

Synthesis report on new regional evidence of scaling up national responses to children affected by AIDS



This report was made possible by generous funding from
UNICEF

December 2011

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CABA	Children affected by HIV and AIDS
CARI	Children and AIDS Regional Initiative
CBO	Community-based organisation
CM	Coordinating Mechanisms
CSO	Civil society organisation
DFID	Department for International Development
DHS	Demographic Health Survey
EAC	East African Community
ESAR	East and Southern Africa Region
FBO	Faith-based organisation
HIV	Human Immunodeficiency Virus
JLICA	Joint Learning Initiative on Children and HIV/AIDS
MAP	World Bank Multi-Country HIV/AIDS Programme
M&E	Monitoring and evaluation
MVC	Most vulnerable children
NAC	National AIDS Council/Commission
NASA	National AIDS Spending Assessment
NGO	Non-governmental organisation
NPA	National Plan of Action
OPPEI	OVC Policy and Planning Effort Index
OVC	Orphans & vulnerable children
OVCY	Orphans, vulnerable children & youth
PEPFAR	President's Emergency Plan for AIDS Relief
PRSP	Poverty Reduction Strategy Paper
RAAAP	Rapid Assessment, Analysis & Action Planning
SADC	Southern African Development Community
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	UN General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Programme

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EXECUTIVE SUMMARY

This synthesis discussion paper is part of a study commissioned by UNICEF to document the evolution of national responses for children affected by HIV and AIDS (CABA) and the lessons learned in addressing the challenges to scaling up services for them. Evidence for this study came from a review of published and grey literature, reviews of existing national plans of actions (NPAs) in East and Southern Africa, and site visits to Mozambique, Swaziland, and Uganda.

NPAs have been a significant tool for driving national-led responses to OVC by catalysing policies and programmes to improve development outcomes. Some countries have evaluated their NPAs and developed second plans based on the findings. Diversifications include target groups, priorities, Coordinating Mechanisms, and links with other national plans and policies.

There have been a number of shifts in the landscape that affect vulnerable children.

1. Improved understanding of the concept of vulnerability, and how better to identify OVC by moving away from all children affected by AIDS (CABA) to a more nuanced understanding of vulnerability where AIDS-related issues, as well as poverty and education levels in the family, are seen as equally important. However, more needs to be done to clarify the specific needs of vulnerable children differentiated by age and gender as happened in Kenya, Zimbabwe, and Namibia. Most NPAs do not fully articulate the risk of abuse for some hard-to-reach groups including children living in institutions or on the street, children with disabilities, already-abused children, and child soldiers.

2. Despite changes in the funding environment, there is still a shortfall in finances to scale up OVC service access. Funding channels shifted toward direct/

sectoral budget support and pooled funding mechanisms. This, along with recent news of the cancellation of Round 11 Global Fund¹ and expected overall decline in funding, may further constrict available funding for new OVC programming and may reduce the availability of funds for smaller CBOs/FBOs and will make it harder to reach more marginalised children who are mainly



accessed through CBO or community initiatives. *More needs to be done to improve budgeting and costing of NPAs as a device for resource mobilisation from government and international sources. Integration of OVC into sectoral plans and budgets, including social protection strategies, can broaden the funding base for OVC.*

3. An escalation in child-sensitive social protection programmes that describe measures to reach the most vulnerable children and their families. Research is proving that cash transfers provide predictable financial support to poor, HIV-affected households and can improve

1. IRIN, November 24, 2011. A Transitional Funding Mechanism has been established to provide emergency relief to current recipients but this will apply only to essential services such as HIV treatment and care, according to a statement issued by the Fund.

outcomes for children.² *There is an emphasis on social protection in many NPAs, but it often focuses on cash transfers and overlooks other elements of social protection such as increased access to services and legislation to reduce social exclusion.*

4. A shift from service delivery to systems strengthening has fostered a more coordinated approach to OVC services scale-up. Social welfare system strengthening is a key strategy for meeting the needs of OVC, prioritising training of social welfare professionals, and strengthening the systems of relevant ministries such as social welfare and justice. NPAs have helped to elevate and clarify the role and influence of ministries of

have developed OVC policy frameworks that include recommendations on how to improve standards of services. Eleven countries have approved children's acts that lay the foundation for a comprehensive and coordinated approach for all children. However, children's acts alone will not bring about change if they don't have high-level political support and funding. *There has been a trend to align NPAs with children's acts as many countries see the NPA as an opportunity to improve implementation of national legislation to provide a more coherent policy environment in which laws and implementation strategies are mutually reinforceable.*

Promising practises and lessons learned for scaling up OVC services

- ⇒ Broadening OVC criteria is evidence-based and ethical, but special efforts need to be made for harder-to-reach children.
- ⇒ Strong leadership is essential for implementation of NPAs. Suggestions to strengthen include: positioning Coordinating Mechanisms in government bodies that have authority over line ministries; comprehensive and equitable stakeholder participation in the development and coordination of NPAs to improve ownership at government and CSO levels; integration of OVC into broader government laws and policies; and improving costing and budgeting of NPAs and CMs to ensure that commitment to the community are fulfilled.
- ⇒ Multi-sectoral coordination that functions from the national to the community level is essential. National Coordinating Mechanisms need enough political weight and must be backed by sufficient resources to hold all stakeholders accountable. Monitoring and evaluation is a crucial element of coordination but has lagged behind progress in other areas of NPA development.
- ⇒ Civil society is an essential element for scaling up OVC services that require appropriate resourcing. CSOs are important partners, particularly for harder-to-reach groups. Children's participation should be central and visible in all aspects of planning, implementation, and monitoring of NPAs and CMs.
- ⇒ Systems within government departments and CSOs need long-term, consistent support to improve viability. Social welfare system strengthening should be a priority in scaling up services to OVC and community-level CBOs.

social welfare and build their institutional capacity. *It is increasingly recognised that strengthening national systems should be complemented by strengthening community systems, and acknowledging communities' essential role in protecting and supporting vulnerable children.*

5. Efforts across the region to strengthen the legal and policy context for OVC. The Southern African Development Community (SADC) and the East African Community (EAC)

6. Improved coordination of NPAs is leading to increased national commitment to OVC by multiple stakeholders. Coordination of NPAs is usually either undertaken by the ministry responsible for vulnerable children with multi-sectoral involvement, or by a higher government body such as the Deputy Prime Minister's Office. There is scant literature focussed on Coordinating Mechanisms (CMs), but the field studies suggest high-level political commitment and clear roles and responsibilities that reach through to

2. Although evidence suggests that cash transfer can be effective, issues concerning sustainability remain unresolved

community level are critical. *Increasingly, countries are establishing National Children's Commissions backed by legislation, with the role of overseeing and coordinating all actions*

for children in the country. These bodies could potentially play a role in holding stakeholders accountable for their commitments in NPAs.

THERE ARE A NUMBER OF EVIDENCE-BASED RECOMMENDATIONS FOR STRENGTHENING NPAs AND COORDINATING MECHANISMS:

1. The needs of the most vulnerable and marginalised children should continue to be a priority of Coordinating Mechanisms when implementing NPAs, but more attention should be paid to the different needs of OVC with reference to age and gender.

2. Improving child protection through strengthening of social welfare systems should be an essential element in NPA support and should include efforts to broaden child-sensitive social protection to better converge with social welfare system strengthening.

3. Communities and CBOs need long-term financial and technical support to continue their key roles in changing social norms, providing a voice for vulnerable children and families, identifying the most vulnerable children, and facilitating linkages between different community-level services.

4. Coordinating Mechanisms need high-level political leadership to function effectively. A priority function of CMs should be to see how NPAs can support implementation of the legal commitments made in children's acts. Monitoring and evaluation remains a major challenge for national responses.

5. Child participation must be an integral aspect of NPAs and CMs.

UNICEF continues to play an important role in supporting the development, implementation, and monitoring of progress of NPAs and Coordinating Mechanisms. A number of suggestions are identified in the final section

of the report for action by either the regional or country offices. The key issues are: to continue to advocate for equity in service access for all children by ensuring that the movement for broader OVC targeting in NPAs does not lose sight of particularly vulnerable children and strengthens commitment to child participation. The potential of mainstreaming OVC into national sectoral plans was a major theme raised in this study and is something UNICEF should explore to complement their work with NPAs and Coordinating Mechanisms.

This study demonstrates that NPAs are just as important today as when they first were developed for OVC, and that countries should continue to use them for guidance in improving the scale up of OVC services. This should be complemented by integrating key strategies for OVC into existing, budgeted sector plans and national development instruments. This two-pronged approach will ensure that OVC are rightfully prioritised and included in existing sectoral programmes with the same equal rights as all citizens.

1.0 INTRODUCTION

This synthesis discussion paper is part of a study commissioned by UNICEF to document the evolution of national responses for children affected by HIV and AIDS (CABA) and the lessons learned in addressing the challenges to scaling up services, to answer these questions:

1. **How can national, government-led responses be strengthened to adapt to shifts in the landscape and to address the challenges they face in scaling up?**
2. **What should be UNICEF's role to support this in ESAR countries?**

Since the UNGASS Declaration of Commitment on HIV/AIDS in 2001, there has been increased national attention to orphans and vulnerable children (OVC)³, particularly in ESAR. As a result, there have been notable improvements in many children's lives across the region. However, according to a recent UNICEF report, only 11% of OVC in need are being reached through external programmes, and scale up has been slow (UNICEF 2011). This study intends to add to the growing literature on how best to scale up national responses to meet the needs of all vulnerable children, with a focus on national level instruments such as National Plans of Action (NPAs) and their associated Coordinating Mechanisms. The study comprises three parts:

- ⇒ A literature review to summarise new evidence from academia and programmatic experience that highlights best practice for programming on OVC in ESAR;
- ⇒ Country studies in Mozambique, Swaziland, and Uganda to identify promising approaches and responses;

⇒ A synthesis discussion paper on the evolution of the National Plans of Action and associated Coordinating Mechanisms, and the lessons learned and new approaches for scaling up national responses for OVC.

The report starts by analysing major shifts in the policy and programme environment in ESAR and the evolution of national, government-led responses as expressed in the literature and field visits. It then describes some of the promising practices that NPAs and CMs are demonstrating in response to the shifts in policy and programmes, identifying major successes and challenges. The final sections describe generic lessons from the literature and field studies, as well as unresolved issues, then recommends steps for UNICEF at regional and country levels.

The evidence for this synthesis report was gathered from an extensive review of published and grey materials in consultation with key individuals working on OVC policy issues, the review of seven current NPAs (Botswana, Malawi, Namibia, Rwanda, Swaziland, Uganda, and Zimbabwe), and five previous NPAs (Mozambique, Namibia, Swaziland, Uganda, and Zimbabwe), and key informant interviews in Mozambique, Uganda, and Swaziland. A significant weakness of the study has been the paucity of materials on some key issues relevant to scaling up national responses. Although NPAs have been an important tool in improving the scale up of services for OVC, little has been written about their role since 2008 and, with the exception of the CARI Initiative⁴ documentation, even less has been written about the Coordinating Mechanisms that are expected to guide their implementation.

3. There has been considerable debate regarding the best term to encapsulate vulnerable children, with different organizations adopting different terms. In this paper we use the acronym OVC—orphans and vulnerable children—and analyse the policy implications of the debate as the focus moves away from AIDS-specific to AIDS-sensitive identification of children.

4. The Children and AIDS Regional Initiative (CARI) ran from 2005-10 and was implemented by UNICEF across 9 countries in Eastern & Southern Africa to strengthen coverage and quality of the national response to children affected by HIV.

While the CSO (civil society organisation) sector is widely acknowledged as an innovator in programming, it is weak in analysing experiences to share more broadly and in a manner that could influence policy. Some key issues are under-documented, or their impact has not been fully explored, as is the case with the move toward child-friendly legislation.



2.0 EVOLUTION OF NATIONAL PLANS OF ACTION, THEIR COORDINATING MECHANISMS, AND THE EXTERNAL LANDSCAPE FOR OVC POLICY AND PROGRAMMES

A key element of national responses to OVC in ESAR has been the development of **National Plans of Action (NPAs)**. The plans provide a framework for action by state, development partners and civil society, for laying out strategies, activities, and responsibilities for the care of OVC. Although it is difficult to attribute changes in children's lives to actions outlined in NPAs, especially when there are sizeable responses implemented outside the NPA framework, they are likely to have significantly contributed to some important improvements in vulnerable children's lives across the region. They have catalysed policies and programmes to improve development outcomes for a wide range of vulnerable children, and have supported a process by which sustainable livelihoods for poor HIV-affected households have been achieved. Access to education for excluded children has been promoted, legislation to uphold the rights of vulnerable children has been strengthened, and gender inequalities that fuel the spread of HIV are being more appropriately considered (UNICEF 2011). An important aspect of developing, implementing, and monitoring the NPAs has been the role of the Coordinating Mechanisms, which have overall responsibility for expanding services to OVC based on activities outlined in the NPAs. The following section highlights key trends in national responses and the external landscape identified in the literature and during field studies undertaken in Mozambique, Swaziland, and Uganda.

2.1 Evolution of targeting to fulfil the rights of vulnerable children is improving equitable access to services and support

One of the most fundamental shifts over the past 10 years has been an improved understanding of the concept of vulnerability, and how better to identify OVC. Initially, it was assumed that all children affected by AIDS were vulnerable; however, this has changed to a more nuanced understanding that recognises that AIDS-related vulnerability does not always identify children most in need of external support, and

In **Mozambique**, the first NPA for OVC (2006-10) specifically prioritised orphans and other children affected by AIDS. It is currently developing its second NPA, which will be for all children, although it will include a focus on children vulnerable for other reasons. The OVC technical working group has developed two key tools that support this shift in focus: the Minimum Standards of Services for Children, and the Child Status Index, each of which is for use with all children, not specifically OVC.

that other factors, such as poverty and education levels in the family, are equally important (Akwara et al, 2010). This does not negate the continued importance of HIV-specific services for children because the vast majority of OVC in ESAR are vulnerable as a result of the AIDS pandemic (Nyberg, 2011). Some analysts have cautioned that a more general definition of vulnerability might "diffuse impact" for children affected by AIDS (CABA), and may not recognise some of the specific vulnerabilities associated with the

disease such as stigma and discrimination (Edstrom, 2007).

International literature has increasingly recognised the importance of a more family-based approach to programming, rather than targeting individual children, as is evident in the second wave of NPAs. This is seen as important for building the capacity of families to improve care and support for OVC, particularly if accompanied by improved access to comprehensive services (Richter, 2010). However, there is not yet consensus on exactly what a family-based approach is, or whether it is always the best approach, since it may not capture the most vulnerable children, especially the youngest, those who do not live in families, or those who live in families where they are unsafe (Engle, 2008). Several of the new NPAs such as Botswana, Swaziland and Zimbabwe, demonstrate a strong focus on family-based approaches.

NPAs are demonstrating a trend toward broader targeting of vulnerable children. For instance, the first NPAs in Botswana and Uganda focussed heavily on orphans, while the second NPAs in both countries focus on vulnerable children more generally. Along with the broadened definition of vulnerability, in practice there is still a strong focus on orphans. For example, the Botswana NPA has orphan-hood as the only category for defining vulnerability in children 6-11 years old, and there is a strong focus on orphans in the narrative of several NPAs.

Other countries' NPAs have broadened to cover all children. The second Swaziland NPA covers all children, with a special focus on vulnerable—especially disabled— children, and Namibia has developed a National Agenda for Children that focuses on evidence-based interventions to improve the lives of most children. Although the NPAs demonstrate a commitment to broadening services to more children, with a focus on the most vulnerable, mechanisms to reach these

particularly vulnerable groups were not always clear.

Some NPAs are becoming clearer about the specific needs of vulnerable children differentiated by age and gender. The recently completed Kenya NPA (2007-2010) included an in-depth analysis of the needs of children in different age groups (0-5, 6-13, and 14-18), and proposed a costed minimum package of services for each group. The second Zimbabwe NPA deals with age and gender as cross-cutting issues and the Namibia NPA includes specific interventions for different age groups (under-fives, teenage girls, and youth).

A current weakness evident in NPAs is that there are few examples of NPAs that specifically target hard-to-reach groups such as children living in institutions or on the street, children with disabilities, married children, abused children, and child soldiers (Engle, 2008, Sabates-Wheeler & Pelham, 2006).

2.2 The changing funding environment is still presenting a challenge to scale up of OVC service access

The volume of funds for HIV and OVC work has increased significantly (Birdsall et al, 2007), but there are signs of a levelling or decline in funding⁵ for OVC programming and the lack of resources is exacerbated by the fact that the number of OVC continue to increase across the region (UNICEF, 2011). In addition to changes in the *amount* of funds available for OVC work, there has been a shift in the *way* funding is provided. Initially, much of this money was channelled through international organisations who often sub-contracted smaller national NGOs and CBOs to deliver services (Foster, 2008), but as more donors try to improve aid effectiveness, **funds**

5. This is evidenced by the recent decision to cancel Round 11 Global Fund funding.

are increasingly channelled into direct/sectoral budget support through pooled funding mechanisms, or by promoting universal access to education and social protection mechanisms as a way to improve country ownership and coordination (Taylor, 2009, Amoaten, 2010). While this may improve some aspects of aid effectiveness (predictability, national ownership, coordination), it may affect the availability of funds for smaller CBOs and FBOs, which have been critical in providing services for OVC and holding government accountable for its role in service provision (Amoaten, 2010).

In **Mozambique**, the private sector has been identified as a potential new source for increased resources for children, in particular the extractive industry sector (oil, gas, minerals, etc.), which is increasing at a fast rate in that country. UNICEF sees the new NPA as a tool for mobilising private sector resources, and is working to ensure that it is costed and prioritised.

NPAs have been successful ways to mobilise funds for OVC from both national and external sources; however, funding continues to be inadequate in almost all countries. **Donor funding has been critical to implementation of NPAs in many countries.** Botswana, Kenya, Lesotho, Malawi, Swaziland, and Tanzania have all accessed Global Fund monies for OVC programmes based on their NPAs (Zosa-Feranil et al, 2010)⁶. However, the practice of off-budget funding remains a significant challenge (ACPF, 2011), and it becomes difficult for governments to maintain oversight regarding where OVC funds are going, for what purpose, and to know which components of NPAs are funded (UNICEF, 2011).

In a few countries, significant national funding has been mobilised for NPA implementation. For example, in Kenya the NPA led to a national budget line for

vulnerable children, which increased from 0.7 million USD in 2005 to 2.5 million USD in 2007 (Taylor, 2008). In Botswana, the government funds 97% of the NPA (Emmanuel, 2010), and in Swaziland, 93% of OVC funding in 2009/10 was from government, up from 63% in 2007/09 (NERCHA & UNAIDS, 2011). In 2009, the Zimbabwean Government collected approximately USD7.6 million through an AIDS levy that collects 3% of all taxable individual and corporate income to fund HIV and AIDS⁷, but it is not clear how much of this funding goes to OVC specifically.

However, **in many other countries there has been low resource allocation by national governments,** and the reliance on external funding is acknowledged as a risk for the sustainability of national responses. For example, Tanzania's National Costed Plan of Action (NCPA) has been largely driven by external factors with a low level of national financial commitment; although it is reaching 160,000 OVC, the response is reliant on a few external donors (notably PEPFAR), leaving it vulnerable to shifts in donor policy (de Waal & Mamdani, 2008).

Integration of OVC actions into national planning instruments and budgets has been recommended as a strategy for increasing ownership by key ministries such as Ministry of Finance. However, a 2008 review found that the integration of OVC into Poverty Reduction Strategic Plans (PRSPs) has made minimal difference in terms of increasing domestic funding. For example, integration of OVC in the Mozambique PRSP did not translate into increased resources for the ministry responsible for vulnerable children. Mobilising resources has generally been more successful by integrating vulnerable children into sectoral plans and budgets, in particular national HIV and AIDS strategies, and more recently social protection strategies, by ensuring that the various sectors provide the necessary human and financial resources to

6. Lack of documentation makes it difficult to infer a causal link between NPAs and increased GFATM funding from the literature.

7. <http://www.nac.org.zw/news/nac-proposes-aids-levy-collection-through-vat>

carry out their NPA commitments (Taylor, 2008).

Resources to fund NPAs must be grounded in evidence-based costing drawn into a detailed budget that directly relates to the actions in the NPAs. While most NPAs in ESAR are now costed with detailed budgets, unrealistic and inaccurate costing remains a major obstacle to effective fundraising. NPAs often fail to consider all costs, and budget lines are usually organised by activities that do not necessarily tally with the activities included in the narrative of plans (e.g. Zimbabwe and Malawi), leaving some activities unbudgeted. In most plans it is not clear on what basis estimated budgets were calculated. Exceptions to this include the budgets of Zimbabwe and Mozambique, which used a unit cost of delivering a service to one child multiplied by the target population. An unresolved issue is whether NPA budgets should be based on the actual cost of the response based on a needs assessment, or on an *assessment of the available funds* (Webb et al, 2006). The Rwanda NPA includes an assessment of funding gaps and sources for mobilising additional funds.

While there is evidence of increased government service provision to OVC, the bulk of service delivery across the region continues to be provided by families, communities, and civil society (Foster et al, 2008). Communities and CSOs continue to play a critical role, not only in service delivery but also in areas such as monitoring, advocacy, and policy development (Gulaid, 2008). Community responses need technical and financial support, but there is limited understanding of how to effectively support families and communities in their role (JLICA, 2009). Several NPAs, including Uganda's second NPA and the Namibia National Agenda for Children, do not include actions for supporting community responses. In Botswana, Mozambique, and Zimbabwe, the NPAs support the strengthening of Community Child Protection Committees to provide and coordinate services at community

level and facilitate referrals, but remain silent on other issues of community engagement.

Funding for community responses is particularly problematic. Most come from a variety of sources, many of them local, such as member contributions and local fundraising efforts (Edström & MacGregor, 2011). A study estimated that only 14% of HIV funding provided by major donors went to CSOs (only 6% of which went to impact mitigation programmes including OVC) (World Bank, 2010). The NPA in Malawi developed a common funding mechanism for communities through District Assemblies to facilitate donor funding of CBOs for interventions that are aligned with District OVC Action Plans. This system was previously managed by international NGOs, but was changed due to delays and complex procedures for applying for grants (Sibale & Nthambi, 2008). To date, there are no clear examples from existing literature on successful scaled-up mechanisms for funding CBOs in the region, though lessons from the World Bank Multi-country HIV/AIDS Programme (MAP), which successfully funded more than 50,000 CBOs in 35 countries between 1999 and 2005, could be revisited to shape future support (Amoaten, 2010).

2.3 Escalation in child-sensitive social protection programmes as a safety net for OVC

Social protection is becoming increasingly accepted as a core poverty reduction strategy and is gaining wide-scale support in ESAR, as demonstrated by the signing of the Livingstone Agreement in 2006. Child-sensitive social protection describes measures that “reach for the most vulnerable children and the families they live in” (Roelen et al, 2011). In 2009, UNICEF and other international agencies recommended a wide range of approaches for providing comprehensive social protection for children, including social transfers; social insurance; social services; and policies, legislation, and

regulations, including measures to protect children's and families' rights (UNICEF et al, 2009)⁸.

Cash transfers can provide predictable financial support to poor HIV-affected households and can improve outcomes for children (Adato & Basset, 2008), and even if not specifically directed at children, the cash benefits reach them through the general household (Nolan, 2010). However, some analysts warn that too heavy a reliance on cash transfers may overlook the transformative potential of other social protection measures (Roelen et al, 2011) and complimentary actions are needed to reduce barriers to accessing services, as is legislation to reduce social exclusion (UNICEF 2011, Nolan 2009).

Uganda has dedicated a programme, SCORE, to building the capacity of CBOs, communities, and families. Its aim is to improve the economic stability of families, which is expected to reduce vulnerability of children. At the household level, the programme will look at economics, food security, child protection, and family-strengthening issues including improving families' access to services such as education, water and sanitation, shelter, and health.

Social protection was not a priority when NPAs were initially developed as part of the RAAAP process (Webb, 2006), and national responses at that time tended to focus on meeting the immediate physical and material needs (such as support in food, clothing and education) of children (FAO, 2010). This is changing, and there is now a strong focus on social protection in many NPAs. For example, the Uganda NPA "positions the OVC response within the social protection agenda," and includes various social protection interventions, including cash transfers and microfinance. The Botswana, Malawi, Namibia, and Zimbabwe NPAs also include a strong social protection component. However, the social protection focus within NPAs tends to be on cash transfers (making

up almost half of the Uganda NPA budget and 60% of the Malawi NPA budget), often without explicitly linking these to other interventions such as increasing access to basic services or creating a protective legal and policy environment. A key challenge is scaling up pilot programmes to become part of a nationally-led social protection system. The Zimbabwe NPA addresses this by including actions to establish a national cash transfer management system, and training of sub-national structures to support implementation of the programme. Increased alignment between social protection frameworks and NPAs and their respective Coordinating Mechanisms will be important to ensure that national social protection programmes are child-sensitive and to identify synergies such as the development of human resources for social welfare.

2.4 Shift from service delivery towards systems strengthening is enabling a more coordinated approach to scale up of services and support to OVC

There has been a trend away from fragmented service delivery to more systematic approaches that have national coverage. This shift toward system strengthening is benefiting the social welfare systems responsible for delivering child protection. There is an emerging consensus that child protection systems should be developed holistically, and engage a range of people responsible for safeguarding children's rights and for a sustainable government response (SADC 2010, UNICEF 2011). PEPFAR has identified social welfare system strengthening as one of their four key strategies for meeting the needs of OVC (Nyberg, 2011), and UNICEF has partnered with the Regional Psycho-social Support Initiative (REPSSI) to improve training of community social workers (Enfield & Long,

8. These concerns are coupled with general concerns about the sustainability of cash transfer programs.

2011). While system strengthening approaches have been growing in popularity, building the capacity of ministries has been poorly supported in the past (Roelen et al, 2011).

NPAs have helped to elevate and clarify the role and influence of ministries of social welfare, and have built institutional capacity by increasing focus on the importance of the ministries' role. UNICEF and USAID in

was carried out in 2006 and led to the development of a cadre of para-social workers based on NGO and FBO service providers (USAID, 2010)⁹. In Malawi, the social welfare capacity assessment led to the development of job descriptions, training strategies, and career path for social workers, although this only happened after increased ownership, with a change in ministry leadership (UNICEF, 2009).



There is less focus in the NPAs on the need to strengthen systems beyond the ministries of social welfare to ensure that other components of a comprehensive social and child protection system are developed, for example in the police and justice sectors. However, Zimbabwe and Swaziland have both prioritised these areas. As a result, the Zimbabwe Republic Police set up Victim Friendly Units in 267 police stations nationwide to ensure that child abuse in all its forms was dealt with sensitively and to

particular have worked to build Ministries of Social Welfare's national- and district-level capacity to improve the ministries' overall performance. PEPFAR is leading a global initiative to strengthen social welfare systems, following similar work it undertook with health systems. Social welfare capacity assessments highlight issues—such as insufficient numbers of social welfare workers, lack of skills and training, unclear job descriptions, and heavy workloads—that constrain implementation of NPAs. These assessments have helped Ministries of Social Welfare lobby for increased financial resources from Ministries of Finance (MSH, 2011). In Tanzania, a human-capacity needs assessment for implementing the first NPA

help bring criminals to justice (UNICEF Zimbabwe 2011). In 2009, Swaziland established child-friendly spaces in 24 police stations and National Guidelines on the Management of Sexual Abuse were developed (NCCU 2010).

It is increasingly recognised that strengthening national systems should be complemented by community systems strengthening, in acknowledgment of the essential role that communities play in protecting and supporting vulnerable children. A key proponent of this is the Global Fund, which developed a Community System Strengthening Framework (CSS) (GFATM, 2010) with widespread civil society

⁹. It should be noted that support and mentoring of trained staff was not in place, nor are incentive schemes to improve staff retention.

consultation. Although CSS has been part of the HIV response for many years, it continues to be hampered by a lack of predictable financing and over-reliance on volunteers (UNICEF, 2011), and has only recently been acknowledged as an essential approach for scaling up toward universal access (UNAIDS, 2009). This international evidence is yet to be fully reflected in NPAs in the region.

2.5 Improved legal frameworks, guidelines, and policy context for children

There have been moves across the region to strengthen the legal and policy context for OVC. At a regional level, the Southern African Development Community (SADC) Secretariat developed an OVC framework in 2008 complemented by the Minimum Package of Services for OVCY in 2010, with the aim of harmonising service provision, which is seen as improving consensus to a comprehensive package of services to OVC (SADC 2011). In Eastern Africa, the EAC Strategic Plan for Gender, Youth, Children, Social Protection and Community Development (2011-2015) includes all children and calls for harmonisation of national legislation with the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (EAC, 2010).

There has been a trend to align NPAs with children's acts, as many countries see the NPA as an opportunity to improve implementation of national legislation. Both the Swaziland and Botswana NPAs, which are aligned with existing acts and policies, aim to intensify implementation of national legislation and policies for children. For example, **the Botswana Children's Act** supports the NPA by specifying definitions of OVC, key indicators, coordination and management structures, responsibilities of different stakeholders to OVC, and licensing of providers of services for children (African

Child Law Reform website), and the NPA specifically refers to its role in enforcing the Children's Act. Similarly, the second Zimbabwe NPA was designed to enhance implementation of the Children's Act, and the Namibia National Agenda for Action includes various activities around the Child Care & Protection and Child Justice bills. The Malawi NPA includes advocacy for the passing of outstanding child-related bills.

Many countries¹⁰ in the region have approved children's acts. These instruments are the foundation for a comprehensive and coordinated approach for all children, and account for a range of vulnerabilities. They also identify the roles and responsibilities of those accountable for meeting the needs of children (Cardoso, 2010). Once these acts are passed by Parliament, they become part of the national commitment to meet children's rights. However, children's acts in themselves will not necessarily bring about a scale up of services for OVC, since they still must be backed by high-level political support and funding and need regulations, policies, and systems in place before they can be put into practice. For example the second Uganda NPA notes that despite the passing of legislation, the country continues to see children affected by high levels of abuse, poor treatment of children in conflict with the law, etc. (Uganda NSPPI-2, 2011). A current challenge in the evolution of legislation on children's rights is that other policies related to children have been developed in parallel to children's acts, in particular the emerging social protection programmes, which are not generally aligned with the children's acts (Sloth-Nielsen, 2011).

There have been moves at the national level to integrate child-focussed approaches into broader policy frameworks. Kenya included targets for OVC in their Poverty Reduction Strategic Plan of 2003-2007 (Taylor, 2008). Although OVC are being recognised in some countries' broader national policies, much still needs to be done to ensure that the necessary political commitment is present and that

10. Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Swaziland, South Africa, Uganda, Tanzania, and Zimbabwe.

adequate resources are mobilised and allocated to meet OVC needs (Cardoso, 2010).

NPAs helped progress the integration of OVC into sectoral and national plans and budgets, though these tend to focus on all children and don't address the particular needs of vulnerable children. For example, in Zambia, vulnerable children were reflected in the Education and Social Protection plans that were later integrated into the Fifth National Development Plan, and the NPA contributed to the development of a legislative framework with the Zambia Council for Children (GPF, 2008). The first Malawi NPA was extended for two years to align its timeframe with the Malawi Growth & Development Strategy so that a third NPA that is closely linked to the next MGDS can be developed.

2.6 Coordination of NPAs has evolved to improve scale up of OVC responses

The role of Coordinating Mechanisms has considerably increased as national commitment to OVC broadens to multi-sectoral stakeholders. NPAs are delivered by

Swaziland has improved legal and policy framework to support all children. It adopted the National Children's Policy (June 2009), the National Social Development Policy (December 2009), and the Psycho-Social Support Strategy (December 2008). On the legal side, Sexual Offences and Domestic Violence and Child Protection and Welfare bills were passed by the House of Assembly in October 2011. Two Parliamentary Portfolio Committees on children's Issues were established to strengthen political commitment to the children's agenda. National guidelines on alternative care have been developed, and minimum standards for residential care are under review.

a variety of governmental and civil society stakeholders from different sectors, all involved in expanding service provision to OVC. Effective coordination is needed not only

at national level but also at district and community levels, including referrals between different services and providers. This pressures Coordinating Mechanisms to not only provide the relevant protocols and guidelines to implement NPAs, but also to encourage collaboration and harmonisation of stakeholders who may not naturally work together. However, few NPAs describe decentralised Coordinating Mechanisms at district level and below, nor how they coordinate with other plans and sectors such as social protection programmes.

The 2008 OPPEI report found that **88% of 35 countries included in the study had formally established Coordinating Mechanisms** for NPAs, but only 35% considered coordination by these bodies effective (OPPEI 2008). Two models of national-level Coordinating Mechanisms have evolved:

- ⇒ Coordination by the ministry responsible for vulnerable children, with multi-sectoral involvement (for example Mozambique, Uganda, Tanzania, and Malawi); or
- ⇒ Coordination by a higher government body such as the Deputy Prime Minister's Office (for example, Swaziland).

The first option is more common, though problematic because these ministries are often relatively new, lack staff and experience to coordinate multiple stakeholders and do not have the power to enforce commitments made in the NPA. Though there is scant literature specifically focussed on CMs, field studies suggest that the key to the success of the Coordinating Mechanisms is high-level commitment, strong support from different stakeholders including civil society, defined roles and responsibilities of the CM that extend to community levels, and sufficient resources (financial and technical) to put it into practice. Lessons could be drawn from National AIDS Commissions, which have had a similar mandate, and were found to have been reasonably effective but in need of appropriate power to hold other stakeholders

accountable for delivering on commitments (ODI, 2009).

Increasingly, countries are establishing National Children's Commissions that are mandated by new legislation for children and are responsible for overseeing and coordinating all national actions for children. These bodies could potentially play an important role in holding all stakeholders accountable for their commitments in NPAs and other instruments. However, in Mozambique and Uganda they were found to have weak links to the NPA and its coordination mechanism, and they are weakened by their position within the line ministries responsible for children.



3.0 PROMISING PRACTISES AND LESSONS LEARNED FOR SCALING UP OVC SERVICES.

While the first wave of NPAs could be seen as somewhat donor driven, developed on the back of the RAAAP¹¹, second wave NPAs demonstrate stronger national ownership and leadership from both government and non-government stakeholders. This section articulates some of the successful ways that different countries are increasing scale up of services for OVC guided by their NPAs. It is based on an analysis of NPAs themselves as well as available literature and information from three country visits to Mozambique, Swaziland, and Uganda. Promising practises from within the CSO sector that have the potential to be increased to scale have been included.

3.1 Meeting the needs of the most vulnerable children

Targeting OVC has been a significant change in the evolution of NPAs, moving from a focus on OVC in the context of HIV and AIDS, toward a broader definition of vulnerability that considers issues of disability, neglect, abuse, and abandonment. While the shift to broader inclusion of children in NPAs is largely welcomed, there are concerns that some vulnerable groups may be marginalised or that disproportionate amounts of time and energy are consumed in identifying vulnerable children.

LESSONS LEARNED – Broadening OVC criteria is evidence-based and ethical but special efforts need to be made to reach harder-to-reach children.

The Rwanda NPA addressed marginalised groups by articulating activities aimed at the needs of specific groups including early child development

(ECD) programmes for under-fives; catch-up education and vocational training for out-of-school adolescents; and monitoring the situation of children in institutions and training their caregivers. All activities have been assigned a responsible authority, time-frame, and budget (Rwanda NPA). The Kenya NPA includes a minimum package of services for different age groups.

3.2 National ownership and resourcing of the OVC response

Strong national ownership of the OVC response is a necessary precursor to implement NPAs and scale up services for OVC, demonstrated by strong leadership from well-articulated CMs. However, few studies have looked at the impact and cost effectiveness of different interventions, indicating the need for further investment and technical support for the development of realistic targets and budgets based on accurate costs.

LESSONS LEARNED – Strong leadership is essential for implementation of NPAs. This can be demonstrated by positioning CMs that oversee the NPAs in government bodies that have authority over line ministries, but high-level representation on the CM is more critical. Equally, coordination at national and sub-national levels is important, as is comprehensive stakeholder participation in the development and coordination of NPAs to improve ownership and collaboration and to help embed commitments into sectoral plans and integrate OVC into broader government laws and policies. This creates a more permanent and legally binding framework to scale up services and improves opportunities for accessing funding from different sources.

11. In 2004, the Rapid Assessment, Analysis, and Action Planning (RAAAP) process stimulated the development of NPAs in a significant number of ESAR countries.

High-level political commitment is essential. Whether the CM is within the line ministry responsible for OVC or at a higher level, it is the political weight backing up the CM that makes it function effectively. The placement of the Swaziland CM (NCCU) in the Deputy Prime Minister's office may have greater potential to fulfil its mandate now that a strong secretariat has been appointed to reinforce the work of the OVC Technical Committee. The high-level support of the OVC Committee with a strong secretariat within the MGLSD in Uganda has helped progress actions within the NPA.

As the legal frameworks governing children's rights are strengthened, their oversight bodies, National Children's Commissions, may be able to increase synergies between NPAs and children's acts and hold stakeholders accountable to both instruments. While this paper has argued that both are necessary, National Children's Commissions could potentially link more formally with CMs and improve oversight and coordination of both policies. In Botswana, the National Children's Council, established by the Children's Act, is the national body responsible for ensuring implementation of the NPA.

Mainstreaming of OVC issues into broader national or sectoral plans is apparent across the region, improving the possibility of scale-up of services to OVC and increasing the funding available for these services. Malawi considers its NPA a sectoral plan to operationalize OVC-related commitments outlined in the country's Growth and Development Strategy (MGDS). The Extended NPA was developed to align its timeframe and budget with the MGDS, and the integration of the NPA into sectoral plans and budgets is further supporting the development of a multi-sectoral response (Malawi Extended NPA, 2011). In Swaziland, mainstreaming children as outlined in the NPA is demonstrated in different ways: The Ministry of Health is implementing the Integrated Management of

Childhood Illnesses model (including immunisation, micro-nutrients, deworming, and identification of diseases) through neighbourhood care points (NCPs) in communities. Also in Swaziland, the Department of Social Welfare, judicial services, and the police force are collaborating to improve child protection. However, more needs to be done to ensure integration of OVC into macro-policies such as Poverty Reduction Strategic Plans (PRSPs), because even though current evidence is weak on how this is increasing funding for OVC, in the longer term it is a more sustainable way of ensuring their rights are respected.

NPAs are generally quite weak in the area of costing and budgeting, including the cost of coordination. This limits the potential of the CM to fulfil activities within the NPA and makes it harder to lobby for funding from national or international sources. However, some countries are addressing this weakness. A study in Uganda and Tanzania compared the impact and cost-effectiveness of two approaches—block grants and scholarships—to educational support for OVC. Although the study was conducted for a donor (USAID), it provides useful information for national responses in determining which interventions to prioritise, and how to budget for them (Centre for Global Health & Development, 2011)¹². The Rwanda NPA undertook a detailed costing and also included an assessment of funding gaps and identified strategies to mobilise additional funds from government (advocating for OVC resource allocation at national and district level across sectoral budgets) and external sources (Rwanda NPA, 2007).

3.3 Coordination of NPAs : M&E, planning, and programming

Coordination is a complex concept and is not easily put into practise. Its main objective is

12. Results from this study contribute the NPA but are not directly linked to the NPA.

to improve the efficiency and effectiveness of service delivery through collaboration, inclusion, and strong commitment to M&E. Too often it is hard to put into practise due to poorly defined roles and responsibilities of both vertical and horizontal relations between stakeholders, competition or distrust between stakeholders or poor communication between the levels of the CM. Strong leadership is essential for good coordination that encourages different stakeholders to participate in a collective NPA rather than following individual paths. Encouraging equal participation of different stakeholders, including children, is important to improve buy-in and strengthen linkages and referral mechanisms so different organisations work to their strengths.

LESSONS LEARNED – Strong multi-sectoral coordination is essential, from national to community level

- ⇒ National CMs need enough political weight to hold all stakeholders accountable.
- ⇒ Coordination Mechanisms require human, material, and financial resources to be effective.
- ⇒ Monitoring and evaluation is a crucial element of coordination but has lagged behind progress in other areas of NPA development.

As mentioned earlier, there is very little documentation to guide the coordination of NPAs, but the field trips for this study demonstrated the importance of the CM in implementing the NPA. In Uganda, NPA coordination is overseen by a high-level, multi-sectoral OVC Steering Committee that has direct access to parliament and is chaired by the Permanent Secretary of MGLSD. Line ministries are represented by commissioner level or higher, and there is significant CSO involvement. The coordination role of the NPA is undertaken by a small secretariat, the National Implementation Unit (NIU) of the MGLSD and is responsible for the development of systems, guidelines,

protocols, and tools needed to roll-out the NSPPI (NPA) along with quality standards on service provision. It has established a coordination structure from village- and district-level to sub-country OVC committees, and eventually community level. At district level, OVC committees are responsible for improving coordination and ensuring that OVC issues are included in district development plans. They have multi-sectoral membership that include representatives from various other committees (HIV, child labour, school management, child protection), government service providers, political leaders, FBOs, and CBOs. Eight technical support organisations (TSOs) were appointed to work with district authorities to build the capacity of district-level coordination of the OVC response based on national guidelines.

Questions remain as to the long-term viability of Coordinating Mechanisms, which are essentially parallel to core government structures, when external funding is no longer available. Though CMs such as those in Uganda, Malawi, and Zimbabwe demonstrate well-thought systems that link national to community level and use guidelines and protocols to create national standards, their long-term sustainability is questionable.

Weak monitoring and evaluation systems hamper the implementation of the NPA. Not only does the lack of data make it hard to measure impact of the NPA, it is obstructing the development of evidence-based plans and budgets that prioritise cost-effective interventions. Although the literature points to the importance of M&E to improve the effectiveness of national response, there were few examples of good M&E systems applied to NPAs. There is an urgent need to invest more resources in this area, including using UNICEF's recent guidance on developing and operationalizing national M&E systems for OVC (UNICEF, 2009). Zimbabwe has an explicit link between the OVC M&E framework and that of the National AIDS Strategic Plan, in an attempt to harmonise data collected through the National AIDS Council and the Ministry of

Labour and Social Services. The NPA includes both quantitative and qualitative data collection and analysis, in order to understand the trends (“the story behind the numbers”), and to move beyond measuring outputs to measuring outcomes. The NPA states that it will prioritise data analysis at sub-national level to enable stakeholders to use and share data, which should help to address the common problem that M&E data is not used to monitor progress or identify bottlenecks and solutions.

3.4 Improving partnerships for more effective and efficient responses

NPAs need multiple stakeholders to work in accordance with a nationally agreed-upon plan to improve service access for OVC. As national governments assume a stronger leadership and service delivery role, CSOs need to adapt to work as an equal partner in service delivery, advocacy, technical support, capacity building, policy development, and monitoring and evaluation. Various strategies are bridging the gap between government and civil society, and partnerships between donors, government, civil society, and children are emerging. However, even though community-based responses provide the bulk of services to OVC, the majority receive no external support to do so (Foster, 2008). There is little evidence that national responses are adequately addressing this challenge, with few examples of mechanisms that effectively channel external or national funds to grassroots level.

Access to funding for smaller CBOs is a critical challenge, though some examples of funding streams do exist. In Zimbabwe, the programme of support (PoS) was a pooled donor funding mechanism for NGOs to contribute to NPA implementation (directly and by supporting CBOs) that was managed by UNICEF in close collaboration with the government. By March 2010, donors had

LESSONS LEARNED – Civil society is an essential element in improving scale up of services for OVC

- ⇒ Streamlined funding and targeted, consistent technical support channels to CSOs—particularly CBOs and FBOs— is essential if these entities are to be effective.
- ⇒ Partnerships between government and civil society can significantly improve service access for OVC, particularly harder-to-reach groups.
- ⇒ Children’s participation should be central and visible in all aspects of planning, implementation, and monitoring of NPAs and CMs, particularly because evidence shows that children’s priorities often differ from adults’ perception of children’s needs.

contributed \$86 million. An evaluation found that the PoS was relevant, efficient, and had reached a large number of children. However, the evaluation also found a need to improve the quality and comprehensiveness of services, as well as sub-national coordination of the response, and government ownership of the programme (JIMAT PoS Evaluation, 2010). Weak coordination was exacerbated by funding bottlenecks, and weak monitoring and evaluation translated to poor programme oversight, particularly with regard to programme quality. In Malawi, the Ministry of Gender, Children and Community Development and CSO partners obtained funding for OVC programmes through a pooled donor fund managed by the National AIDS Council, a result of inclusion of OVC interventions in the National Strategic Plan for HIV/AIDS (Malawi extended NPA). The NPA in Malawi developed a common funding mechanism for communities through district assemblies (DAs). Proposals for OVC interventions were compiled at community level and reviewed by the DAs to be sure they aligned with District OVC Action Plans. They were then submitted for funding. This system was previously managed through international NGOs, but was changed because of delays and complex procedures for applying for grants (Sibale & Nthambi, 2008).

Partnerships between government and civil society that respect the independence of the civil society sector and include them as equal stakeholders can improve scale up of services for OVC within the guidance of the NPA. In Uganda, the Sunrise project (funded by USAID) is expected to strengthen linkages and referrals between government and community systems, and will build district authorities capacity to take over their role as a strategy for the government to meet the objectives of its NSPPI II. Close collaboration between government, donors, and CSOs had been instrumental in creating a sense of ownership of the NPA by key stakeholders and of establishing a clear role of CSOs within the partnership. However, there are weaker links at decentralised levels¹³. Swaziland's Neighbourhood Care Points started as community initiatives and although quality of services are sometimes uneven, these are now being scaled up nationally, through the development of an NCP Vision document developed by government, UNICEF, and NCP members. By 2011, 38,000 children had received early childhood development support¹⁴ from 625 NCPs. The programme is now attracting government and donor funding, and is piloting the referral of HIV-positive children through NCPs (Enfield & Long, 2011).

Although children's participation is acknowledged in many NPAs, most CMs do not have effective links with children to ensure their equal participation. Some countries have made specific efforts to encourage children's participation in the development, implementation, and coordination of NPAs. In Mozambique, Save the Children supported community-level OVC committees level to have equal representation of children, women, and men. To increase children's participation, committees were split, with one for adults, the other for children under 18. The two groups participated on an equal basis in a

third "executive" committee, which included equal representation of children, youth, and adults. In Zimbabwe, initiatives such as the production of a child-friendly NPA and children's participation in coordination structures such as child protection committees (tasked with implementing the NPA) demonstrate a commitment to participation, from consultation to decision making. Children in Zimbabwe were involved in identifying particularly vulnerable groups of children, and came up with some categories not included in other plans, such as children living in very crowded shelters (Zimbabwe NAP-2).

Child participation in actions outlined within NPAs can be particularly important. The Family Support Trust in Zimbabwe runs a restorative justice programme that offers children who have experienced sexual abuse counselling and support, including referral for health care and legal support. A core part of the programme is restorative justice as per activities outlined in the NPA, where the NGO works with both the perpetrator and the child—with the child's consent, guided by the child's wishes—to explore an agreement on an appropriate justice response (AIDSTAR One, 2010).

3.5 Systems strengthening is essential to improve and sustain national responses

NPAs have helped identify systems weaknesses and have led to a more coordinated approach to system strengthening that is critical to improve implementation of NPAs. Human resource capacity is an essential element of coordination and service delivery from national to regional or district level. Yet unfilled positions combined with under-trained, over-stretched staff results in high-

13. Uganda field trip, September 2011.

14. Quality standards are under development by UNICEF and MOeT.

levels of turnover. Community system strengthening has gained recognition and is helping link OVC to service providers and improving CBO service provision of basic needs—such as school fees and food aid—to psycho-social support and abuse and neglect reduction.

LESSONS LEARNED – Strong systems within government departments and CBOs need long-term and consistent support to improve viability.

- ⇒ Social welfare system strengthening must be prioritized to scale up services to OVC.
- ⇒ System strengthening must extend to community level and CBOs.
- ⇒ Child-sensitive social protection not only improves the macro environment, it can directly channel resources to most vulnerable children living in families.

Social welfare systems have the potential to link OVC and service providers, but because of chronic under-resourcing, most need significant capacity strengthening and support from CBOs closer to the community to function more effectively. As mentioned, social welfare system strengthening has gained acceptance over recent years and a more systematic approach to building social welfare ministries is being applied. Some interesting lessons within the literature and field trips emerged to improve scale-up. South Africa has included a retention strategy, scholarships for social worker training, and salary increases to improve working conditions for social welfare staff (UNICEF 2011). Malawi is training community child-protection workers and social welfare assistants, and Alliance Zambia has trained volunteer community welfare officers to assist with the implementation of national policies (Malawi and Zambia NPAs). The Swaziland Department of Social Welfare (DSW) has set up a child helpline with financial support from UNICEF to enable children and their

caregivers to report cases of abuse. The DSW refers cases to child protection officers in the police force for further investigation and logs information into a database that tracks child abuse cases¹⁵.

Resources being made available for social protection provide an opportunity for strengthening social welfare and community systems. In Mozambique, UNICEF and others are advocating for investment in systems strengthening (especially human resources) to increase the returns on government and donor investment in social protection programmes, such as cash transfers¹⁶. The SUNRISE programme in Uganda is supporting community mapping in 40 districts, using participatory techniques to develop community action plans by identifying OVC, available resources, ways to support vulnerable children, and what they can do to hold service providers accountable, all within framework of NSPPI. These plans will feed into sub-county action and district development plans. The hope is that government will allocate resources through district and sub-county plans to increase resources at community level¹⁷.

Child-sensitive social protection is seen as a successful approach to reach the most vulnerable. Zimbabwe plans to strengthen the scale-up of social protection services and the NPA includes the piloting and scale-up of cash transfers for extremely poor households, especially those with OVC. Community child-protection committees will carry out targeting, monitoring, and coordination of the programme at local level (Zimbabwe NAP-2). Additionally, the Malawi NPA includes support to a comprehensive social protection system to scale-up the pilot cash transfer programme as well as livelihoods-based vocational training for older OVC and youth. The identification of eligible adolescents will be devolved at the community level (Malawi NPA).

15. Swaziland field trip, September 2011.

16. Mozambique field trip, September 2011.

17. Uganda field visit, September 2011.

4.0 RECOMMENDATIONS FOR NPAS AND COORDINATING MECHANISMS

Although the second wave of NPAs are undoubtedly stronger than their predecessors, the incorporation of recommendations from previous reviews would make them more evidenced-based. Despite the significant investment of setting up CMs, they remain generally weak, hampering scale-up of services and support for OVC. This section presents recommendations on how to strengthen NPAs and CMs based on evidence from the literature and field visits. It also raises questions that remain unresolved and should be the focus of further research. Throughout this review, it has been evident that there is a lack of documentation and evidence relating to national responses and CMs, which limits the ability for stakeholders to learn from other experiences, and share their good practices and lessons learned.

4.1 The needs of the most vulnerable and marginalised children should continue to be a priority of CMs when implementing NPAs.

The move of NPAs to broader definitions of vulnerability or to covering all children follows a general trend and is well-supported by the literature. CMs should make sure that interventions that are broadened to reach all vulnerable children are still able to pick up the specific needs of marginalised groups such as CABA, children with disabilities, children in institutions, out-of-school youth, etc. **Stronger attention should be paid to the different needs of OVC by age and gender.** While many NPAs now include some data on this, some age groups appear to be less well-served than others, particularly the youngest children and the those aged 14-18 year, whose priorities may be sexual and reproductive healthcare,

vocational training and education, and transition to 'adult' support mechanisms.

4.2 Improving child protection by strengthening social welfare systems should be an essential element in NPA support.

This should consider government service providers within various sectors including justice departments and non-government community workers and improving linkages and referrals between different stakeholders. They help identify vulnerable children and hold duty bearers to account to provide appropriate support for them. NPAs should continue to be closely aligned with children's acts, which include many provisions relating to child protection, so that the two instruments can reinforce each other.

4.3 Communities and CBOs need continuous financial and technical support to do their work,

which includes social norm changing, providing a voice for vulnerable children and families, identifying the most vulnerable children, and facilitating linkages between different services at community level. There is therefore an urgent need to improve understanding of the best mechanisms for supporting sustainable, scaled-up community responses, and to continue to invest in community systems strengthening.

4.4 CMs need high-level political leadership to function effectively.

Members of CMs should be able to make decisions, put them into action, and influence other high-level key stakeholders, including Parliament. **CMs should ask how NPAs can support implementation of legal commitments made in children's acts by**



helping define key actions to support implementation of legislation, mobilising additional resources, and identifying targets against which progress can be measured.

4.5 NPAs need to become more closely linked to national plans and budgets.

Sectoral NPA commitments should be integrated into sectoral plans and budgets to increase sectoral ownership of the NPA and to increase on-budget funding for its implementation. **CMs need to place stronger emphasis on costing and accurate budgeting** to improve understanding of the financial costs of delivering services to OVC and to improve fund raising from national and international sources. **Ministries of planning and finance too should be involved in NPAs and Coordinating Mechanisms** to increase their understanding of and commitment to action for vulnerable children.

4.6 More needs to be done to broaden child-sensitive social protection (CSSP) to better converge with social welfare system strengthening.

While CSSP provides an opportunity for increased resources and systems strengthening for vulnerable children, it needs to go beyond cash transfers by explicitly linking with other interventions.

4.7 Monitoring and evaluation remains a major challenge for national responses.

Although M&E plans are stronger in the new wave of NPAs, it was not possible for this study to identify how CMs are prioritising quality data collection, storage, analysis, and use. A more concerted effort by all stakeholders is needed to improve M&E and use it to influence planning and programming. Integration of OVC M&E systems with existing sectoral and HIV M&E systems will streamline data collection and facilitate multisectoral monitoring and planning.

4.8 Child participation should be an integral aspect of NPAs and CMs.

Children have been involved in many aspects of the development of NPAs and in some review processes, usually at the level of consultation rather than decision-making and was not consistent across different countries. The age or gender of children involved was not clear in existing literature. By improving understanding of the benefits of child participation, as well as enforcement of children's acts, which will help breakdown existing social norms regarding their inclusion in decision-making, children can become more vocal about the specific vulnerabilities they face and how to reduce these.

5.0 THE POTENTIAL ROLE OF UNICEF IN EXPANDING THE IMPACT OF NPAS AT REGIONAL AND COUNTRY LEVELS.

UNICEF's role has been pivotal in encouraging and supporting governments to develop NPAs and appointed Coordinating Mechanisms in an effort to increase service access for OVC. Through the Children and AIDS Regional Initiative (CARI) 2005-2010 funded by AusAid and DFID, UNICEF supported nine national governments and civil society to implement their NPAs for OVC, working with national and sub-national level coordination committees. This work focussed on developing policy and legislation; strengthening coordination; encouraging the inclusion of OVC issues into sectoral plans, child protection frameworks; improved understanding of diverse forms of vulnerability and enhancing coordination across relevant sectors; and strengthening capacity at community level to link and refer children through to national systems (Enfield & Long, 2011). The expected output of the CARI programme was highly ambitious and, according to the end-of-programme evaluation, was fully achieved (Enfield & Long, 2011), as noted below:

- ⇒ NPAs created a regulatory framework within which government and CSO actions can be coordinated
- ⇒ They helped attract funding to improve services scale-up for OVC
- ⇒ They identified gaps that inhibited service access for OVC (such as workforce gaps in social welfare)
- ⇒ Over the 5 years of the programme, all countries have NPAs for OVC, some broaden to extend to all children
- ⇒ All countries have introduced some form of children's legislation
- ⇒ Most countries have made progress to inclusion of OVC and/or children more

broadly into sectoral plans (health, education, social protection, social welfare).

This study concurs with the CARI evaluation finding that NPAs have been critical to improving the scale-up of services for OVC. However, much still needs to be done to ensure that all OVC are equally accessing services and support with other children. Based on the evidence of this study, UNICEF should continue to support NPAs and CMs. The following recommendations are specific areas that UNICEF might focus on in its future support. They are inevitably 'broad brush' recommendations and would require further analysis to put into action, but are expected to give an evidence-based sense of direction.

UNICEF ESARO:

- ⇒ **Ensure that available evidence is consistently used in policy development and implementation by putting more emphasis on dissemination of existing materials.** Over the past 10 years, UNICEF has funded considerable research on OVC related issues. However, this information does not often reach policy makers or programmers in a way that can be easily assimilated, and it rarely reaches the level of communities and children.
- ⇒ **Improve commitment to the use of regional agreements** such as SADC and EAC OVC frameworks to advocate for commitments made within regional frameworks to be included in NPAs.
- ⇒ **Advocate for equity in service access for all children by ensuring that the move toward broader targeting of OVC in NPAs does not lose sight of particularly vulnerable children.** Continue to support strengthening of child protection systems,

and advocate for specific services relevant to different groups by age and gender where necessary. This could include exploring collaborations with key stakeholders on issues of either specific vulnerable groups, such as children living outside families and children of prisoners, or specific gaps in service provision, such as vocational training and sexual and reproductive health (SRH) services for older children.

⇒ **Explore collaborative partnerships with other UN bodies to integrate OVC into their programmes in sectors that are often not central to NPAs.** This could provide the basis for influencing these UN agencies' government partners such as

and international sources. This work should look specifically at the cost effectiveness of national programmes such as cash transfers and CBOs as service providers at community level and their critical role in engaging the hardest-to-reach OVC, advocating for their rights, changing social norms, and continuing to provide technical assistance in areas of costing and budgeting as needed.

⇒ **Improve commitment to child participation by exploring opportunities for their input at regional level fora.** ESARO office could also commission research into different ways for children of various ages to increase participation in policies and programmes that affect their lives.



⇒ **Provide technical support to improve the capacity of Coordinating Mechanisms based on solid evidence.** This study identified that much has been done to build the capacity of CMs through to district level in some countries but not others. ESARO should specifically look at how CMs have been built in different countries to consolidate learning on the roles and functions of CMs, and use this to develop technical support guidance.

ministries of local government, planning, finance, agriculture/livelihoods, and public works to increase service access for OVC.

⇒ **Continue to advocate for sufficient resources to cover services for OVC with national governments and the donor community.** Encourage increased commitment to costing and budgeting so that the NPAs become stronger tools for resource mobilization from both national

⇒ **Continue to support research to improve opportunities for evidence-based programming.** Three specific areas for further research are:

- * **Undertake a rapid audit to establish whether countries whose NPAs ended in 2010 intend to renew or are using other mechanisms to scale up services to OVC.** This will help UNICEF strategize how it can best support country-led

OVC scale-up and ensure lessons are shared between countries.

- * **Commission research into the different models of coordination and lessons learned on how best to ensure quality implementation of NPAs.** UNICEF invested substantial resources in a number of countries to improve coordination but this has not been documented or evaluated.
- * **Commission a study about the different roles of communities and CBOs in fulfilling commitments made in NPAs.** The role of CBOs is changing as movement toward direct/sectoral budget support and social protection programmes continue, but CBOs are still an essential link between formal government service provision and individuals and families in communities. CBOs will have an increasingly important role in monitoring service delivery for children under NPAs and children's acts and in advocating for children's rights. There is a lack of robust evidence demonstrating the impact of community responses, which is particularly important at a time when overall resources are stagnant despite increasing need.

UNICEF Country Offices:

- ⇒ **Reconsider their internal structure, which places OVC specialist staff and responsibility for NPAs within child protection teams rather than cross-sectoral staff.** This may improve internal understanding of OVC within all aspects of UNICEF's country programmes and strengthen linkages of the OVC specialist with sectors outside the ministry of social welfare. This is particularly relevant in countries that have moved toward an NPA for all children.
- ⇒ **Prioritise CM capacity-building emphasize decentralisation and child**

participation. In countries where the second wave NPA has already been developed, it will be the CM that ensures they are implemented effectively and tracks progress of scale-up of support to OVC. In countries that are in the process of revising the NPA, the CMs will be critical for ensuring that evidence is used to develop the new framework. In either case, the capacity of decentralised CMs will be critical.

- ⇒ **Strengthen partnerships with CBOs and FBOs moving from relationships** with sub-contractors for service provision to equal partners in policy analysis and decision-making. While UNICEF tends to have close ties with the CSO community in general, this is less true of smaller CBOs, FBOs, and community groups. This weakens UNICEF's ability to understand what is happening at the grassroots level, where the burden of OVC support is greatest, and of actively encouraging better participation of OVC. One method would be for UNICEF to work more closely with existing NGO networks to encourage engagement of CBOs and community groups working with OVC. Exploring opportunities to advocate for meaningful child participation could be made more of a cross-cutting theme of UNICEF's work.
- ⇒ **Advocate for high-level political and multi-sectoral commitment in the CM.** This could take many forms including:
 - * Strengthened links between NPA Coordinating Mechanisms and the National Children's Commissions mandated by children's acts.
 - * Advocacy for Coordinating Mechanisms for children to be located above ministerial level (eg. Prime Minister's office) or in ministries of planning.
 - * High-level representation of UNICEF on the CM.

- * Lobbying for support from other in-country UN bodies to integrate OVC into their programmes.
- ⇒ **Continue to build the capacity of social welfare systems.** This should go beyond ministries of social welfare to cover other government ministries (such as justice and local government), as well as stronger engagement with grassroots community or faith groups. This work should focus specifically on improved understanding of the necessity of effective referral systems, and on preventing violence and abuse by addressing harmful social norms and reinforcing those that are protective.
- ⇒ **Advocate for national-level awareness-raising campaigns on issues relevant to OVC.** These would need to be context specific but could include: improving understanding of children's acts and other legislation; understanding of and enforcement of child rights; and raising issues such as land grabbing, violence against children, and early marriages.
- ⇒ **Advocate for the rights of the most vulnerable children** within NPAs to ensure that they are not lost in the broader definition of vulnerable children. This should be complemented by technical support to ensure that evidence on how to reach the most vulnerable and which services are particularly limited for different groups of children are included in programme monitoring, planning, and implementation.
- ⇒ **Ensure that international evidence on best practises for OVC is accessible to CMs when developing or implementing NPAs.** Improve the knowledge base where gaps in understanding exist by commissioning research to improve the quality of NPAs.

6.0 CONCLUSION

This study demonstrates that NPAs are just as important today as when they first were developed for OVC, and that countries should continue to consider their relevance as guidance to improve scale-up of OVC services. This should be complemented by integrating key strategies for OVC into existing, budgeted sector plans and national development instruments. This two-pronged approach will ensure that OVC are rightfully prioritised and that they are also included in existing sectoral programmes with the same rights as all other citizens.



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