malaria prevention, oral rehydration therapy training and packets, clinic construction or rehabilitation, training of community health workers, etc.)
- Food security (for example, agricultural supplies, nutritional supplements, etc.)
- Clothing and blankets (as available and necessary)
- Access to safe water
- Shelter
- Psychosocial support (including counselling, succession planning, memory projects and recreation) and spiritual nurture

World Vision has also developed a practical toolkit to guide those who are seeking to mobilise and strengthen community-led care for orphans and vulnerable children.[17]

Working with the community: community care coalitions and caregivers

Care and support for orphans and vulnerable children should, whenever possible, build on and strengthen existing community-based initiatives. This should involve forming partnerships with all relevant community-based organisations, including faith-based organisations (FBOs), which will help to reach as many affected children as possible.

Community care coalitions are groups or committees of individuals who are currently or would like to provide support to orphans and vulnerable children. Community care coalitions may include members of support groups of People Living with HIV and AIDS, churches and other Faith Based Organisations, women's and men's groups, cooperative groups, youth groups, households caring for orphans and vulnerable children, government departments in the community, traditional leaders, political leaders at grassroots level, orphans and vulnerable children themselves, and/or local authorities at district level. Members of the coalition may be elected, volunteer, or be nominated at a community meeting.

The coalition takes responsibility for identifying the most vulnerable children and/or adults in the community and provides assistance as required. This includes emergency nutritional support, assistance with basic household tasks, care for chronically ill adults and children, community-managed day care for young children and HIV/AIDS education.

16 Taken from World Vision's submission printed in House of Commons International Development Committee (2004) *Orphans and children made vulnerable by AIDS: Oral and Written Evidence*, pp. 46-47

17 World Vision International (2004) *Guide to mobilising and strengthening community-led care for orphans and vulnerable children*

This UNGASS monitoring exercise is part of a joint advocacy project between the World Vision offices in Ethiopia, Mozambique, Uganda and Zambia with facilitation from the UK. At a workshop in Zambia in May 2004, experts from each country discussed the project and devised a common methodology. Having agreed nine indicators (see Table 5), based on the set of core national level indicators contained within the Framework[18], monitoring was then carried out in four communities within each country (two World Vision programme areas and two adjacent communities not receiving World Vision support). The results from this monitoring exercise are not intended to be of statistical validity, but rather to provide a compelling insight into the lives of orphans and vulnerable children. This insight is a reflection of how far the UNGASS commitments are being met and highlights the most pressing areas for action.

Table 5: Indicators

Domain	Indicator
Policies and strategies	Is there a national policy in place for the support, protection and care of orphans and vulnerable children?
Education	School attendance of orphans and vulnerable children (OVC) compared to non-OVC
Health	Healthcare access for OVC compared to non-OVC
Nutrition	Proportion of OVC receiving normal meals compared to non-OVC
Psychosocial support	Proportion of OVC receiving appropriate psychosocial support
Family capacity	Proportion of OVC that have three locally defined basic needs met compared to non-OVC
Community capacity	Proportion of households with OVC that receive free basic external support in caring for the children
Protection	Per cent of children whose births are registered
Protection	Prevalence of land and property grabbing

KEY FINDINGS

A summary of the key findings is given below, with greater detail contained in the four country reports that follow.

Policies and strategies

Despite committing to the UNGASS Declaration to develop a national policy on orphans and vulnerable children by 2003 and implement it by 2005, only Uganda has made real progress on this. Although Ethiopia, Mozambique and Zambia have made varying efforts to formulate such a policy, progress in each country has been slow.

18 This set of indicators was drawn up in April 2003 by the UNAIDS Interagency Task Team on Orphans and Other Vulnerable Children. See UNAIDS (2003) Report on the Technical Consultation on Indicators Development for Children Orphaned and Made Vulnerable by HIV/AIDS, Gaborone, 2-4 April 2003

In Ethiopia, a National Taskforce has been established to provide guidance in the articulation of a national policy for the support, care and protection of orphans and vulnerable children. Yet, much more work is needed to make this policy a reality. The process is being led by the Ministry of Labour and Social Affairs (MOLSA) and the HIV/AIDS Prevention and Control Office (HAPCO), and they must now make a concerted effort to ensure that the policy is developed without delay.

The situation in Mozambique and Zambia is more concerning. Despite the fact that both countries are in the process of developing a national child policy, there is some doubt as to whether this will lead to the formulation of a specific policy on orphans and vulnerable children. Even if these general child policies do make explicit reference to the rights and needs of orphans and vulnerable children, there is concern that they will be insufficient to ensure sustained and targeted action. With both countries currently failing in their promise to meet the UNGASS goals, a renewed commitment is needed to guarantee the development of comprehensive policies with a specific focus on orphans and vulnerable children.

Education

Orphans and vulnerable children are less likely to attend school

As signatories to the Convention on the Rights of the Child, all four countries '*recognize the right of the child to education*'.[19] Furthermore, they have committed to working towards the Millennium Development Goal of Universal Primary Education by 2015. The Declaration of Commitment on HIV/AIDS further enforces this and commits governments to specifically ensure the school enrolment of orphans and vulnerable children.

The findings from this monitoring exercise show that this special attention is justified with current attendance rates for orphans and vulnerable children falling behind those of non-OVC. The situation is most pronounced in Zambia where only 64% of orphans and vulnerable children were reported to be in school compared to 72% of non-OVC. Even in Uganda where a successful campaign for Universal Primary Education has resulted in high overall enrolment rates, orphans and vulnerable children are still more likely to be out of school.

The reasons given for non-attendance were varied but a common theme to emerge was the difficulty many children face in paying school fees and buying school materials and uniform. Although all four countries have introduced free primary education, the associated costs are still proving prohibitive for the poorest households. In Zambia, it was even reported that parents and guardians are still being asked to make a contribution despite the fact that school fees have been officially abolished. Other inhibiting factors mentioned in the focus group discussions were household chores, early marriage and pregnancy, and shortage of classrooms.

Although no overall trend was observed with regard to the attendance of boys and girls, some communities did note a difference between the sexes. In Ethiopia, focus group participants noted that girls were more likely to be out of school (though this was not clearly reflected in the household survey results), often as a result of early marriage or a heavy workload at home. Poor performance in class and peer pressure to be like the girls who have left school to work were other reasons cited for

19 Article 28, United Nations General Assembly (1989) *Convention on the Rights of the Child, Resolution 44/25 20* Nov 1989

non-attendance. A similar situation was noted in Mozambique where girls were more likely to be out of school than boys due to household chores, early marriage and pregnancy. No such difference was highlighted in Uganda or Zambia. However, it is interesting to note that in one community in Zambia, it was actually the boys who were most likely to be out of school with many being kept at home to look after animals and do manual work.

Health

Orphans and vulnerable children are less likely to have access to healthcare

As part of the Declaration of Commitment, all four countries have promised to ensure that orphans and vulnerable children have equal access to health services. This builds upon their existing commitment under the Convention on the Rights of the Child to '*recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health*'.[20] Yet, despite these promises, in three out of the four countries monitored, orphans and vulnerable children who are sick are less likely to access healthcare than their non-OVC counterparts.

In Ethiopia and Mozambique, the difference in access to healthcare was particularly pronounced with a far smaller percentage of orphans and vulnerable children receiving medical treatment compared to non-OVC. The situation in Zambia was much the same, although the overall percentage of orphans and vulnerable children accessing healthcare was higher. In contrast, the results from Uganda showed no significant difference in access to healthcare, with orphans and vulnerable children being as likely to receive treatment as non-OVC. Yet, even in Uganda some orphans and vulnerable children were seen to be missing out with girls being much less likely to receive treatment than boys.

Across all four countries, the key reasons given for children not to access healthcare were the cost and distance to travel. Given the prohibitive cost of private clinics, orphans and vulnerable children are most likely to be taken to government institutions for diagnosis and treatment. However, as these medical centres are often poorly resourced both in terms of staff and medicines, they offer a limited service which may not be considered worth the expense and travel. This issue is compounded yet further for orphans who tend to be given the lowest priority in the household, with some guardians giving preference to their own children.

Nutrition

Orphans and vulnerable children are less likely to receive normal meals

By endorsing the Declaration of Commitment, all four countries acknowledged the importance of ensuring '*good nutrition*' for orphans and vulnerable children and yet millions are still going to bed hungry each night. Worryingly, the results from this monitoring exercise show a stark difference between the number and quality of meals received by orphans and vulnerable children compared to non-OVC.

The most notable difference was observed in Mozambique, where only 9% of orphans and vulnerable children had received normal meals (as defined by the community) in the last week prior to the survey.

20 Article 24, *Convention on the Rights of the Child, op. cit.*

This was in contrast to the 90% of non-OVC who received normal meals that week. A similar disparity was also noted in Ethiopia, Uganda and Zambia with the frequency and quality of meals for orphans and vulnerable children falling behind that of other children in the community.

According to the focus group participants, HIV and AIDS has been a key factor in decreasing the amount of food households have available. Whether because of illness or the death of a breadwinner, households are forced to reduce the amount and quality of the food eaten, with many orphans and vulnerable children becoming malnourished. Even when orphans are taken in by other households, the added pressure it puts on existing resources means that meals are not likely to be frequent or varied.

Apart from the obvious health implications, poor nutrition has a knock-on affect on all other areas of a child's life, including their psychological well-being and educational attainment. As one focus group participant in Zambia observed, "*when guardians don't have food, the orphans and vulnerable children drop out because it is difficult to pay attention on an empty stomach*".

Psychosocial support

The majority of orphans and vulnerable children are not receiving psychosocial support

Psychosocial support refers to counselling and other activities undertaken to promote the healthy social and psychological development of a child. Given the tremendous impact of HIV and AIDS on children, orphans desperately need such support to help them deal with the trauma they have experienced. Without this they may become withdrawn, burdened with a sense of guilt, prone to depression and may suffer from eating or sleeping disorders.[21] In recognition of this, the Declaration of Commitment stresses the importance of providing orphans and vulnerable children with '*appropriate counselling and psychosocial support*'. Furthermore, in accordance with the Convention on the Rights of the Child, such measures should '*take place in an environment which fosters the health, self-respect and dignity of the child*'.[22]

Despite widespread recognition of the need to provide psychosocial support, in reality most programme interventions continue to focus on material support to meet the physical needs of orphans and vulnerable children. As already seen, such material support is crucial but it must be accompanied by effective psychosocial support initiatives. In the four countries monitored only a very small proportion of orphans and vulnerable children reported having received any form of psychosocial support. Although the precise nature of this support varied between communities, in general it was seen to refer to visits from community caregivers (whether World Vision staff, members of the local church or others elected by the community). In Ethiopia, mention was also made of school anti-AIDS clubs but very few orphans and vulnerable children actually reported being members of such clubs.

During the focus group discussions, it became clear that the biggest obstacle to providing psychosocial support for orphans and vulnerable children within the community is a lack of training. Across all four countries, most secondary caregivers reported having received no formal training and simply gave advice and support to children in the best way they could.

21 See 'Psycho-Social Support for Orphans' in World Bank (2004) *OVC Toolkit for Sub-Saharan Africa*
22 Article 39, *Convention on the Rights of the Child*, *op.cit.*

Family capacity

Orphans and vulnerable children are much less likely to have their basic needs met

According to Article 27 of the Convention on the Rights of the Child, '*States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development*'. For the purposes of this monitoring exercise, an appropriate standard of living was defined in terms of three basic needs which were identified by the communities themselves. The needs identified ranged from food, clothing and shelter to sanitation, bedding and recreation.

Within each community, it was reported that the majority of orphans and vulnerable children were not having their basic needs met, whereas a much higher proportion of non-OVC were. The situation was particularly pronounced in Mozambique where none of the orphans and vulnerable children had their needs met (although it must be noted that, due to high levels of poverty in the areas surveyed, only a small percentage of the non-OVC were having their needs met too).

Whether through circumstance or active discrimination within the household, orphans and vulnerable children are most likely to have their rights and needs denied. They are the first to miss out on food, clothing, shelter and recreation and are often left to suffer the physical and psychological consequences alone.

Since losing both parents to AIDS, this young orphan is being raised by his 93-year-old grandmother in Uganda

Bill Youngblood

Community capacity

Most households caring for orphans and vulnerable children do not receive external support

External support to households comes in many forms, including the provision of educational materials, nutritional supplements, immunisations, clothing, shelter and psychosocial support. These may be community initiatives or part of government or non-governmental programmes in the area. Ideally, support should focus on the most needy within the community but there are often difficulties identifying and accessing those who need support the most. This was certainly the case in one community in Uganda, where it was found that more assistance was being given to non-OVC households simply because they were known to the local council officials and community leaders.

Overall, the survey revealed that most households caring for orphans and vulnerable children were not receiving external support. In the areas where World Vision works, a much higher percentage of these households were receiving support, particularly where Community Care Coalitions (CCCs)[23] had been established, but even here a number were still seen to be falling through the gaps. Where Community Care Coalitions exist and have taken responsibility for identifying and channelling support towards the most vulnerable children, they have proved an effective means of coordinating support within the community. However, given the enormity of the task they face, further work is needed to strengthen and develop their capacity to respond.

PROTECTION ISSUES

Birth registration

Most orphans and vulnerable children do not have their births registered

The registration of a child's birth is fundamental to the realisation of a number of rights and needs. This includes not only access to healthcare and schooling but also the prevention of exploitative practices such as early marriage. In recognition of this, the Convention on the Rights of the Child commits countries to ensuring that children '*shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents*.'[24]

The figures for birth registration of orphans and vulnerable children varied between the four countries, from 0% in Ethiopia where there is no mandatory system to 37% in Uganda. Yet, many of the issues faced were the same. Although, an official birth certificate is required to access a number of different services such as education and healthcare, the registration systems were seen as bureaucratic and difficult to access. Furthermore, it was noted that parents are often unaware of the importance of registering their children and fail to make arrangements at the most appropriate time.

Land and property grabbing

Property grabbing is common

Despite promising to protect orphans and vulnerable children from '*loss of inheritance*' all four countries are struggling to deal with the surge in property grabbing since the HIV/AIDS epidemic took hold.[25] Despite different initiatives at national and community level to prevent it, orphans are often victims of property or land grabbing which deprives them of the few resources they have been left with. For example, in Uganda the local government has put measures in place to ensure the effective transfer of property. However, due to discrimination and fear these measures are often sidelined. Similarly, in Zambia, some communities have structures in place to prevent property grabbing, including awareness raising campaigns. Yet, many victims refrain from making a complaint through fear of being bewitched by the perpetrators.

23 Community Care Coalitions are groups or committees of individuals living in the community who are or would like to provide support to orphans and vulnerable children.
24 Article 7, *Convention on the Rights of the Child*, *op.cit*.
25 Article 65, UNGA Declaration of Commitment on HIV/AIDS

Chapter 2: Ethiopia

Country Fact File[26]

Orphans: 3.9 million

Orphans as a percent of all children: 11%

Orphans by 2010: 4.7 million

Orphans due to AIDS: 720,000

People living with HIV/AIDS: 1.5 million (high estimate 2.3 million)

Children (0-14) living with HIV/AIDS: 120,000 (high estimate 220,000)

HIV/AIDS has impacted Ethiopian society dramatically. With a large segment of the population living with HIV and AIDS, chronically ill or already deceased, Ethiopia faces one of the biggest burdens of children orphaned or made vulnerable by the epidemic in sub-Saharan Africa.

The multifaceted impact of HIV and AIDS across generations, households and communities is significant, resulting in complex causes and consequences of vulnerability. The impact on girls and women is profound. Girl children in particular face sizeable challenges, including early sexual activity, exploitation, abuse, sexual violence and female circumcision, all of which put them at greater risk of becoming infected with HIV.[27] These risks are further enhanced by the precarious life situation of female orphans and vulnerable children who are less likely to receive parental or other adult guidance and protection. Male orphans may also face harsh treatment or find themselves expelled from the household, being less likely to be absorbed into the household labour force than girls.[28] The majority of orphans continue to live with their families in female-headed households – often with the surviving mother, but increasingly with their grandmother as both parents die.[29]

26 Figures taken from UNAIDS (2004) *Report on the global AIDS epidemic 2004* and UNAIDS/UNICEF/USAID (2004) *Children on the Brink 2004*

27 Monasch, R. (2003) *Global Overview of the Situation of Children affected by HIV/AIDS*, UNICEF presentation given at 'Orphans and Vulnerable Children Technical Consultation' November 2003

28 MOLSA/UNICEF/Italian Government (2003) *Survey of the Prevalence and Characteristics of AIDS Orphans in Ethiopia*

29 *Ibid*

UNGASS Monitoring Results

Monitoring was undertaken in the communities of Boset woreda and Fentale woreda in Eastern Shoa Zone of Oromiya Regional Administration and Badewacho woreda and Damot Gale woreda in Hadiya Zone of South Nations, Nationalities and People Regional Government.[30] The following table gives a combined summary of the results, with further details given in Appendix 1.

Domain	Indicator	Combined survey results	
		OVC	Non-OVC
Policies and strategies	Is there a national policy in place for the support, protection and care of orphans and vulnerable children?	No	
Education	School attendance of orphans and vulnerable children (OVC) compared to non-OVC	68%	73%
Health	Healthcare access for OVC compared to non-OVC	61%	84%
Nutrition	Proportion of OVC receiving normal meals compared to non-OVC	73%	98%
Psychosocial support	Proportion of OVC receiving appropriate psychosocial support	5%	N/A
Family capacity	Proportion of OVC that have three, locally defined basic needs met compared to non-OVC	29%	66%
Community capacity	Proportion of households with OVC that receive free basic external support in caring for the children	43%	N/A
Protection	Per cent of children whose births are registered	0%	0%
Protection	Prevalence of land and property grabbing	High	

Selamnesh's little sister looks after their goats. Chencha AIDS Orphan Mitigation Project, Ethiopia.

Peter Weston/World Vision.

30 Woreda is the Ethiopian term for a district.

Kamfinsa school in Zambia shows how the right staff and World Vision intervention can create a good response to AIDS. Good prevention messaging, and genuine care for orphans and vulnerable children help the school to shine out.

Jon Warren/World Vision

Policies and strategies

Although a number of guidelines currently exist or are being drafted, the Ethiopian Government has yet to fulfil its UNGASS commitment of establishing a national policy for the support, protection and care of orphans and vulnerable children.[31]

Current policies and guidelines include:

- National Plan of Action for Children (draft)
- Guidelines for Alternative Child Care Programs
- National Strategic Framework for HIV/AIDS
- National Guidelines on Care and Support of PLWA and OVC
- Clinical Guidelines for Children Infected by HIV/AIDS

In response to the numerous international and national calls to action for orphans and vulnerable children, a National Taskforce has been established to provide guidance in the articulation of a comprehensive national policy on HIV/AIDS and OVC. This is being coordinated under the joint leadership of the Ministry of Labour and Social Affairs (MOLSA) and the HIV/AIDS Prevention and Control Office (HAPCO).

31 POLICY Project/Futures Group (2004) *Rapid Country Response Analysis: Ethiopia*, Draft - October 26, 2004, p.18

Education

Orphans and vulnerable children are less likely to attend school

The extent to which the education of orphans and vulnerable children is adversely affected depends heavily on the level of physical and emotional support they receive from the extended family, the school, the community and other local and regional actors.

This survey revealed that fewer orphans and vulnerable children (aged 7-14 years) are attending school than non-OVC.

According to the findings from the focus group discussions, the main reasons for not attending school were loss of parents and poverty which forces children to sell their labour for survival rather than going to school. Since parents usually have a large number of children, they can only afford to send some of them to school.[32] Low awareness of the importance of education and the nomadic character of some communities were other factors cited. Community leaders in Boset woreda reported that a shortage of classrooms and chairs has also prevented some children attending school.

Although not reflected in the household survey results, the focus groups reported that girls are more likely to be out of school than boys. The community's attitude towards the education of girls was mentioned as a significant factor in this. There is a general belief that there is no benefit in sending girls to school, with some even considering that schooling 'spoils' girls. In this context, early marriage is a real issue and orphaned girls living with relatives are particularly likely to be forced into marriage for the sake of a dowry.

The fact that girls have a heavy workload at home was cited as another reason for them to stay out of school or to perform poorly even if in school, which later results in them dropping out. The influence of peers who have dropped out of school and moved to urban areas was another factor mentioned. Children were reported to be attracted by the clothing and jewellery attained by these girls.

Case study: Working for an education[33]

16-year-old Shito and her two younger brothers live with their 65-year-old grandmother Woleba in Ethiopia. Since the illness and death of their parents, life has been very hard for the children. When their father died, his elder brother took them into his family but following the death of their mother they were no longer welcome. The only person left to care for them was their grandmother who has found it difficult to support them all. For the last few years, Shito has stayed at home to help her grandmother and has been unable to go to school. However, just recently, despite some reluctance by her grandmother, she has enrolled in school. With no money to pay for this, Shito worked on a farm during the rainy season to earn enough money to pay the registration fee and buy a school uniform and educational materials.

32 Although primary education is free, the associated cost of buying books and uniforms can be prohibitive for poor families.

33 Story collected as part of the UNGASS monitoring exercise.

Health

Fewer orphans and vulnerable children have access to healthcare

Of those orphans and vulnerable children who had been sick in the last three months prior to the data collection, only 61% received medical treatment. In contrast, 84% of non-OVC experiencing sickness were able to access treatment.

Among those who accessed treatment, the majority of orphans and vulnerable children went to government institutions (43%), whereas most non-OVC went to private institutions (45%) which cost more but are seen to offer a better service. These results match the findings from the MOLSA survey which found that 50% of orphans who had been sick did not receive any form of medical treatment. Similarly, most of those who sought treatment went to government institutions.[34]

During the focus group discussion, it was mentioned that the children in these rural communities rarely go for medical treatment immediately when sick due to their parents or guardians' lack of awareness and the fact that health services may be some distance away. Although affecting all children, orphans and vulnerable children are seen to miss out the most, particularly given their inability to cover transport costs. Poor households may have to sell their assets or get high interest loans to pay medical expenses and this limits their access to healthcare.

Government health institutions do provide a free medical service for those who come with a letter of exemption from their local kebele administration. However, as these centres often lack essential drugs and other supplies, the orphans and vulnerable children attending them receive a limited service. It was also noted that it is very difficult for these children to go for further investigation and treatment when the need arises.

The lack of close attention at home was also reported as a difference between orphans and non-orphans concerning medical care. Orphaned children generally lack the close attention parents give to their children when sick. In most cases, they are not taken for healthcare immediately unless very sick and do not receive proper home care.

Nutrition

Fewer orphans and vulnerable children receive normal meals

It was found that 27% of the orphans and vulnerable children had not eaten normal meals (as defined by primary care givers during the focus group discussion) in the last week before the survey was carried out. This is in stark contrast to the 98% of non-OVC who received normal meals that week. This supports the findings from the 2003 MOLSA survey which suggested that as many as half of orphans do not receive adequate food.[35]

34 MOLSA/UNICEF/Italian Government (2003) *Survey of the Prevalence and Characteristics of AIDS Orphans in Ethiopia*

35 *Ibid*

During focus group discussions, primary and secondary caregivers reported that HIV and AIDS has caused a significant decrease in the amount of food households have. This is related both to the inability to work due to repeated illness (and ultimately death) and the high cost of medical expenses. Households tend to cope by decreasing the amount of food given to each child, the frequency of meals and variety of food eaten. Children may also be forced work or beg when things worsen.

The orphaned children in particular noted how different their meals are now compared to when their parents were alive. They used to eat a variety of food at regular intervals and in good amounts, but since losing their parents the amount and variety of food and frequency of meals has decreased dramatically. Many of the orphans even reported that they go to bed hungry 2-3 times per week, especially when there has been no daily labour to earn some money.

Homeless, orphaned child in the border town of Chirundu, Zambia (on the border with Zimbabwe) sleeps on a concrete step.

Stephen Matthews/ World Vision

Psychosocial support

The majority of orphans and vulnerable children are not receiving psychosocial support

Despite the trauma and social isolation experienced by orphans, only 5% of the households surveyed had received some form of psychosocial support. It appears that most programmes for orphans and vulnerable children focus on material support and meeting the physical needs of the children. Relatively few take the next step to address the psychosocial effects on children of having HIV, caring for a sick parent, living in a household affected by HIV/AIDS or losing one or both parents. This is backed up by a recent report by HACI Ethiopia which indicated that psychosocial support is not sufficiently available in the country as a whole.[36]

During the focus group discussion, the orphans and vulnerable children reported that they have not been given life skills education in a structured way. Instead they have gone through classroom civics education and awareness sessions on HIV and prevention methods.

36 Hope for African Children Initiative (HACI-Ethiopia) (July 2004) *Situation of orphans and vulnerable children in Ethiopia*, Addis Ababa

Although many children said they were able to take part in recreational activities such as football, volley ball (with locally made balls), hide and seek and doll house play, some mentioned that they have no time for play because of the need to do chores and a lack of permission from their guardians.

Concerning visits by somebody apart from relatives, some orphans and vulnerable children in the younger groups reported they have received a visit from World Vision community workers once a month (consisting of support with educational materials and encouragement). However, the older groups reported not getting visits from anyone.

When asked whether they belong to any clubs, only a few children in the older groups (both female and male) reported that they were members of an anti-AIDS club in school. The groups in Fentale woreda, however, did mention involvement in Red Cross and environmental rehabilitation clubs in school.

Secondary caregivers in all districts reported that they had received no training with regard to psychosocial support, although they do attempt to give advice and support to orphans and vulnerable children in the best way they can.

Family capacity

Significantly fewer orphans and vulnerable children have their basic needs met

The basic needs identified locally were clothing, bedding, recreation (time for playing and playing materials) and adequate shelter. According to the survey, only 29% of orphans and vulnerable children had these basic needs met compared to 66% of non-OVC.

Community capacity

Fewer than half of households caring for orphans and vulnerable children receive external support

Only 43% of households caring for orphans and vulnerable children reported getting any form of external support (the figure being slightly higher in the World Vision programme areas and much lower in the adjacent communities). This is partly due to the fact that two out of the four districts surveyed do not have organised care coalitions for the support of orphans and vulnerable children. The secondary caregivers who took part in the focus group discussion in these two areas stressed the fact that they have not received any training or support for caring for orphans and vulnerable children.

PROTECTION ISSUES

Although Ethiopia is signatory to the UN Convention on the Rights of the Child and has child protection laws embedded in its Constitution, these are rarely enforced. Customary law, which does not recognise the rights of women and children, holds sway in most parts of the country and stands as a real obstacle to ensuring the protection of orphans and vulnerable children.[37] Whilst the National Family Law does have provisions relating to inheritance and adoption, few cases are ever pursued.

37 Hope for African Children Initiative (HACI-Ethiopia) (July 2004) *Situation of orphans… op. cit.*

Birth registration

Births are not registered

Ethiopia does not have a mandatory birth registration system in place and the communities surveyed reported that births are not registered in the area. Some Faith-Based Organisations do issue birth certificates at 40 days when a baby is baptized. However, in general birth certificates are only given to individuals who apply to the city municipality with a letter of support from the local kebele administrators.

Clearly, this has serious implications for orphans and vulnerable children, who can no longer rely on their parents for protection and support and are all the more likely to fall through the gaps as a result of not being legally registered.

Land and property grabbing

Property grabbing is common

In the areas surveyed, property is transferred to children when both parents die, but this remains under the control of guardians, often the husband's relatives, until the children reach 18 years old. Alarmingly, it was reported that in some instances guardians sell the property or otherwise deprive the children of the benefits they should get. When a father dies, his relatives claim the children's share of the property while if the mother dies there is no problem of property transfer since property is primarily registered in the man's name. However, children may still face problems if their father marries again.

Property grabbed is mainly houses, farmland, domestic animals, clothes and money. Such practices were reported to be common in Boset woreda and Fentale woreda. Although community leaders, elders and Faith-Based Organisation leaders accept wills and transfer the property to the children accordingly, if the guardians object the wills can be difficult to enforce.

CONCLUSIONS AND RECOMMENDATIONS

The lack of a specific national policy is a hindering factor in the process of organizing and coordinating support for orphans and vulnerable children. The establishment of a national OVC task force is a step in the right direction but much more needs to be done if the UNGASS commitments are to be met. To this end, the Ministry of Labour and Social Affairs (MOLSA) and UNICEF (who are the two leading agencies in the national OVC task force) must make a concerted effort to see that a national policy is developed as soon as possible.

The results from this survey show that considerable proportion of orphans and vulnerable children are not attending school, have poor and infrequent meals, have limited access to healthcare, are not receiving psychosocial support and do not have their most basic needs met. To make matters worse, they may also be victims of property grabbing or exploitation.

Recommendations

Recognising the urgency of addressing the rights and needs of orphans and vulnerable children, the communities involved in the monitoring exercise developed action plans which contain the following key recommendations:

Education:

- Facilitate support for orphans and vulnerable children to enable them access to educational materials and school uniform
- Facilitate skills training and sustainable income generating activities for orphans and vulnerable children to enable them to support themselves

Healthcare:

- Improve access to health services by constructing health posts in the community
- Facilitate free medical care for orphans and vulnerable children by strengthening needs assessment and provision of support letters for free access to medical care
- Participate in the control of epidemics and communicable diseases

Nutrition:

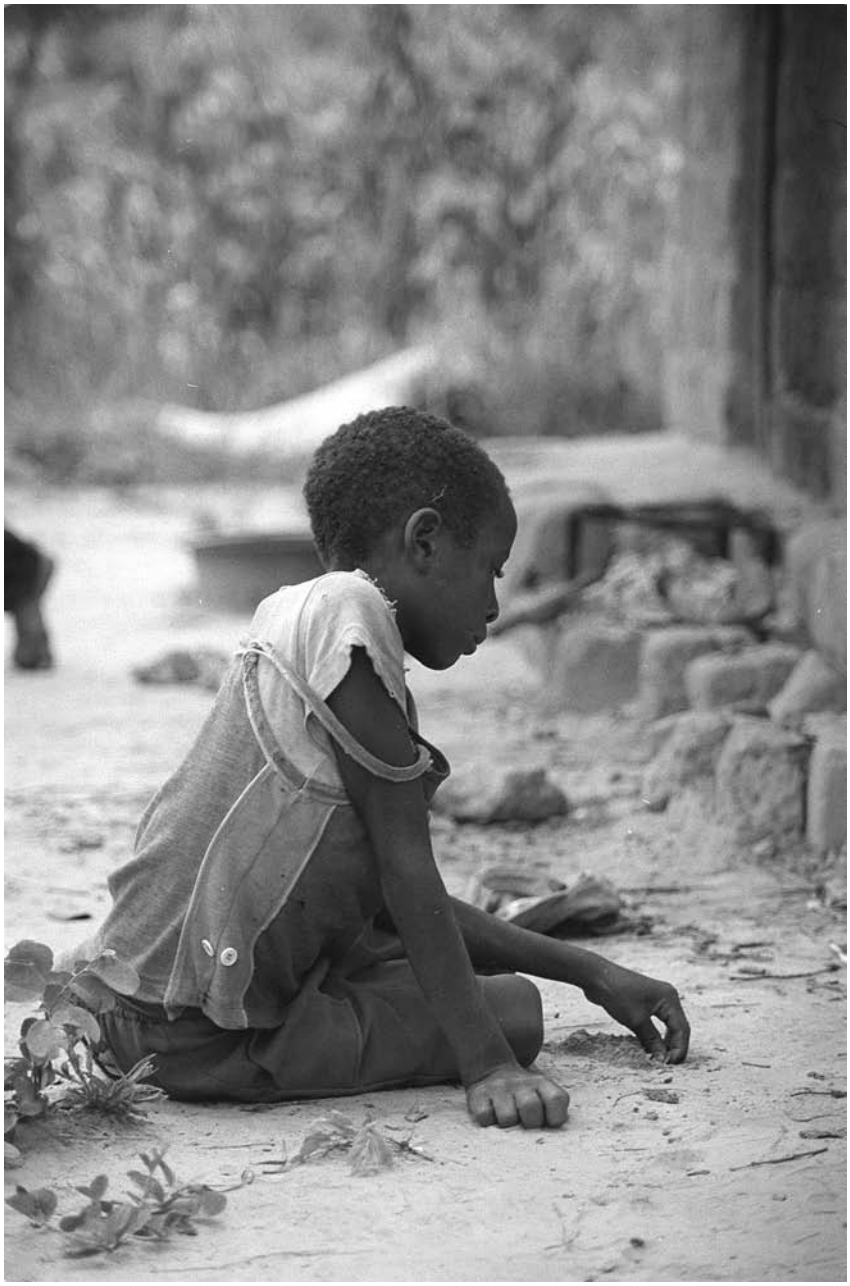
- Share the available food in the community for the immediate needs of orphans and vulnerable children
- Establish sources of support to meet orphans and vulnerable children's basic needs, especially food, by working with the local government, NGOs and other stakeholders

Psychosocial Support:

- Facilitate provision of psychosocial support like counselling services in churches, schools and promoting participation in orphans and vulnerable children clubs
- Maximize the level of awareness raising to prevent stigma and discrimination
- Advocate for the rights of orphans and vulnerable children - promote legal protection and ensure effective property transfer
- Prevent orphans and vulnerable children migrating from their usual living area to the street by solving their immediate problems

General:

- Identify common problems of orphans and vulnerable children and address the issues at community level
- Facilitate fund raising in the local community and other external volunteers to support needy orphans and vulnerable children
- Participate in strengthening NGO and government interventions for orphans and vulnerable children



Nine-year-old Frederick lost his mother last year. Never having gone to school, he now lives with his father, who is too ill to work in the field to provide for the family

Helen Seignior/WorldVision

Chapter 3: Mozambique

Country Fact File[38]

Orphans: 1.5 million

Orphans as a percent of all children: 15%

Orphans by 2010: 1.9 million

Orphans due to AIDS: 470,000

People living with HIV/AIDS: 1.3 million (high estimate 1.7 million)

Children (0-14) living with HIV/AIDS: 99,000 (high estimate 160,000)

Mozambique is one of the poorest countries in sub-Saharan Africa with more than 70% of the population living in poverty.[39] With many children orphaned during the country's sixteen-year civil war (1976-1992), the impact of HIV and AIDS has exacerbated an already desperate situation. In recognition of this, the government of Mozambique has declared the plight of orphans and vulnerable children to be a national emergency.[40] However, much more action is needed to ensure that their rights and needs are properly addressed.

Case study: Struggle for survival[41]

"*Yes, it's a struggle. A real struggle, but what can we do apart from cling on to life?*" Eighty-five-year-old Atalia sounds almost philosophical – or is it resignation? Her son died a few years ago, followed shortly by her daughter-in-law leaving her to care for her three grandchildren. One of Atalia's grandchildren, 12-year-old Angelo, alternates between school and the fields of neighbours in need of some extra hands to try and counter the harmful impact of yet another dry season.

Even so, Angelo, his siblings and their grandmother can hardly afford to have more than one meal a day. And even still, they are never sure about when and where the next plate of food will come from.

38 Figures taken from UNAIDS (2004) *Report on the global AIDS epidemic 2004* and UNAIDS/UNICEF/USAID (2004) *Children on the Brink 2004*

39 According to the Human Development Report 2004, in 2001 69.4% of the population were living under the national poverty line and 78.4% under $2 a day. UNDP (2004) *Human Development Report 2004: Cultural Liberty in Today's Diverse World* p.149 POLICY Project/The Futures Group (2005) *Country Response Analysis: Mozambique* Draft – January 19 2005, p.3

40 *Ibid*

41 From an article by Eleuterio Fenita, 'Magaizas Coming Home to Die' (World Vision, May 2004)

UNGASS Monitoring Results

Monitoring was undertaken in the communities of M'boi and Mutange in the district of Namacurra and Nabagone and Nehire/Muloe in the district of Mocuba. Both of these districts are in Zambézia province. The following table gives a combined summary of the results, with further detail given in Appendix 2.

Domain	Indicator	Combined survey results	
		OVC	Non-OVC
Policies and strategies	Is there a national policy in place for the support, protection and care of orphans and vulnerable children?	No	
Education	School attendance of orphans and vulnerable children (OVC) compared to non-OVC	75%	84%
Health	Healthcare access for OVC compared to non-OVC	71%	96%
Nutrition	Proportion of OVC receiving normal meals compared to non-OVC	9%	90%
Psychosocial support	Proportion of OVC receiving appropriate psychosocial support	51%	N/A
Family capacity	Proportion of OVC that have three, locally defined basic needs met compared to non-OVC	0%	16%
Community capacity	Proportion of households with OVC that receive free basic external support in caring for the children	13%	N/A
Protection	Per cent of children whose births are registered	11%	33%
Protection	Prevalence of land and property grabbing	High	

During the course of this monitoring exercise it became clear that, although it was easy to classify orphans, there were difficulties with determining which children should be considered vulnerable. Zambézia province, where Mugeba and Namacurra are located, is one of the poorest in Mozambique, which in turn is one of the poorest countries in sub-Saharan Africa, and most families can be considered vulnerable as a result of poverty. Consequently, the vast majority of children surveyed were classified as orphans and vulnerable children.

Policies and strategies

Despite various initiatives to tackle the HIV/AIDS crisis and a commitment made to achieve the UNGASS goals, the Mozambique Government has not yet developed a national policy for orphans and vulnerable children, and currently only has plans to produce a general child policy.

In 2000, the government formed the National AIDS Council (CNCS) to co-ordinate responses to the crisis and created a Ministry of Women and Co-ordination of Social Action (MMCAS)[42] with responsibility for all vulnerable groups including orphans and vulnerable children. Following this, a multi-sectoral working group on orphans and vulnerable children was established bringing together various government ministries, civil society representatives, non-governmental organisations and donors to ensure action for these children.[43] Current efforts are focused on developing a general child policy, which will include a section on orphans and vulnerable children. However, although this is a positive move, there is some concern that unless a specific policy for orphans and vulnerable children is approved, the rights and needs of these children will not be adequately addressed.

Education

Orphans and vulnerable children are less likely to attend school

As a priority area for the government of Mozambique, education has received substantial investment over the last few years. This has been directed at building new schools and classrooms, training and retraining teachers and abolishing school fees.[44] However, although there has been a notable increase in school enrolment figures, the results from this survey suggest that many orphans and vulnerable children are still missing out on an education.

Although the survey revealed that the overall number of children attending school is relatively high, a smaller percentage of the orphans and vulnerable children were reported to be in school (75%) compared to the non-OVC (84%).

During the focus group discussions, a number of factors were identified as preventing children from attending school. The most common ones were: housework, children not wanting to attend and a lack of basic clothing. In Namacurra, other factors mentioned were a lack of money and food in the family, no school materials, absence of birth registration, childcare responsibilities for younger siblings, early marriage, early pregnancy and parental negligence. The children in Mutange also added that some children have to work to help support their families and are therefore not able to attend school.

Regarding girls in particular, the community leaders, parents, tutors, children and secondary care givers considered early pregnancy, early marriage and household chores as the main reasons why girls drop out of school. Other factors highlighted were divorce, slow progression through school (more than two repetitions in the same grade), distance from home to school and negative influence of parents.

According to the children in both districts, those most likely to abandon school are: orphans, girls, children with parents who are extremely poor, those with aged parents and those whose parents are unemployed.

42 This ministry has now been renamed the Ministry of Women and Social Action (MMAS).

43 POLICY Project/The Futures Group (2005) *Country Response Analysis: Mozambique* Draft – January 19 2005, p.4

44 The government recently announced that access to public primary education (grades 1 to 7) would be free from 2005.

Health

Fewer orphans and vulnerable children have access to healthcare

Health is another priority area for the Government of Mozambique, with a focus on: rebuilding hospitals, health centres and posts; equipping them; training and retraining of doctors, nurses, and other medical staff; provision of medicines and; tackling HIV and AIDS, malaria and cholera.

Most of the children who had been sick in the last three months prior to the survey received some form of medical treatment. However, the figures show that orphans and vulnerable children were much less likely to access healthcare (only 71%) than non-OVC (96%).[45]

According to the focus group discussions, when children are sick they are taken to the hospital (health centre or post), traditional healers or to herbalists for treatment. Various factors were seen to hamper access to hospital care, including a lack of money, distance to travel and a lack of medical doctors and drugs in the hospital.

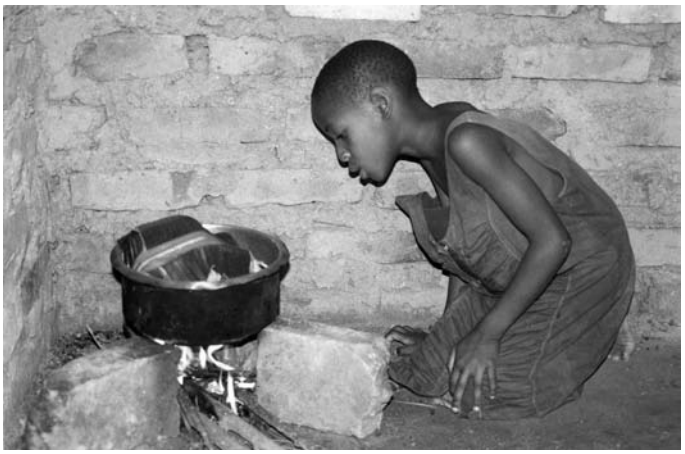
During these discussions it also became clear that the level of HIV and AIDS awareness within the communities of Mugeba and Namacurra is extremely low. With the exception of the first meeting with community leaders, the rest of the groups interviewed did not refer to HIV and AIDS as one of the diseases prevailing in their communities.

Nutrition

Orphans and vulnerable children are much less likely to receive normal meals[46]

A staggering 91% of the orphans and vulnerable children surveyed had not received what the community considered to be normal meals during the last week. This is in comparison to only 10% of non-OVC who had not eaten normal meals.

Most households with orphans and vulnerable children reported having only two meals per day, consisting of cassava and sweet potato leaves cooked with water and salt with cassava or maize.



Orphaned eight year-old Sanyu Nakyeyune cooks bananas for her brother and sister in Rakai district, southern Uganda.

Simon Peter Esaku/World Vision

45 Due to World Vision's intervention, the percentage of orphans and vulnerable children accessing healthcare was much higher in the programme areas (80%) than in the adjacent communities (63%).

46 Each community defined the frequency and content of normal meals during the focus group discussions.

Psychosocial support

Half of the orphans and vulnerable children are not receiving psychosocial support

Despite the importance of psychosocial support for vulnerable and traumatised children, 49% of the orphans and vulnerable children surveyed had not received support. Even those who had been visited, reported that this had not been regular.

In the areas surveyed, psychosocial support was seen to refer to visits from secondary caregivers, including people from the local church.[47] According to the children, these visits are intended for playing and getting help with study and housework. In the World Vision programme areas, they also mentioned counselling and care when sick. In terms of the quality of support provided, concern was expressed by the secondary caregivers that they had received no formal training in child psychosocial support, and certainly not in relation to orphans and vulnerable children.

Family capacity

No orphans and vulnerable children have their basic needs met

In Mugeba the three basic needs identified by community members were food, clothes and water/sanitation, while in Namacurra they were food, water and shelter. Due to the level of poverty and vulnerability in both areas, none of the orphans and vulnerable children were seen to be having their basic needs met. Even amongst the non-OVC only 16% had these fundamental needs met, an indication that poverty levels are amongst the highest in Mozambique.

Community capacity

Very few households caring for orphans and vulnerable children receive external support

Only 13% of households with orphans and vulnerable children reported receiving some form of external support for their children.

In Namacurra, the limited support that is provided by the community leaders and external partners consists of school and medical assistance as well as counselling, integration into adoptive families and help with documentation. In the areas where it works, World Vision is the main source of external support, with some additional provision by District Direction of Women and Co-ordination of Social Affairs (DDMCAS), Save the Children and some other religious groups. In the adjacent area of Mutange, assistance is provided by District Direction of Agriculture and Rural Development (DDADR) and Água Rural e ORAM(ONG).

The situation is even worse in Mugeba where there is no group to coordinate support to vulnerable households. Various assistance has been provided to a few impoverished households by the community leaders, including material support, labour, integration into adoptive families, formal documentation and food. However, this has been dependent on individuals making a direct request for help.

47 Caregivers are individuals living in the same community as the orphans and vulnerable children who provide them with care and support.

PROTECTION ISSUES

Mozambique is a signatory to the Convention on the Rights of the Child but has yet to ensure that its provisions are fully reflected in national legislation. At present, the country has no specific child policy although preparations are underway to get one in place.

Birth registration

Few births are registered

Birth registration is required in order to obtain poverty certification which in turn is needed to get benefits such as free education and healthcare.

In the communities surveyed only 11% of orphans and vulnerable children and 33% of non-OVC had their births registered. During the focus group discussions, most adults also reported that they had not been registered and gave the following reasons:

1. Inadequate birth registration system – registration must be done at a Civil Registrar's Office, which are only present at the district-headquarters level,
2. Distance between the communities and the district-headquarters, and
3. Lack of information and low levels of awareness amongst parents of the importance of registering their children.

Land and property grabbing

Property grabbing is common

Although Mozambique's Land Law recognises that men and women have equal rights to land, women are often victims of property grabbing when their husbands die.[48] This was confirmed during the focus group discussions in all the communities and the following were identified as those items most commonly taken: land plots, crop fields, livestock, furniture, dishes, bicycles, coconut trees and cashew trees.

CONCLUSION & RECOMMENDATIONS

The situation for orphans and vulnerable children in Mozambique is bleak. Given the high levels of poverty, the majority of households are considered vulnerable and the traditional family and community coping measures are stretched to breaking point. Whilst education and health have received significant investment and are seen to be improving even for the poorest families, the overall deprivation experienced by the most children in the communities surveyed is of real concern. Of particular significance is the fact that none of the orphans and vulnerable children were seen to be having their basic needs met, with very few receiving normal meals or getting the psychosocial support they need.

48 UNAIDS (2004) *Women, Girls and HIV/AIDS in Mozambique*, UNAIDS Fact sheet p.2

Recommendations

Building on the work done during the course of this monitoring exercise, members of each community were asked to draw up an action plan to address the issues surrounding orphans and vulnerable children. The following is a summary of the various recommendations made.

Education:

- Establish a direct support system for orphans and vulnerable children to allow them access to school, basic clothing and educational material
- Strengthen the school councils, including sensitisation to the needs of orphans and vulnerable children
- Establish a follow up system to track and support orphans and vulnerable children who are not attending school

Healthcare:

- Establish local health posts where the current facilities are located some distance away

Psychosocial Support:

- Establish a system for the psychosocial support of children, with a particular focus on orphans and vulnerable children
- Train and assist community caregivers to provide psychosocial support to orphans and vulnerable children
- Establish local coalitions of community caregivers who support orphans and vulnerable children

Birth Registration:

- Undertake a registration campaign, raising awareness and providing a mobile registration service (DDMCAS and the Notary Services to coordinate)

Property grabbing:

- Community leaders to raise awareness of property protection and promote good practices
- Community leaders to play a role in preventing property grabbing in any case of parents death

Community capacity:

- DDMCAS, other Directorates and NGOs to provide further support for orphans and vulnerable children (provision of clothes, food, production tools, goats, access to school, health care, moral education, toys, sports material, housing, etc.)

Orphan Yenifa Rabson, 7, watched her mother die and is now cared for by her grandmother, Doris Julius. Senzani ADP, Malawi.

Jon Warren/World Vision

Chapter 4: Uganda

Country Fact File[49]

Orphans: 2 million

Orphans as a percent of all children: 14%

Orphans by 2010: 1.9 million

Orphans due to AIDS: 940,000

People living with HIV/AIDS: 530,000 (high estimate 880,000 million)

Children (0-14) living with HIV/AIDS: 84,000 (high estimate 150,000)

The situation of orphans and other vulnerable children in Uganda has reached crisis proportions. With a tradition of extended family support, rather than institutionalisation, the majority of Uganda's orphans and other vulnerable children are being taken care of within households. Yet, the pressure on these households, and particularly those headed by widows or grandmothers, is immense as they are forced to stretch already limited resources to support an increasing number of dependents. This is likely to have dramatic consequences not only for the orphans and vulnerable children themselves but also for Uganda as a whole. Unless these households receive more substantial and sustained support, the country is likely to see a rise in the number of street children, an increase in the sexual and economic exploitation of children and greater social and economic instability overall.

Case study: Lost childhood [50]

At thirteen, Morris dropped out of school to look after his sick parents. Their immune system was down and what was once HIV had developed into AIDS.

Morris lost his childhood the day he discovered his mother had AIDS. Suddenly he became the family cook, cleaner, nurse…doing all is needed and left with nothing but NGOs help such as World Vision.

His father died last year. His mother, Felicity, is bedridden. She can't do anything for herself. In their poorly ventilated house, Felicity lies in a wet bed. All one can see is her head, her thin hands as cassava drooping from the bed, and if one dares to lift the sheets, her limbs can be counted easily. But her voice is still strong.

Felicity's 13-year-old daughter, who was also of help, is said to have been snatched away for marriage. Other people think she might have gotten tired of looking after her sick mother and decided to run away from home.

49 Figures taken from UNAIDS (2004) *Report on the global AIDS epidemic 2004* and UNAIDS/UNICEF/USAID (2004) *Children on the Brink 2004*

50 From an article by Joan Mugenzi, 'AIDS Snatches Childhood Pleasures in Rakai' (World Vision, March 2004)

UNGASS Monitoring Results

Monitoring was undertaken in two communities within the sub-county of Rukiga in Kabale district and two communities in the sub-county of Kasangombe in Luweero district. The following table gives a combined summary of the results, with more detail given in Appendix 3.

Domain	Indicator	Combined survey results	
		OVC	Non-OVC
Policies and strategies	Is there a national policy in place for the support, protection and care of orphans and vulnerable children?	Yes	
Education	School attendance of orphans and vulnerable children (OVC) compared to non-OVC	90%	98%
Health	Healthcare access for OVC compared to non-OVC	93%	96%
Nutrition	Proportion of OVC receiving normal meals compared to non-OVC	70%	92%
Psychosocial support	Proportion of OVC receiving appropriate psychosocial support	41%	N/A
Family capacity	Proportion of OVC that have three, locally defined basic needs met compared to non-OVC	22%	63%
Community capacity	Proportion of households with OVC that receive free basic external support in caring for the children	33%	N/A
Protection	Per cent of children whose births are registered	37%	44%
Protection	Prevalence of land and property grabbing	High	

Policies and strategies

Uganda has many child welfare policies and laws in place, some with specific sections addressing orphans, but no specific laws as such. A number of laws have been strengthened and a national policy for orphans and other vulnerable children has been approved.

Following a situational analysis in 2002, the Ministry of Gender, Labour and Social Development (MGLSD) led the process of developing a national policy on orphans and vulnerable children and a strategic programme plan to guide future interventions. The overall goal of developing this policy was to contribute to the improvement of the quality of life of orphans and vulnerable children and their families in Uganda and the upholding of their basic rights within the context of Uganda's constitution, the United Nations Convention on the Rights of the Child and the United Nations General Assembly Special Session on HIV/AIDS.[51]

The process of formulating the policy on orphans and vulnerable children was highly participatory, so much so that one member the National OVC steering Committee commented that they *"have never seen a policy which has been participatory 100% like the OVC policy, all the 56 districts of Uganda were consulted and they participated. This policy was made by Ugandans and for Ugandans"*.[52]

Alongside the OVC policy there are other legislative frameworks in place to protect the rights of orphans and vulnerable children, including the Children's Statute, the Constitution of Uganda, the Policy for the Disadvantaged, the Law on Defilement and the overarching HIV/AIDS policy.

Education

Orphans and vulnerable children are just as likely to attend school

According to the survey, there is no significant difference in access to education between orphans and vulnerable children (90% attending school) and non-OVC (98% attending school) which may indicate early enrolment success of the Universal Primary Education Policy (UPE).

However, many challenges remain in ensuring a quality education for all. As a result of Universal Primary Education, classes tend to be overcrowded, teacher-pupil ratios are typically low and the overall learning environment is not always conducive to study. Overcrowding and a lack of attention from teachers has certainly contributed to the poor performance of many pupils when they sit for their exams.

The survey also showed that there are very few children who have made it to secondary level due to lack of tuition fees with most children dropping out after primary school. A gap therefore remains in fulfilling the educational aspirations of orphans and other vulnerable children beyond primary school, whether through secondary school or vocational training.

Although most children were reported to be in school, the focus group participants identified various reasons why children may not attend:

- Long distance to the school
- Lack of parental guidance
- Peer influence of bad behaviour
- Some parents influence the children to work for a living, especially through selling vegetables along the roadsides
- Early marriages for girls
- Early pregnancies
- Lack of confidence in case they perform poorly at school
- Staying at home to look after their siblings (very common in child-headed families)

51 National OVC Policy and Strategic Program Plan of Interventions for Uganda, 2004

52 This comment came from a UNICEF programme officer.

- Some guardians deny orphans the opportunity of going to school
- Mistreatment by their stepmothers

Overall, there was no real difference in attendance between boys and girls. However, in Rukiga it was felt that boys were more likely to drop out, with one participant commenting: *"In our community, boys drop out of school more than the girls. This is mainly because the boys want to make quick money from the vegetable road side selling business and others are just unruly"*.[53] In contrast, in Kasangombe girls were seen to be more likely to drop out due to early marriage or pregnancy.

Health

Orphans and vulnerable children have the same level of access to healthcare

According to the survey, orphans and vulnerable children were as likely to receive medical treatment when sick (93%) as the non-OVC (96%). This is despite there being very few health centres in the area, requiring people to travel long distances to get treatment. Although a few parents are able to take their children to private clinics, the vast majority can only access medical treatment in government hospitals or health centres.

Although representative over all, the combined survey figures hide the fact that amongst the orphans and vulnerable children of one community in Rukiga, far fewer girls were able to access treatment (68%) compared to the boys (96%). The focus group discussions in this area suggested that this was due to parents favouring boys over girls. Interestingly, however, no such difference was observed in the adjacent community or in Kasangombe.

The reasons given for sick children not accessing treatment were:

- Long distance to the health centres
- Lack of money to pay for treatment
- A few parents/guardians are ignorant about health centres and opt for traditional medicine

Nutrition

Fewer orphans and vulnerable children receive normal meals

Malnutrition constitutes the single greatest threat to the health of orphans in Uganda, with 38% of Ugandan children reported as stunted by the Uganda Demographic and Health Survey (UDHS) 2000. This is born out by the survey results, which suggest that far fewer orphans and vulnerable children received normal meals during the last week prior to the survey (70%) compared to the non-OVC (92%).

53 Observation made by Mr Matsiko, a lay leader in one of the local churches.

In the focus group discussions, many of the orphans and vulnerable children reported that they typically have two meals or even one instead of the 3-4 well-balanced meals they had been used to before being orphaned. The types of food eaten include: sweet potatoes, sorghum, bread, cassava, Irish potatoes, posho, pumpkins, yams and these are accompanied with peas, beans, green, animal blood, tomatoes, onions, etc.

Psychosocial support

The majority of orphans and vulnerable children are not receiving psychosocial support

Across the four communities surveyed only 41% of orphans and vulnerable children had received some form of psychosocial support. Looking at Rukiga alone, however, the figure is much higher with just 28% receiving support.[54]

A few of the families visited reported that they had received some form of counselling either monthly or at longer intervals and some could recall having received counselling but could not give details. According to the focus group participants, counselling was mainly provided by World Vision staff, religious leaders or church elders and was done through home visits to the children. The children also mentioned that they had been visited by friends and relatives.

When asked to recall their happiest experiences, a number of the orphans and vulnerable children reflected that during their free time they try to be happy by:

- Playing with friends
- Joining school clubs
- Reading books and singing

At the same time, the children stressed that there is much to be sad about. As Pamela, a double orphan aged 14, expressed: *"Even if I read and play, I can't forget the absence of my parents. Life has never been the same"*.

I am blessed – both my parents are alive; but this girl seated among these many graves has lost her parents, relatives and other siblings to HIV/AIDS.

Photo & caption by Dorothy Nakayima, Uganda

This photo is part of ***Heartprints of the Child's Soul***, a collection of photos taken by children affected by HIV and AIDS in Uganda, Zimbabwe, Kenya and Tanzania.

54 A far greater number of orphans and vulnerable children had received psychosocial support in Kasangombe (63%) compared to Rukiga (28%). 41% is the average across the two.

Family capacity

Significantly fewer orphans and vulnerable children have their basic needs met

The three basic material needs identified by the community caregivers were shelter, water and clothing. According to the survey, only 22% of orphans and vulnerable children had these basic needs met, as opposed to 63% of non-OVC.

According to the orphans and vulnerable children who took part in the focus group discussions, children often face discrimination within the household which determines how well their needs are met. This discrimination takes many different forms with orphans often given less food, being required to do a lot of household chores and, in most cases, being the first to be withdrawn from school.

Community capacity

Only a third of households caring for orphans and vulnerable children receive external support

Just 33% of households caring for orphans and vulnerable children reported receiving external support.[55] A figure made more astounding by the fact that many non-OVC households in the same communities have been given assistance simply because they are known to the Local Council officials and other community leaders who are involved in selecting who should receive support. This raises the question of whether community support is being targeted to those who need it the most.

In the areas that World Vision works, support is provided through Community Care Coalitions which have responsibility for identifying, monitoring, assisting and protecting orphans and vulnerable children. Trained home visitors monitor the orphans and vulnerable children in terms of their well being in health, nutrition, education and psychosocial status. The home visitors also help some families who are affected by HIV and AIDS through succession planning using the memory book approach.

Other support is provided by the Community HIV/AIDS Initiative (CHAI), Plan for the Modernisation of Agriculture (PMA), National Agricultural Advisory Services, (NAADS), Genesis, Compassion International, Care Shadow, Kigezi Health Care Foundation (KIHECFO), Africa 2000 Network and the Church.

PROTECTION ISSUES

Birth registration

Most children do not have their births registered

The survey revealed that the majority of both orphans and vulnerable children (67%) and non-OVC (64%) across all four communities did not have their births registered. A higher percentage of children had been registered in Rukiga compared to Kasangombe but the figures in both areas were low. This is despite the fact that children cannot be enrolled in primary school without a birth certificate and immunisation card (though this is not always enforced).

55 The support mentioned included the provision of drugs and mosquito nets to prevent malaria, payment of school fees, provision of books and uniforms, blankets and income generating items such as goats, cows, pigs and improved agricultural seeds.

During the focus group discussions, the community leaders revealed that the children who were born before the Uganda National Census of 2002 had to pay 500 Ugandan Shillings per child to be registered.[56] Those who did not register the births of their children gave a number of reasons, namely:

- They did not know the importance of registering their children at birth
- Lack of money for registration
- Lack of proper sensitisation

Land and property grabbing

Property grabbing is common

Although local government has put measures in place to ensure the effective transfer of property, these are often sidelined due to discrimination and fear. A few people leave wills or memory books detailing how their possessions should be distributed but most rely on verbal communication.[57] As a result friends, relatives and trustees often grab property, leaving the orphaned children with nothing.

In those instances where children are left with control over the property, they tend to misuse it due to a lack of guidance. For instance, they may sell the property cheaply in order to survive, and some relatives take advantage of this by encouraging the children to sell it to then at a very low price.

All in all, children whose parents do not make a will concerning the transfer of their property are usually left with nothing.

CONCLUSION AND RECOMMENDATIONS

With a policy on orphans and vulnerable children in place, Uganda has taken an important step in meeting its commitment to the UNGASS goals. Yet, a challenge remains in translating political will into concrete action that will touch the lives of orphans and vulnerable children in every community throughout the country. Whilst Universal Primary Education has enabled more children to go to school, there are still doubts about the quality of education provided and the accessibility of secondary schooling. More worrying still is the fact that most orphans and vulnerable children are not receiving adequate nutrition and are not having their most basic needs met. Furthermore, despite the emotional and social turmoil caused by HIV and AIDS, very few children have access to some form of psychosocial support.

Recommendations

In light of the research findings in Uganda, the following recommendations have been made:

56 500 Ugandan Shillings is roughly equivalent to 16 pence in British currency.

57 Property commonly left by parents includes: houses, pieces of land, household items, banana plantations, livestock, chairs, wardrobes, clothes, etc.

Psychosocial:

- Psychosocial needs of orphans and vulnerable children and their parents or care givers need to be given adequate attention and sensitisation programmes should be scaled up to increase awareness about psychosocial issues
- Some interventions which have been found successful, such as communities responding to the needs of orphans and vulnerable children through organised community OVC care groups, need to be supported and replicated

Education:

- With the introduction of Universal Primary Education (UPE), it is evident that the majority of children are in school. However, the quality of UPE needs to be carefully assessed especially in improving the pupil to teacher ratio and in the provision of scholastic materials for orphans and vulnerable children who cannot afford them
- It is likely that Primary Education will be the only education that orphans and vulnerable children ever receive and yet it is not sufficient enough to empower the children. According to the findings of this and other studies, a gap remains in access to secondary and vocational institutions. The need to introduce Universal Secondary Education should be carefully considered

Care Givers:

- Caregivers of orphans and vulnerable children need particular assistance and support that will enable them to provide the basic needs of children. According to the community caregivers who took part in the focus groups discussions, they require urgent support to meet the needs of orphans and vulnerable children. This support includes: income generating projects, school related support (e.g. uniforms and scholastic materials) and provision of improved seedlings among others

Birth Registration:

- Birth registration should be made compulsory and bureaucratic arrangements for acquiring birth certificates must be simplified to improve the rights of all children to a lineage that is properly documented

Property Transfer:

- Parents who are chronically ill and other parents who may not necessarily be ill should be sensitised to the importance of writing wills to ensure that the inheritance rights of their children and/or spouse are respected and to prevent property grabbing

Nutrition:

- Community based nutritional programmes need to be put in place so that households that need to improve the status of nutrition of the children are helped. This could be done by using community based groups schools and health units as outreach vehicles

Implementing the existing laws:

- The laws focusing on children which are in existence, should be made fully operational to ensure that the rights of children are not compromised. Such laws would complement the national OVC policy

Chapter 5: Zambia

Country Fact File[58]

Orphans: 1.1 million

Orphans as a percent of all children: 19%

Orphans by 2010: 1.2 million

Orphans due to AIDS: 630,000

People living with HIV/AIDS: 920,000 (high estimate 1.1 million)

Children (0-14) living with HIV/AIDS: 85,000 (high estimate 130,000)

HIV and AIDS in Zambia has robbed a generation of its childhood and parental guidance, placed an enormous strain on those caring for people living with AIDS (PLWHA), orphans and vulnerable children (OVC), reduced the economic productivity of the country, and placed a heavy burden on already constrained services and financial resources. This crisis requires a multi-sectoral response encompassing services to OVC, PLWHA, caregivers, and youth.

HIV and AIDS exacerbates the poverty already experienced by most Zambians, and is quickly exhausting the country's health system. Out of a population of 10.6 million, it is estimated that 900,000 to 1.2 million people are living with HIV and AIDS. About 16% of Zambia's adult population is infected with HIV, the fifth highest prevalence rate in the world.[59] Furthermore, prevalence of opportunistic infections is also increasing as the immunity of those living with the disease decreases, placing great pressure on an already strained healthcare system. In spite of these numbers and consequences, the crisis is still in its infancy.

These children are collecting bricks to be used in constructing a grave.

Photo & caption by Nsereko Baker, Uganda

This photo is part of ***Heartprints of the Child's Soul***, a collection of photos taken by children affected by HIV and AIDS in Uganda, Zimbabwe, Kenya and Tanzania.

58 Figures taken from UNAIDS (2004) *Report on the global AIDS epidemic 2004* and UNAIDS/UNICEF/USAID (2004) *Children on the Brink 2004*

59 USAID (2003) *Country Profile: Southern Africa*

UNGASS Monitoring Results

Monitoring was undertaken in the communities of Siabaswi and Siansowa in the district of Sinazongwe, Southern Province, and Nyampande and Matonga in the district of Petauke, Eastern Province. The following table gives a combined summary of the results, with further details given in Appendix 4.

Domain	Indicator	Combined survey results	
		OVC	Non-OVC
Policies and strategies	Is there a national policy in place for the support, protection and care of orphans and vulnerable children?	No	
Education	School attendance of orphans and vulnerable children (OVC) compared to non-OVC	64%	72%
Health	Healthcare access for OVC compared to non-OVC	80%	95%
Nutrition	Proportion of OVC receiving normal meals compared to non-OVC	31%	81%
Psychosocial support	Proportion of OVC receiving appropriate psychosocial support	36%	N/A
Family capacity	Proportion of OVC that have three, locally defined basic needs met compared to non-OVC	25%	64%
Community capacity	Proportion of households with OVC that receive free basic external support in caring for the children	68%	N/A
Protection	Per cent of children whose births are registered	92%	96%
Protection	Prevalence of land and property grabbing	High	

Policies and strategies

Although the government of Zambia has been working to develop a National Child Policy, to date there has been little progress towards developing a specific policy on orphans and vulnerable children. The reasons for this include a lack of consensus amongst the key stakeholders and the need for clarity as to which ministry should take the lead in moving the process forward.[60] More fundamentally, there appears to be a lack of commitment from policy makers who do not see orphans and vulnerable children as a priority relative to prevention and care for people living with AIDS (PLWA).

60 This lack of consensus came across during discussions with key national stakeholders.

At community and district level, there is a functioning body responsible for tackling issues relating to orphans and vulnerable children (District OVC Committee) and a national OVC Steering Committee has recently been established. In addition, the Regional Psychosocial Support Initiative (REPSSI) has initiated an Orphans and Vulnerable Children Advocacy network, which has started to advocate for the formulation of an OVC policy.

Education

Orphans and vulnerable children are less likely to attend school

The survey revealed that a smaller percentage of orphans and vulnerable children were attending school (64%) compared to non-OVC (72%). The main reason given for this during the focus group discussions was that orphans and vulnerable children, and particularly those living with grandparents, are often unable to pay the fees requested by the school authorities. Although there is a policy of Universal Primary Education in Zambia with the aim of making primary school education free, in reality most school authorities ask for a contribution from students. Combined with the additional cost of uniforms, books, and shoes, this tends to disadvantage orphans and vulnerable children the most.

Across the four communities, there were no consistent differences between the school attendance of girls and boys. However, in one instance only 47% of male orphans and vulnerable children were attending school compared to 73% of females. One explanation for this may be that boys are more likely to be kept at home to look after animals and assist their guardians with manual work. They may also receive less encouragement and supervision with regard to their education.

Health

Fewer orphans and vulnerable children have access to healthcare

Although the majority of children who had been sick were able to access healthcare, orphans and vulnerable children were less likely to receive treatment than non-OVC. 20% of orphans and vulnerable children did not have access to healthcare services compared to only 5% of non-OVC.

During the focus group discussions, various reasons were given for this including that many orphans and vulnerable children live with guardians or grandparents who have no money to pay for medical treatment. At the same time some guardians tend to neglect the orphans and vulnerable children when they fall sick opting to take them for treatment only when their condition becomes serious. Guardians often give priority to their own children over the orphans in their care.

Nutrition

Far fewer orphans and vulnerable children receive normal meals

According to the survey only 31% of orphans and vulnerable children had received normal meals during the last week, in comparison to 81% of non-OVC. This poor provision of meals seems to

correspond to the death of the family breadwinner. The focus group discussions also revealed that households caring for orphans tend to be larger than the non-OVC households, which means they are less able to provide adequate food for everyone.

The consequences of this can be great. Poor nutrition can affect the health of orphans and vulnerable children, which in turn impacts on their school attendance and performance. As one focus group participant observed, *"when guardians don't have food, the orphans and vulnerable children drop out because it is difficult to pay attention in school on an empty stomach"*.

Psychosocial support

The majority of orphans and vulnerable children are not receiving psychosocial support

Only 36% of orphans and vulnerable children had received psychosocial support and this was mainly in the form of spiritual counselling by members of the local church.[61] This support is clearly inadequate and community caregivers need to be given training to enable them to provide more comprehensive psychosocial support for orphans and vulnerable children.

This photo is part of ***Heartprints of the Child's Soul***, a collection of photos taken by children affected by HIV and AIDS in Uganda, Zimbabwe, Kenya and Tanzania.

This is our house, it leaks when it rains. I pray that we get a better house since the leaking roof makes my mother's illness worse.

Photo & caption by Bright Tasiyana, Zimbabwe

61 This is an average across all four communities and it is worth noting that whereas 56% of orphans and vulnerable children had receiving counselling in the areas where World Vision works, only 11% had been counselled in the adjacent communities.

Family capacity

Significantly fewer orphans and vulnerable children have their basic needs met

The basic material needs identified in the focus group discussions were water, shelter and clothes. Overall, only 25% of orphans and vulnerable children were reported to be having these needs met, compared to 64% of non-OVC. The situation was most pronounced in the areas adjacent to where World Vision works, where only 8% had their basic needs met.

This clearly shows that orphans and vulnerable children are struggling to have their basic material needs met and this is likely to have adverse effects on their health and school attendance. For instance, without proper clothes they are unable to attend school.

Community capacity

Many households caring for orphans and vulnerable children receive external support

According to the survey, 68% of households with orphans and vulnerable children had received some form of external support. This reflects the fact that World Vision has been actively involved in providing support and building the capacity of the communities to respond to the needs of orphans and vulnerable children.[62] This is in addition to government support for education (provision of books for grades 1-7) and other external interventions to assist the poorest in the community.

During the focus group discussions, it was mentioned that community care coalitions are involved in building houses for orphans and vulnerable children who have no shelter as well as providing food and paying for medical treatment when they are sick.

These care coalitions are part of World Vision's community-led programme to scale up care of orphans and vulnerable children. This involves mobilising and strengthening already existing community structures and initiatives called OVC Community Care Coalitions (CCC). These operate at village level or according to the social and geographic realities of the area. In many instances, one or several churches or church groups (women's groups, lay pastoral caregivers, etc.) will lead the development of this team. The CCC may be formed through community elections, self-nomination of interested community members, nomination by OVC themselves, or a combination.

In both areas where World Vision works, the community care coalitions are still in the formative stages. This means that their capacity to respond to orphans and vulnerable children is limited and they still require lots of support. World Vision and its partners are therefore continuing to mobilize and build the capacity of care coalitions, care givers and the children themselves.

62 External support has also been given to the communities adjacent to where World Vision is working in the form of Gifts in Kind (GIK).

Case study: When caring counts[63]

To be a mum with three orphans to look after, in addition to your own child, is already a huge time commitment – but, on the other hand, who is better qualified to walk around the neighbourhood advising others with vulnerable children who are even worse off?

Such was Mirriam Mushinge's line of reasoning when she agreed to be a volunteer home care giver with World Vision in Zamtan, Zambia. *"The experience I have had in looking after orphans made me want to help other orphans in the same position as mine"*, she explains. *"The people trusted me and elected me to the post, because they have seen me cope."*

Initially she was allocated 10 families to keep an eye on, but as the number of vulnerable children has expanded, her workload has increased to 18 families. *"Normally I only need to visit each child once a week, but if there is a need I would make a follow-up visit"* she explains.

During these visits she checks that the children are getting to school, keeping healthy and are being well fed. She also offers advice and encouragement to the children's parents or guardians.

Mirriam visits widow Dorika Nachinga who has three children of her own and has four close relatives and an orphan living with her.

Jon Warren/World Vision

PROTECTION ISSUES

Birth registration

Most births are registered

The survey revealed that most births (92%) had been registered at local health centres where parents were issued with Under-Five Clinic cards. However, these cards are not legal birth certificates, which can only be issued by the Registrar of Births and Deaths. Unfortunately, it is often only when a child is orphaned that the importance of obtaining such a certificate is recognised as it then becomes difficult for them to register for school or obtain a National Registration Cards or passport.

From the focus group discussions, it became clear that many people in the areas surveyed were not aware of the importance of birth certificates and even those who were complained of:

- Long distances to the district offices to do the registration
- The lengthy period that it takes before the certificates are issued (anything up to two years) due to a centralised system

63 From an article by Nigel Marsh, 'A Day with Hope Carer Mirriam' (World Vision, June 2003)

It was therefore recommended that the birth registration system be decentralised as having a legal birth certificate has a lot of advantages, some of which are:

- A legal birth certificate is required when applying for a bursary or passport
- The birth certificate can be used to get a National Registration Card (NRC) even if a child is unaccompanied or has no one to take them to the registration office
- It can also be used as proof of birth during school enrolment

Land and property grabbing

Property grabbing is common

Property grabbing was seen to be common across all four communities surveyed. It was said to be most likely to occur when a man dies and relatives grab valuable things like cattle, goats, furniture, land and even houses. The children are then left with nothing or merely invaluable items such as axes and hoes.

In some communities, there are certain structures in place to prevent property grabbing, including awareness raising campaigns which are done through leaflets and lectures before court sessions. However, although most victims know that they can go to the police or local court to make a complaint, they usually refrain from doing so through fear of being bewitched by the deceased's relatives.

CONCLUSION & RECOMMENDATIONS

Zambia has one of the highest proportions of orphans in sub-Saharan Africa and is struggling to respond to the needs of its most vulnerable citizens. Though the government is developing a National Child Policy, it has yet to prepare a specific policy on orphans and vulnerable children and there is some doubt as to whether there is enough political will to produce one. Given the desperate plight of orphans and vulnerable children as highlighted in this report, this is a real concern and must be addressed with the utmost urgency.

Recommendations

In light of the finding from this monitoring exercise, the following recommendations are being made:

Education:

- Sensitise communities to reduce child labour such as looking after animals (cattle, goats and general manual work)
- Sensitise the community on the government policy on free primary education

Healthcare:

- Sensitise the community about the existing Public Welfare Assistance Scheme
- Lobby the government to bring health services closer to the community

Nutrition

- Lobby the donor community to support the government efforts to improve food security for vulnerable households especially those that are caring for the orphans and vulnerable children

Birth Registration:

- Lobby for the birth registration system be decentralised

Property grabbing:

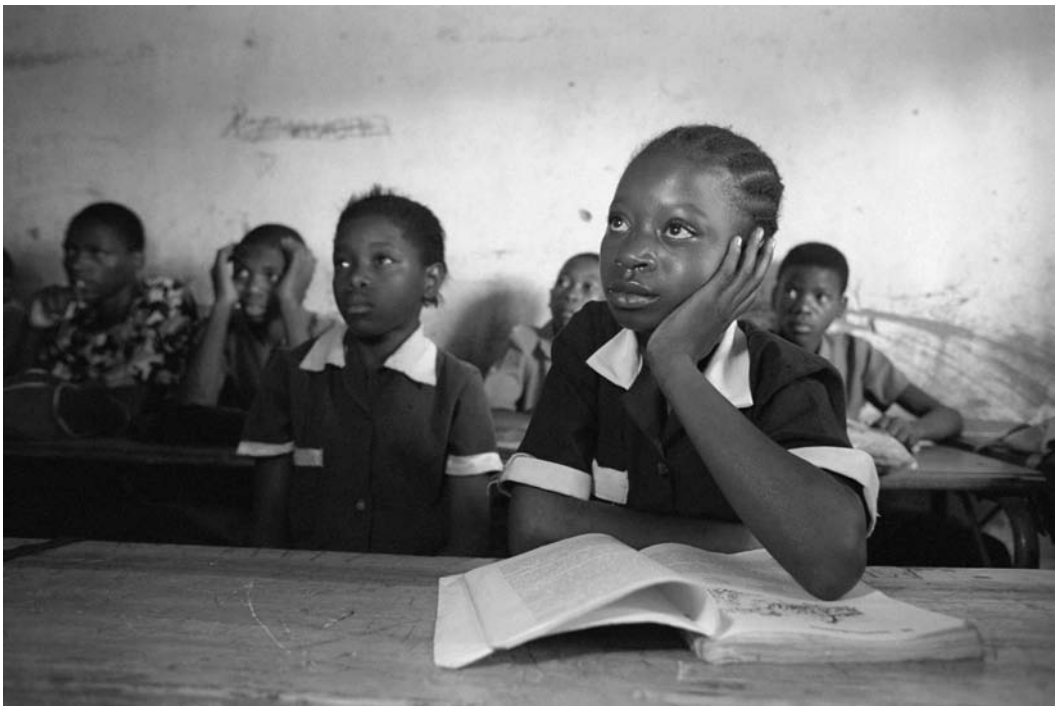
- Increase awareness among traditional leaders and their communities about existing laws and policies on succession planning and inherence

Community capacity:

- Mobilise communities and build capacity of communities for them to provide psychosocial support to orphans and vulnerable children and their families. (World Vision Community Care Coalition Model)
- Lobby the government to include psychosocial support in the child policy being reviewed
- Lobby donors to support psychosocial support activities at national and community levels

General:

- A policy on orphans and vulnerable children should be separate from the child policy currently being developed. If it becomes part of the child policy, a separate section should be included clearly stating commitments to orphans and vulnerable children
- Donors should support the process to formulate and implement the policy on orphans and vulnerable children
- The policy should be ready by end of 2005 to fulfil the promises made to orphans and vulnerable children as part of the UNGASS Declaration of Commitment on HIV and AIDS
- Build the advocacy capacity of district partners



Students at Kamfinsa Mission School in Zamtan, Zambia.

Jon Warren/ World Vision

Conclusion & Recommendations

Despite the promises made to orphans and vulnerable children as part of the UNGASS Declaration of Commitment on HIV/AIDS in 2001, many countries are failing to put their words into meaningful action. With a focus on Ethiopia, Mozambique, Uganda and Zambia, this study has shown that current efforts are falling well short of what is required. Across all four countries, orphans and vulnerable children are still the most likely to be missing out in terms of education, health, nutrition and other basic needs. Furthermore, very few are receiving appropriate psychosocial support and many find themselves the victims of property grabbing. This is not to deny the efforts that have already been made in these countries, including the development of an OVC policy in Uganda, but rather to stress the urgent need for targeted action to address the specific issues faced by orphans and vulnerable children.

Care and support for orphans and vulnerable children must be considered as an essential and integral part of national and international responses to the HIV/AIDS crisis, not an optional addition. In light of the findings of this study, and mindful of the forthcoming review of progress towards the Declaration of Commitment, World Vision calls on governments, international institutions, and other key OVC duty-bearers to take the following actions at national and international levels:

National

- Fully implement Articles 65-68 of the 2001 UNGASS Declaration of Commitment on HIV/AIDS to ensure special assistance for children orphaned and affected by HIV and AIDS
- Produce and fully fund National Plans of Action for orphans and vulnerable children in all highly affected countries, with a specific focus on:

Education:

In line with the Education For All goal of ensuring that all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete free and compulsory primary education of good quality:

- Sensitise school leaders and communities to the educational needs of orphans and vulnerable children so they can support access to appropriate education for OVC
- Establish a direct support system for orphans and vulnerable children to allow them access to school, educational materials and appropriate school clothing
- Facilitate skills training and sustainable income generating activities for older orphans and vulnerable children to enable them to support themselves

Health:

- Facilitate free healthcare for orphans and vulnerable children by strengthening community outreach mechanisms and providing support letters for free access to care
- Establish and equip local health posts where the current facilities are located some distance away

A young child sits in the dust. Chencha AIDS Orphan Mitigation Project, Ethiopia. ***Peter Weston/World Vision***

Nutrition:

- Establish community based nutritional programmes to assist households caring for orphans and vulnerable children
- Strengthen efforts to improve the food security of vulnerable households, especially those caring for orphans and vulnerable children

Psychosocial Support:

- Intensify efforts to eliminate stigma and discrimination against all persons affected by HIV/AIDS, including children
- Establish a system for the psychosocial support of children, with a particular focus on orphans and vulnerable children (to include training and support of community caregivers)

Community Capacity:

- Strengthen community groups caring for orphans and vulnerable children through provision of needed training, as well as financial and material support for the children
- Support and resource community caregivers to respond to the needs of orphans and vulnerable children

Birth Registration:

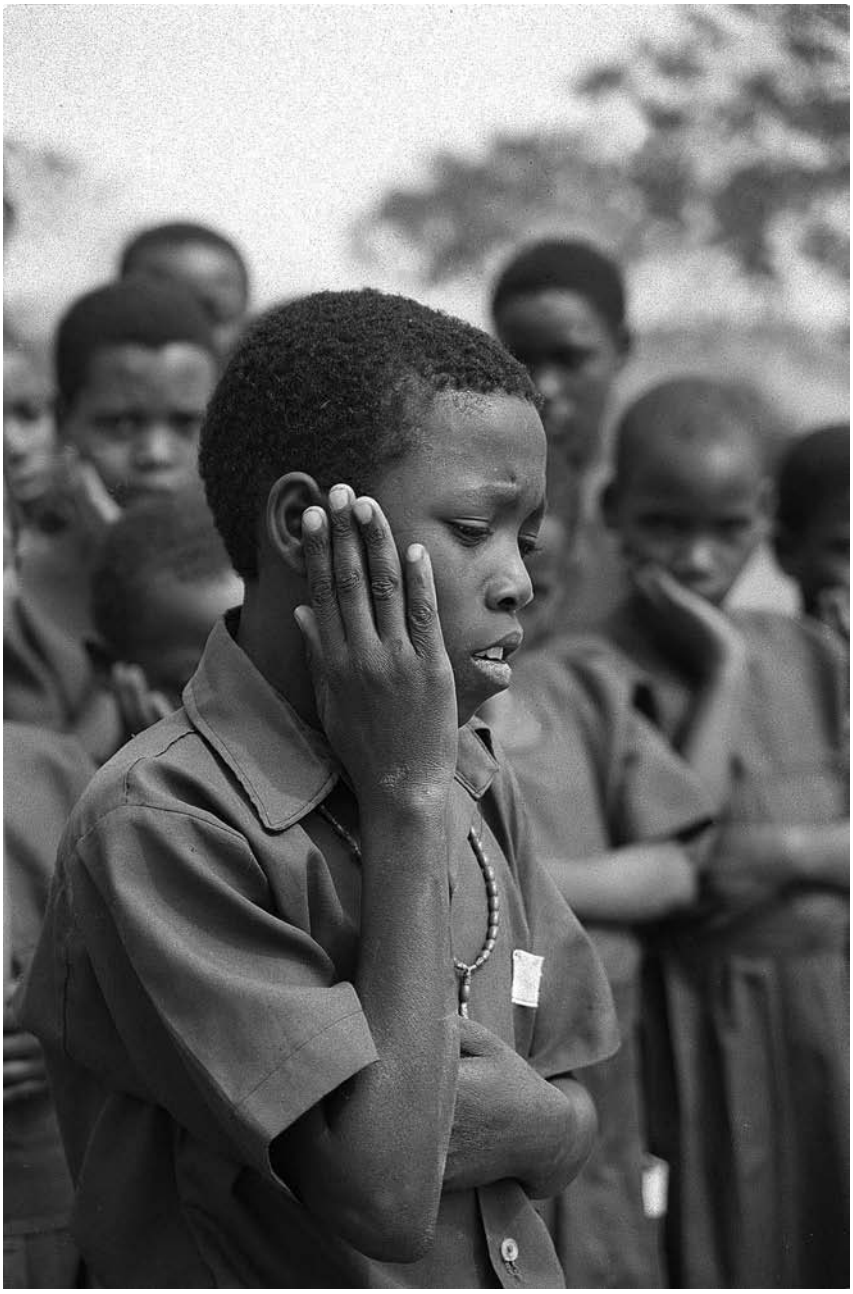
- Make birth registration compulsory and simplify the registration process to enable all children to obtain a birth certificate
- Undertake a registration campaign to raise awareness of the importance of birth registration

Property Grabbing:

- Enhance awareness of and support for existing laws and policies on succession planning and inheritance among traditional leaders and their communities
- Promote protection under both statutory and customary law for orphans and vulnerable children and ensure effective property transfer

International

- Fully implement Articles 65-68 of the 2001 UNGASS Declaration of Commitment on HIV/AIDS to ensure special assistance for children orphaned and affected by HIV and AIDS
- Endorse and support 'The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in A World With HIV/AIDS'
- Make specific, time bound and measurable commitments to enable the implementation of the Framework, including additional earmarked resources of at least 10% of total HIV and AIDS expenditures specifically for support of orphans and vulnerable children
- Support the development and implementation of National Plans of Action for orphans and vulnerable children in all highly affected countries
- Initiate a report card system to rank donors and national governments according to their actions on children and AIDS
- Accelerate the abolition of local school and health fees and associated costs for all children, paying special attention to the most vulnerable and disadvantaged children
- Provide access to treatments (both drugs for opportunistic infections and antiretroviral therapy) for parents to delay orphaning and extend the parent-child relationship.
- Ensure the inclusion of children in national and international initiatives to scale up access to care and treatment
- Provide increased access and coverage of PMTCT interventions to prevent infection in children
- Support the further development of paediatric ARV formulations and treatment practices
- Drop the debt for heavily and newly indebted countries with significant numbers of orphans
- Ensure that responses to the needs of orphans and vulnerable children are included and prioritized in macro-level policy documents, such as Poverty Reduction Strategy Papers (PRSPs), national development plans and National AIDS Strategies
- Provide resources for the broadening of the social protection safety net for children and caregivers



Portrait of Alex sadly singing. Many adults and children are still suffering from AIDS in Rakai district, where the first AIDS case in Uganda was diagnosed.

Simon Peter Esaku/World Vision

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Appendices

Appendix 1: Survey Results for Ethiopia

		ADP				Adjacent Community				Combined Total			
		OVC	**%**	**Non-OVC**	**%**	**OVC**	**%**	**Non-OVC**	**%**	**OVC**	**%**	**Non-OVC**	**%**
School attendance	Girls	55 (75)	73	91 (119)	76	57 (89)	64	60 (93)	63	112 (164)	68	151 (212)	71
	Boys	65 (95)	68	75 (98)	77	42 (65)	65	65 (86)	76	109 (160)	68	140 (184)	76
	Total	**120 (170)**	**71**	**166 (217)**	**76**	**99 (154)**	**64**	**125 (179)**	**70**	**221 (324)**	**68**	**291 (396)**	**73**
Access to medical treatment	Girls	18 (29)	62	30 (34)	88	18 (24)	75	16 (24)	67	36 (53)	68	46 (58)	79
	Boys	22 (33)	67	33 (33)	100	15 (33)	45	16 (22)	73	37 (66)	56	49 (55)	89
	Total	**40 (62)**	**65**	**63 (67)**	**94**	**33 (57)**	**58**	**32 (46)**	**70**	**73 (119)**	**61**	**95 (113)**	**84**
Counselling from community care givers	Weekly	1 (99)	1			0 (99)	0			1 (198)	1		
	Monthly	3 (99)	3			3 (99)	3			6 (198)	3		
	Longer than a month	2 (99)	2			0 (99)	0			2 (198)	1		
	Once only	0 (99)	0			0 (99)	0			0 (198)	0		
	Never	93 (99)	94			95 (99)	97			188 (198)	95		
Nutrition	Girls	93 (130)	72	221 (227)	97	107 (144)	74	162 (163)	99	200 (274)	73	383 (390)	98
	Boys	122 (159)	77	203 (210)	97	80 (114)	70	160 (160)	100	202 (273)	74	363 (370)	98
	Total	**215 (289)**	**74**	**424 (437)**	**97**	**187 (258)**	**72**	**322 (323)**	**99**	**402 (547)**	**73**	**746 (760)**	**98**
Basic material needs	Girls	38 (130)	29	174 (227)	77	39 (144)	27	87 (163)	53	77 (274)	28	261 (390)	67
	Boys	58 (159)	36	158 (210)	75	23 (114)	20	85 (160)	53	81 (273)	30	243 (370)	66
	Total	**96 (289)**	**33**	**332 (437)**	**76**	**62 (258)**	**24**	**172 (323)**	**53**	**158 (547)**	**29**	**504 (760)**	**66**
Households receiving external support	School	3 (99)	3	5 (98)	5	5 (98)	5	3 (100)	3	8 (197)	4	8 (198)	4
	Medical	4 (99)	4	0 (98)	0	0 (98)	0	1 (100)	1	4 (197)	2	1 (198)	1
	Other	4 (99)	4	12 (98)	12	5 (98)	5	3 (100)	3	9 (197)	4	15 (198)	7
	School & medical	1 (99)	1	4 (98)	4	3 (98)	3	0 (100)	0	4 (197)	2	4 (198)	2
	School & other	36 (99)	36	6 (98)	6	7 (98)	7	4 (100)	4	43 (197)	22	10 (198)	5
	Medical & other	5 (99)	5	1 (98)	1	0 (98)	0	1 (100)	1	5 (197)	3	2 (198)	1
	All three	8 (99)	8	6 (98)	6	4 (98)	4	6 (100)	6	12 (197)	6	12 (198)	6
	Total	**61 (99)**	**61**	**34 (98)**	**34**	**24 (98)**	**24**	**18 (100)**	**18**	**85 (197)**	**43**	**52 (198)**	**26**

Appendix 2: Survey Results for Mozambique

		ADP				Adjacent Community				Combined Total			
		OVC	**%**	**Non-OVC**	**%**	**OVC**	**%**	**Non-OVC**	**%**	**OVC**	**%**	**Non-OVC**	**%**
School attendance	Girls	49 (72)	68	14 (18)	78	47 (63)	75	7 (7)	100	96 (135)	71	21 (25)	84
	Boys	48 (58)	83	13 (16)	81	62 (81)	77	2 (2)	100	110 (139)	79	15 (18)	84
	Total	**97 (130)**	**75**	**27 (34)**	**79**	**109 (144)**	**76**	**9 (9)**	**100**	**206 (274)**	**75**	**36 (43)**	**84**
Access to medical treatment	Girls	64 (81)	76	23 (23)	100	52 (91)	57	11 (11)	100	116 (172)	67	34 (34)	100
	Boys	66 (81)	82	15 (15)	100	62 (90)	69	0 (2)	0	128 (171)	75	15 (17)	88
	Total	**130 (162)**	**80**	**38 (38)**	**100**	**114 (181)**	**63**	**11 (13)**	**85**	**244 (343)**	**71**	**49 (51)**	**96**
Counselling from community care givers	Weekly	0 (167)	0	0 (34)	0	0 (174)	0	0 (10)	0	0 (341)	0	0 (44)	0
	Monthly	90 (167)	54	28 (34)	82	81 (174)	47	3 (10)	30	171 (341)	50	31 (44)	70
	Longer than a month	2 (167)	1	2 (34)	6	0 (174)	0	0 (10)	0	2 (341)	1	2 (44)	5
	Once only	0 (167)	0	0 (34)	0	0 (174)	0	0 (10)	0	0 (341)	0	0 (44)	0
	Never	75 (167)	45	4 (34)	12	93 (174)	53	7 (10)	70	168 (341)	49	11 (44)	25
Nutrition	Girls	11 (82)	13	20 (22)	91	6 (97)	6	8 (10)	80	17 (179)	10	28 (32)	88
	Boys	8 (82)	10	14 (14)	100	7 (90)	8	2 (3)	67	15 (172)	9	16 (17)	94
	Total	**19 (164)**	**12**	**34 (36)**	**94**	**13 (187)**	**7**	**10 (13)**	**77**	**32 (351)**	**9**	**44 (49)**	**90**
Basic material needs	Girls	0 (76)	0	1 (27)	4	0 (98)	0	3 (11)	27	0 (174)	0	4 (38)	11
	Boys	0 (79)	0	5(18)	28	0(89)	0	0 (2)	0	0 (168)	0	5 (20)	25
	Total	**0 (115)**	**0**	**6 (45)**	**9**	**0 (187)**	**0**	**3 (13)**	**23**	**0 (342)**	**0**	**9 (58)**	**16**
Households receiving external support	**Total**	**5 (61)**	**8**			**10 (58)**	**17**			**15 (119)**	**13**		
Birth registration	**Total**	**12 (154)**	**8**	**18 (46)**	**39**	**25 (189)**	**13**	**1 (11)**	**9**	**37 (343)**	**11**	**19 (57)**	**33**

Appendix 3a: Survey Results for Kasangombe ADP, Uganda

		ADP				Adjacent Community				Combined Total			
		OVC	**%**	**Non-OVC**	**%**	**OVC**	**%**	**Non-OVC**	**%**	**OVC**	**%**	**Non-OVC**	**%**
School attendance	Girls	46 (47)	98	32 (35)	91	34 (43)	79	33 (33)	100	80 (90)	89	65 (68)	96
	Boys	38 (38)	100	37 (38)	97	34 (44)	77	55 (55)	100	72 (82)	88	92 (93)	99
	Total	**84 (85)**	**99**	**69 (73)**	**95**	**68 (87)**	**78**	**88 (88)**	**100**	**152 (172)**	**88**	**157 (161)**	**98**
Access to medical treatment	Girls	24 (25)	96	28 (29)	97	23 (23)	100	20 (21)	95	47 (48)	98	48 (49)	98
	Boys	22 (23)	96	24 (25)	96	22 (22)	100	21 (21)	100	44 (44)	100	45 (45)	100
	Total	**46 (48)**	**96**	**52 (54)**	**96**	**45 (45)**	**100**	**41 (42)**	**98**	**91 (92)**	**99**	**93 (94)**	**99**
Counselling from community care givers	Weekly	10 (76)	13	23 (58)	40	0 (41)	0	0 (44)	0	10 (117)	8	23 (102)	23
	Monthly	37 (76)	49	24 (58)	41	5 (41)	12	11 (44)	25	42 (117)	36	35 (102)	34
	Longer than a month	9 (76)	12	8 (58)	14	4 (41)	10	5 (44)	11	13 (117)	11	13 (102)	13
	Once only	2 (76)	2	1 (58)	2	7 (41)	17	1 (44)	2	9 (117)	8	2 (102)	2
	Never	18 (76)	24	2 (58)	3	25 (41)	61	27 (44)	62	43 (117)	37	29 (102)	28
Nutrition	Girls	50 (67)	75	71 (71)	100	51 (63)	81	75 (78)	96	101 (130)	78	146 (149)	98
	Boys	56 (63)	89	60 (60)	100	35 (47)	74	91 (92)	99	91 (110)	83	151 (152)	99
	Total	**106 (130)**	**82**	**131 (131)**	**100**	**86 (110)**	**78**	**166 (170)**	**98**	**192 (240)**	**80**	**297 (301)**	**99**
Basic material needs	Girls	25 (80)	31	39 (62)	62	10 (59)	17	44 (70)	63	35 (139)	25	83 (132)	63
	Boys	15 (66)	22	28 (61)	45	6 (47)	13	61 (90)	68	21 (113)	19	89 (151)	59
	Total	**40 (146)**	**27**	**67 (123)**	**54**	**16 (106)**	**15**	**105 (160)**	**66**	**56 (252)**	**22**	**172 (283)**	**61**
Households receiving external support	School	8 (25)	32	11 (25)	44	7 (25)	28	2 (25)	8	15 (50)	30	13 (50)	26
	Medical	7 (25)	28	4 (25)	16	0 (25)	0	2 (25)	8	7 (50)	14	6 (50)	12
	Other	3 (25)	12	3 (25)	12	1 (25)	4	1 (25)	4	4 (50)	8	4 (50)	8
	Total	**10 (25)**	**40**	**12 (25)**	**48**	**7 (25)**	**28**	**3 (25)**	**12**	**17 (50)**	**34**	**15 (50)**	**30**
Birth registration	**Total**	**67 (153)**	**44**	**62 (125)**	**50**	**2 (100)**	**2**	**24 (145)**	**17**	**69 (253)**	**27**	**86 (270)**	**32**

Appendix 3b: Survey Results for Rukiga ADP, Uganda

		ADP				Adjacent Community				Combined Total			
		OVC	**%**	**Non-OVC**	**%**	**OVC**	**%**	**Non-OVC**	**%**	**OVC**	**%**	**Non-OVC**	**%**
School attendance	Girls	24 (25)	96	42 (42)	100	33 (36)	92	44 (44)	100	57 (61)	93	86 (86)	100
	Boys	39 (41)	95	30 (32)	94	44 (50)	88	48 (50)	96	83 (91)	91	78 (82)	95
	Total	**63 (66)**	**95**	**72 (74)**	**97**	**77 (86)**	**90**	**92 (94)**	**98**	**140 (152)**	**92**	**164 (168)**	**98**
Access to medical treatment	Girls	23 (34)	68	24 (25)	96	14 (14)	100	10 (12)	83	37 (48)	77	34 (37)	92
	Boys	27 (28)	96	20 (20)	100	18 (18)	100	12 (14)	86	45 (46)	98	32 (34)	94
	Total	**50 (62)**	**81**	**44 (45)**	**98**	**32 (32)**	**100**	**22 (26)**	**85**	**82 (94)**	**87**	**66 (71)**	**93**
Counselling from community care givers	Weekly	0 (94)	0	6 (107)	6	0 (111)	0	0 (105)	0	0 (205)	0	6 (214)	3
	Monthly	5 (94)	5	15 (107)	14	4 (111)	4	0 (105)	0	9 (205)	4	15 (214)	7
	Longer than a month	19 (94)	20	0 (107)	0	0 (111)	0	0 (105)	0	19 (205)	9	0 (214)	0
	Once only	15 (94)	16	16 (107)	15	15 (111)	13	6 (105)	6	30 (205)	15	24 (214)	11
	Never	55 (94)	59	70 (107)	65	92 (111)	83	99 (105)	94	147 (205)	72	169 (214)	79
Nutrition	Girls	25 (32)	78	59 (66)	89	24 (54)	44	47 (54)	87	49 (86)	57	106 (120)	88
	Boys	46 (57)	81	50 (64)	78	33 (75)	44	62 (75)	83	79 (132)	60	112 (139)	81
	Total	**71 (89)**	**80**	**109 (130)**	**84**	**57 (129)**	**44**	**109 (129)**	**84**	**128 (218)**	**59**	**218 (259)**	**84**
Basic material needs	Girls	14 (44)	32	51 (68)	75	4 (62)	6	36 (69)	52	18 (97)	19	87 (137)	64
	Boys	24 (54)	44	42 (61)	69	9 (73)	12	51 (74)	69	33 (127)	26	93 (135)	69
	Total	**38 (98)**	**39**	**93 (129)**	**72**	**13 (135)**	**10**	**87 (143)**	**61**	**51 (224)**	**23**	**180 (272)**	**66**
Households receiving external support	School	10 (25)	40	11 (25)	44	1 (25)	4	1 (25)	4	11 (50)	22	12 (50)	24
	Medical	10 (25)	40	12 (25)	48	1 (25)	4	0 (25)	0	11 (50)	22	12 (50)	24
	Other	10 (25)	40	15 (25)	60	1 (25)	4	2 (25)	8	12 (50)	24	17 (50)	34
	Total	**13 (25)**	**52**	**18 (25)**	**72**	**3 (25)**	**12**	**3 (25)**	**12**	**16 (50)**	**32**	**21 (50)**	**42**
Birth registration	**Total**	**62 (97)**	**64**	**93 (126)**	**74**	**47 (128)**	**37**	**59 (147)**	**40**	**109 (225)**	**48**	**152 (273)**	**56**

Appendix 4: Survey Results for Zambia

		ADP				Adjacent Community				Combined Total			
		OVC	%	Non-OVC	%	OVC	%	Non-OVC	%	OVC	%	Non-OVC	%
School attendance	Girls	32 (52)	62	42 (56)	75	41 (56)	73	35 (56)	63	73 (108)	68	77 (112)	69
	Boys	48 (68)	71	40 (47)	85	21 (45)	47	28 (42)	67	69 (113)	61	68 (89)	76
	Total	**80 (120)**	**67**	**82 (103)**	**80**	**62 (101)**	**61**	**63 (98)**	**64**	**142 (221)**	**64**	**145 (201)**	**72**
Access to medical treatment	Girls	20 (28)	71	24 (26)	92	29 (33)	88	31 (31)	100	49 (61)	80	55 (57)	96
	Boys	27 (34)	79	25 (29)	86	19 (24)	79	28 (28)	100	46 (58)	79	53 (57)	93
	Total	**47 (62)**	**76**	**49 (55)**	**89**	**48 (57)**	**84**	**59 (59)**	**100**	**95 (119)**	**80**	**108 (114)**	**95**
Counselling from community care givers	Weekly	23 (140)	16	0 (122)	0	0 (104)	0	0 (95)	0	23 (244)	9	0 (217)	0
	Monthly	50 (140)	36	19 (122)	16	4 (104)	4	0 (95)	0	54 (244)	22	19 (217)	9
	Longer than a month	5 (140)	4	3 (122)	2	7 (104)	7	0 (95)	0	12 (244)	5	3 (217)	1
	Total	**78 (140)**	**56**	**22 (122)**	**18**	**11 (104)**	**11**	**0 (95)**	**0**	**89 (244)**	**36**	**22 (217)**	**10**
Nutrition	Girls	45 (115)	39	89 (104)	86	22 (110)	20	93 (114)	82	67 (225)	30	182 (218)	83
	Boys	52 (140)	37	97 (116)	84	22 (93)	24	67 (91)	74	74 (233)	32	164 (207)	79
	Total	97 (255)	38	186 (220)	85	44 (203)	22	160 (205)	78	141 (458)	31	346 (425)	81
Basic material needs	Girls	35 (94)	37	69 (109)	63	4 (81)	5	71 (118)	60	39 (175)	22	140 (227)	62
	Boys	40 (109)	37	75 (122)	61	7 (62)	11	65 (91)	71	47 (171)	27	140 (213)	66
	Total	**75 (203)**	**37**	**144 (231)**	**62**	**11 (143)**	**8**	**136 (209)**	**65**	**86 (346)**	**25**	**280 (440)**	**64**
Households receiving external support	School	21 (50)	42	17 (50)	34	15 (50)	30	9 (50)	18	36 (100)	36	26 (100)	26
	Medical	13 (50)	26	17 (50)	34	12 (50)	24	25 (50)	50	25 (100)	25	42 (100)	42
	Other	25 (50)	50	24 (50)	48	5 (50)	10	4 (50)	8	30 (100)	30	28(100)	28
	Total	**39 (50)**	**78**	**37 (50)**	**74**	**29 (50)**	**58**	**24 (50)**	**48**	**68 (100)**	**68**	**61 (100)**	**61**
Birth registration	**Total**	**234 (252)**	**93**	**214 (218)**	**98**	**186 (204)**	**91**	**195 (208)**	**94**	**420 (456)**	**92**	**409 (426)**	**96**

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