COMPREHENSIVE CARE AND SUPPORT FOR ORPHANS, VULNERABLE CHILDREN & YOUTH (OVCY) IN THE SOUTHERN AFRICAN DEVELOPMENT COMMUNITY

Strategic Framework and Programme of Action (2008-2015)

November 2008

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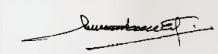
Foreword

Poverty and under development remain daunting challenges for the SADC region. About two thirds of the population in the region live below the international poverty line of US$ per day. Poverty is exacerbated by high levels of diseases, unemployment and low industrial growth and productivity which characterise most of the Member States. Food insecurity is particularly acute in the region, largely due to natural disasters associated with climate change such as floods and recurrent drought. Human productivity has also been curtailed by labour migration and high morbidity and mortality rates among the economically productive age group largely as a result of the treble effect of HIV and AIDS, Malaria and Tuberculosis, among other diseases and causes of death. The recent global increase in energy and food prices and the crisis in the financial markets are exacerbating the already dire situation in the region. Poverty and the high levels of morbidity and mortality among adults have resulted in an in unprecedented upsurge of orphans and other vulnerable children and youth (OVCY) in the region. Health, social and economic forecasts indicate that the situation is likely to remain serious with increasing household poverty and number of orphans in the foreseeable future. Vulnerable and poor households such as those headed by children, women, older people, people living with disabilities and HIV and AIDS and the unemployed bear the brunt of these numerous challenges, with often little or no options to cope.

The Strategic Framework and Programme of Action mark the first deliberate effort to mount a regional response to the growing challenges of OVCY in SADC. The Framework recognises the complexity of the matter and in that regard, has adopted a holistic and integrated approach to ensure comprehensive care and support among OVCY.

The premise of the SADC approach to the care and support for OVCY is the recognition that people are the real wealth of nations. Thus, the fundamental purpose of development is to enlarge human freedoms and capabilities by expanding the choices that people have, to live full and creative lives[1]. Investing in the well being of young people from early childhood is the most effective way to prevent social-ills among the youth and when they become adults. It is also necessary to build on their productive potential and to ensure that this potential is translated into sustainable development which can benefit them, their countries and the SADC region.

As the region braces itself to the challenge of implementing the framework and make a difference for children, it is important for different organizations and agencies to "knit together their efforts" and work collectively to comprehensively meet the basic developmental needs of children and youth. The SADC Secretariat believes that OVCY strategic interventions presented in this document will contribute to effectiveness of efforts to safeguard the rights and well being of OVCY by all SADC Member States, civil society and the private sector.



Tomaz Agusto Salomão
SADC Executive Secretary

1 *The State of the Human Development, Human Development Indicators, 2004*

Abbreviations

AIDS	Acquired Immuno-deficiency Syndrome
ACRWC	African Charter for the Rights and Welfare of the Child
AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Ante natal clinic
ARV	Anti-retroviral
AU	African Union
CRC	Convention on the Rights of the Child
CRBA	Child Rights Based Approach
DFID	Department for International Development
DHS	Demographic Health Survey
FAO	Food and Agricultural Organisation
HIV	Human Immuno-deficiency Virus
JFTCA	Joint Financial and Technical Co-operation Arrangement on HIV and AIDS of SADC
JIP	Joint Implementation Partnerships
ILO	International Labour Organization
MiET	Media in Education Trust Africa
M&E	Monitoring and evaluation
MTCT	Mother to Child Transmission
NGO	Non-Governmental Organization
NPA	National Plan of Action
OVC	Orphans and Vulnerable Children
OVCY	Orphans, Vulnerable Children and Youth
PLWHA	People Living With HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
REPSSI	Regional Psychosocial Support Initiative
RISDP	Regional Indicative Strategic Development Plan
RIATT	Regional Inter-agency Task Team (on children and AIDS)
SADC	Southern Development Community
SDC	Swiss Development Co-operation
SADCC	Southern African Development Coordination Conference
Sida	Swedish International Development Assistance
STI	Sexually Transmitted Infection
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNCRC	United Nations Convention on the Rights of the Child
USA	United States of America
USAID	United States Agency for International Development

Definition of Key Terms

Key Term	Definition
Child	Every human being below the age of 18 years (CRC, 1989; ACRWC, 1999)
Comprehensive Response	An intervention or effort that meets the entire needs or defined minimum standards of quality of service, for the child, while minimizing or eliminating risk and vulnerability. This requires that a minimum standard or quality of intervention or service is defined.
Deprived	A situation in which the basic survival and developmental needs and rights of the child have not been met
Developmental needs of children	Physical, biological, emotional, social, psychological /intellectual, spiritual and creative necessities for children to survive and grow enough to sustain normal and productive lives into adulthood.
Family	A social unit created by blood, marriage, or adoption, defined by common line of kinship or relationship of a paternal, maternal or parental nature. This can be biological or adoptive. It can be described as nuclear (parents and children) or extended (the conjugal family as well as other relatives or ascendants of the husband and/or wife encompassing). The definition of "family" often changes as the needs of the greater society change and may differ within and across societies for political, socio-cultural, spiritual, economic and biological reasons.
Holistic	The process of ensuring that different options are considered and applied flexibly in combinations that ensure comprehensive and optimal fulfilment of the well being and development of children. It means doing everything possible, getting everybody who is identified as having a duty or responsibilities to play their individual roles to collectively achieve a desirable outcomes for children.
Household	A social unit of people (not necessarily related) living together in the same house or compound, sharing the same food or cooking facilities. Not all households contain families.
Integration	Incorporating new interventions or services holistically into existing interventions or services of an organization, programme or service provider to ensure improved and comprehensive developmental outcomes for children. It often requires developing partnerships with other organizations or programmes or service providers to enhance capacity.
Minimum Standards	The minimum level of service that is critical for optimal growth and development of children and youth

Key Term	Definition
Orphan	A child below the age of 18 years who has lost one or both parents. "The concept of 'social orphans' is sometimes used to describe children whose parents might be alive but are no longer fulfilling any of their parental duties (e.g. drug addicts who are separated from their children with little chance of reunion, parents who are sick or abusive or who, for other reasons, have abandoned or largely neglected their children"
Psychosocial Support	PSS is a continuum of care and support which influences both the individual and the social environment in which people live. This continuum ranges from care and support offered by caregivers, family members, friends, neighbors, teachers, health workers, and community members on a daily basis – i.e., ongoing nurturing relationships that communicate understanding, unconditional love, tolerance and acceptance – and extends to care and support offered by specialized psychological and social services.
Risk	The possibility/ chance that a child will be deprived in the immediate or long term.
Social Protection	All public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalized, with the objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups
Sustainability	In the context of this framework refers to the process of ensuring that human development efforts achieve lasting improvement on the lives of children, youth and their families/carers and communities without bringing about any harm or compromising their well being and that of others in the present or the future.
Vulnerability	Any involuntary situation or condition(s) which exposes a child to high risk of deprivation, or "an expected welfare loss above a socially accepted norm, which results from risky /uncertain events, and the lack of appropriate risk management instruments" (World Bank). Children who are vulnerable are more likely to fall through the cracks of regular support and often require external support because their immediate support system (families/caregivers) can no longer cope. Vulnerability can be defined in terms of (a) the child's individual condition; (b) the condition or situation of the child's family /household; (c) the condition of the environment /community in which the child lives.

Key Term	Definition
Vulnerable Children	Children who are deprived or likely to be deprived or harmed as a result of their physical condition or social, cultural, economic, political circumstances and environment, and require external support because their immediate care and support system can longer cope. .Examples are children living in a household whose parent/s is infected with HIV, lives in a child headed or elderly household, who is disabled or the parents are disabled, who is HIV positive, who has been traumatised by war, living on the street, neglected by her/his parents, who is undocumented in other countries and is involved as a child labourer, among others.
Vulnerable Youth	Young persons aged between 18 and 24 years who are deprived or likely to be deprived, harmed, exploited and or denied necessary age specific developmental needs as a result of their physical condition such as disability, unemployment, HIV and AIDS, conflict and war, living on the street, neglected by her/his parents, illegal migration and substance abuse, among others.
Youth	The UNICEF /WHO defines youth as every person between the ages of 15 and 24 years and young person as aged between 10 and 24 years; the African Youth Charter defines youth or young person as aged between 15 and 35 years. For the purposes of this framework, youth or young person shall be used interchangeably to refer to persons aged 18 to 24 years.

TABLE OF CONTENTS

Lists of Tables and Figures

Executive Summary

Nowhere is the impact of poverty, food shortages and the treble effect of HIV and AIDS, Tuberculosis and Malaria in the region more evident than in the numbers and experiences of orphans, vulnerable children and youth (OVCY). The need for coordinated and well resourced efforts supported by strategic, regional guidance gave rise to the development of this SADC OVCY Strategic Framework and Programme of Action. This Framework identifies key priorities that can be facilitated at regional level by SADC Secretariat and Member States, international and regional organisations, civil society, private sector institutions and donors. The main objective of the Framework is to improve on the effectiveness of national and community efforts to achieve comprehensive developmental outcomes for children and youth. This framework is the culmination of several consultative processes with key stakeholders from Member States, international organisations and civil society groups.

OVCY are vulnerable to HIV through low uptake of interventions to reduce mother to child transmission (MTCT). With anti-retroviral (ARV) therapy, in the majority of SADC countries, reaching only 30% of the children in need of it, orphans are also at risk of dying from AIDS related illnesses. The endemic poverty in the region with the potential to stretch social safety nets to capacity and reprioritise household expenditure away from securing basic necessities for children, coupled with the financial costs associated with AIDS related deaths increases children's vulnerability to HIV. Political conflicts and natural disasters can result in the forced migration, the disruption of social norms and behaviours, food insecurity and exposure to sexual abuse and sexual exploitation, all which increase risk and vulnerability. Certain characteristics of the region such as the high levels of cross border migrancy, the propensity for human trafficking, low birth registration rates and harmful traditional practices such as early marriages, work in tandem to expose children and youth to deprivation of basic developmental needs and vulnerability.

Regional and global responses to poverty, HIV and AIDS and related challenges and to the OVCY issue in particular have seen the signing of various Declarations and Commitments over the last decade by Member States. However, successful implementation of national policies and programmes remain a challenge. Most SADC countries have national policies and National Plans of Action (NPAs) that respond to issues related to OVC. However, NPAs do not provide a standardised and adaptive approach to deliver services to OVC. The involvement of caregivers and people living with HIV and AIDS in policy and programme development for OVCY is minimal. In addition to this, the needs of youth, street children, incarcerated and institutionalized children, child soldiers, double orphans, and disabled children are not always analysed and considered within the plans. Limited impact has been attributed to, among other things, limited human resource capacity, unprecedented burden of OVC and impact of HIV and AIDS, poverty and conflict, disjointed and uncoordinated interventions, inadequate financial resources and inadequate skills in project and programme management, among others.

SADC recognises the potential for a social protection approach to comprehensively address challenges facing OVCY in a sustainable manner. At present, there are currently no explicit policy frameworks and approaches at regional and national levels as implied by the social protection approach although various versions of social protection programmes have been implemented in South Africa, Namibia, Malawi and Zambia, among others.

In theory the framework is developmental in nature and based on principles of holistic development, gender sensitivity, participation, sustainability and child rights centeredness.

Some of the regional priorities for interventions include:

- Facilitating development and harmonisation of policies and strategies on OVCY across SADC Member States
- Strengthening the capacity of Member States in aspects such as integrating / mainstreaming OVCY in different sectors of development and facilitating the setting up of conditions and mechanisms for comprehensive delivery of services to OVCY
- Strengthening partnerships for comprehensive service delivery at regional and national levels
- Facilitating and articulating for the integration of NPAs into national development plans, define accountability for NPA development and ensure the process is adequately resourced
- Facilitating the availability of expertise to support Member States on the technical aspects of OVCY strategies and programmes
- Promoting evidence based policies and programmes and maintain a regional information system and data bank that reflects the patterns, levels and trends in OVCY challenges
- Supporting the strengthening of capacity for Member States to monitor and evaluate programmes, and the capacity of SADC Secretariat to monitor and evaluate the regional multi-sector response
- Supporting the scaling up of treatment to pregnant mothers and HIV positive infants

Policy oversight for the Framework will be provided by the SADC Summit of Heads of State and Government. The SADC Council of Ministers will approve major policy, strategic and budgetary issues relating to or emanating as a result of efforts to operationalise the Framework. The Ministers will also facilitate implementation of the Framework at national level. A Forum of Directors in-charge-of OVC, youth and six selected regional and international partners working on OVCY will be set up to oversee the implementation of the OVCY programme.

At the regional level, existing partnership forums will be tapped into and strengthened to coordinate the implementation of the OVCY Strategy and Programme of Action.

Approximately US$16.5 million will be required to operationalise the Framework from the period 2008 to 2015. This estimate may change when implementation begins, as the magnitude of challenges and opportunities emerge and scope of work becomes clearer.

Member States will report on OVCY indicators once every two years. National OVCY status reports will be submitted to the SADC Secretariat through the M&E system of the Human Social Development and Special Programmes (SHD&SP) Directorate. Targets will be measured against those of the Millennium Development Goals.

Part One: Strategic Framework on Orphans and Other Vulnerable Children and Youth in SADC

1.0 Background to the Framework

One of the major social and human development challenges facing the SADC region is increasing vulnerability among children and youth. This is largely due to growing poverty, the food crisis, diseases such as the HIV epidemic, Tuberculosis and Malaria among others in Southern Africa. These are severely compromising the region's ability to attain political stability and social development for its future generations. This is evidenced by the high number of orphans, vulnerable children and youth (OVCY) who are at risk physically, emotionally and economically as a result of the combination effect of these challenges. Interventions to address poverty, HIV and AIDS and other major diseases on global, regional, national and community levels require effective coordination in order to make a strategic impact. The SADC Secretariat, in its attempt to fulfil its mandate to achieve complementarity between national and regional initiatives, plays a major role in this coordination. Southern African Development Community (SADC) is an inter-governmental organisation comprising of 15 countries in Southern Africa region.[2] It was established through a Treaty on August 17 1992 out of the then Southern African Development Coordination Conference (SADCC) which had been established on April 1 1980.

According to Article 5 (a) of the Treaty, one of SADC's main objectives is "to promote sustainable and equitable growth and socio-economic development that will ensure poverty alleviation with the ultimate objective of its eradication, enhance the standard and quality of life of the people of Southern Africa and support the socially disadvantaged through regional integration". To facilitate its work and common understanding of development priorities among Member States, SADC has outlined various policy commitments in the form of treaties, protocols and declarations. These policy commitments are being operationalised into programmes through the 15 year Regional Indicative Strategic Development Plan (RISDP) and the Strategic Indicative Programme of the Organ on Politics, Defence and Security (SIPO) adopted in 2004. The Strategic Framework and Programme of Action for Comprehensive Care and Support for OVCY affected by HIV and AIDS conflict and poverty, is one of several efforts by the SADC Secretariat to implement the RISDP. The framework recognises the need to focus on the most vulnerable population of SADC.

The Strategic Framework and Programme of Action represents the first concerted effort by SADC to develop and implement a regional response on OVCY in line with its regional integration mandate. The Framework and Programme of Action were developed through extensive consultations over a period of more than one year. The Framework draws from lessons, experiences and long term plans of different sectoral programmes of the SADC Secretariat and Member States, United Nations agencies, civil society organizations and private sector. The Framework is also informed by the experiences and perspectives of the youth and people living with disabilities and HIV and AIDS. Pilot initiatives on comprehensive care and support for children, regional studies and the SADC

2 *Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe*

regional situation assessment on OVCY conducted in 2008 contributed to the conceptualising of the Framework. On 15-17 July 2008 a regional consultative forum was held in Gaborone, Botswana to review and inform regional priorities for the Framework. The forum was attended by SADC senior government officials at the levels of directors or equivalent responsible for orphans and vulnerable children (OVC), youth, education and skills development, experts from several United Nations (UN) agencies, regional civil society organizations, representatives of employers and labour organisations.

The Framework is built upon existing and emerging global, continental, regional, national policy and strategy frameworks, knowledge and experiences. It provides a common holistic developmental philosophy and approach to addressing challenges faced by OVCY, their families and care givers which takes into account the particular socio-cultural, economic and political realities of the SADC region. The Framework identifies key priorities that can be facilitated at regional level by various actors including SADC Secretariat and Member States, UN organisations, international and regional organisations, civil society, private sector institutions and donors. It is hoped that such coordination will improve on the effectiveness of national and community efforts to achieve comprehensive developmental outcomes for children.

The Guidelines for Comprehensive Care and Support for Orphans and other Vulnerable Children and Youth in SADC are provided as annexes to the Strategic Framework and Programme of Action. The Framework and Guidelines are living documents that can be adapted to different contexts and improved on over time. The Guidelines are particularly useful to those providing services at national and community levels.

This document is structured in two parts. Part One covers "The Strategic Framework" and Part Two covers the "Programme of Action 2008-2015".

2.0 Situation of Orphans and other Vulnerable Children and Youth in the SADC Region

2.1 Vulnerabilities of children and youth and their impact

Vulnerable children and youth are those who are deprived or at high risk of being deprived of their basic survival and developmental rights and needs as a result of their physical condition or social, cultural, economic, political circumstances and environment around them. They often require external support because their immediate care and support system can no longer cope. Examples are children living in a household whose parent/s is infected with HIV, lives in a child headed or elderly headed household, who is disabled or the parents are disabled, who is HIV positive, who has been traumatised by war, living on the street, neglected by her/his parents, who is undocumented in other countries, has been trafficked, and is involved as a child labourer, among others. The main forms of vulnerability affecting children and youth in SADC are highlighted below.

2.1.1 Poverty

Poverty is the underlying form of vulnerability that often cause and reinforce all other forms of vulnerability in SADC. OVCY are prone to experiencing poverty and lack of food security in a number of ways. About 70% of the population in SADC lives below the international poverty line of US$2 per day. High levels of unemployment are experienced in the region ranging between 25%, in Botswana and above 80% in Zimbabwe. Due to the absence of safety nets, youth engage in high risk behaviour such as criminal activities, transactional sex, early marriages and drug abuse. In most SADC countries, property grabbing by relatives is common and occurs immediately after the parent has died. Poverty is particularly acute among vulnerable groups such as households headed by older people and children.

A household where one or more family members are ill often experiences an increase in medical expenses which leaves fewer resources for children. In addition to this, it is likely that the household income may be further decreased by the ill family member(s) being unable to work and generate income.[3] The expenses associated with deaths and funerals further stretch household expenditure and again, food and other basic necessities are often sacrificed with devastating effects for families, in particular children.

Malnutrition is particularly acute among children living with HIV and infants are especially vulnerable owing to the fact that once they are weaned off breast milk, poverty and food insecurity result in poor nutrition.[4] Whilst poverty clearly contributes to malnutrition, the problem is circular with malnutrition contributing to poverty by aggravating illness, lowering cognitive function and thus educational attainment, reducing productivity and relegating individuals to reduced options for livelihoods.

Some SADC Member States recognise the concept of a "**social orphan"** which refers to children

3 *African's Orphaned and Vulnerable Generations: Children Affected by AIDS. UNICEF 2006*

4 *Children and AIDS: Scaling up UNICEF's response in Eastern and Southern Africa*

who may be neglected or abandoned by biological parents as a result of several factors among which are family conflict and violence. Continued failure to provide adequate education, health care, psychosocial support and life long skills among other basic human developmental needs clearly means lost opportunities to transform their human potential into productivity when they become adults.

2.1.2 HIV and AIDS

The severity of poverty, HIV epidemic and other diseases and causes of death is visible in the number of OVCY in the SADC region experienced in past few years. According to estimates by UNICEF and UNAIDS, there are approximately about 16, 808,000 orphans aged below 18 years.[5] HIV and AIDS have compounded the already existing acute vulnerabilities of children and youth in SADC, and reversed human development gains scored in the past few decades. The distribution of orphans varies between Member States as shown on table 1.

5 [6] *Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS. UNICEF 2006*

Table 1: Estimated number of orphans in SADC by country

Country	Total # of orphans	% of children who are orphans	# of orphans due to AIDS	Children orphaned by AIDS as a % of all orphans
Angola	1,200,000	14	160,000	13
Botswana	150,000	19	120,000	76
Democratic Republic of Congo	4,200,000	14	680,000	16
Lesotho	150,000	17	97,000	64
Madagascar	900,000	9	13,000	1
Malawi	950,000	15	550,000	57
Mauritius	23,000	6	-	-
Mozambique	1,500,000	15	510,000	34
Namibia	140,000	14	85,000	62
Seychelles[1]	-	-	-	-
South Africa	2,500,000	13	1,200,000	49
Swaziland	95,000	17	63,000	66
Tanzania	2,400,000	12	1,100,000	44
Zambia	1,200,000	20	710,000	57
Zimbabwe	1,400,000	21	1,100,000	77
Total	**16,808,000**	**14.7 (average)**	**6,388,000**	**44 (average)**

These figures are a gross underestimate of the total number of all vulnerable children and youth in the region, largely because these groups often go unnoticed making their numbers more difficult to quantify[6]. Weak and inadequate data collection systems as well as lack of consistent definitions of vulnerable children and youth between Member States has resulted in the unavailability of reliable data and information about other vulnerable children and youth. In the absence of quality care and treatment for HIV and AIDS for parents for example, four children are orphaned each minute in the SADC region. Only about 20% of affected children receive some form of support beyond what is provided within the household.

Southern Africa is the nucleus of the world's HIV pandemic with 30 million of the 42 million global cases and with one out of six deaths occurring in the region. Women and girls bear the burden of the epidemic both as survivors as well as caregivers. Girls aged 15-24 years are three to four times more likely to be infected with HIV than boys of the same age. This is due to biological differences between the genitalia of men and women, gendered inequalities between both sexes that influence a girl's ability to negotiate safe sex practices and high levels of gender-based violence in the region.

6 [7] *Geoff Foster (2005), Bottlenecks and Drip-feeds: Channelling resources to communities responding to orphans and vulnerable children in southern Africa save the Children Fund, London.*

More than one million children under the age of 15 are infected with HIV accounting for 8% of the people living with HIV in the region. The prevention of mother to child transmission coverage varies across the region. The high burden of paediatric HIV, coupled with limited diagnostics, care and treatment initiatives, translate into high under five mortality rates in most affected countries. The survival of the youngest children (0-3 years) is at stake when their mothers have died. Without care and treatment, rapid HIV disease progression in infants and young children results in over 35% mortality by their first birthday, 50% mortality by their second and 60% by the third. Very few countries are reporting access to co-trimoxazole for eligible children. Coverage is particularly low (6.9%) for this relatively simple and inexpensive intervention which has potential to save thousands of lives annually. About 6, 388, 000 or 38% of the total number of orphans in SADC, are a result of HIV and AIDS.

The table below shows the estimated need and coverage of anti-retroviral (ARV) therapy in the SADC region

Table 2: ARV Therapy need and coverage for SADC 2006

Country	YEAR	Estimated number (CHILDREN) In need of ARV Therapy [2006]	Reported number (CHILDREN) receiving ARV therapy	Estimated Coverage (CHILDREN)
Angola	2006	14,000	438	3%
Botswana	2006	7,100	6750	95%
Lesotho	2006	6,000	857	14%
Malawi	2006	23,000	3513	15%
Mozambique	2006	34,000	2924	9%
Namibia	2006	4,900	3502	71%
Seychelles	2006	n/a	n/a	n/a
South Africa	2006	86,000	18318	21%
Swaziland	2006	5,300	1429	27%
United Republic of Tanzania	2006	41,000	5800	14%
Zambia	2006	41,000	6146	15%
Zimbabwe	2006	45,000	2610	6%

Source: UNAIDS/WHO/UNICEF, Towards Universal Access: Scaling up priority HIV/AIDS interventions in the Health Sector: Progress Report, April 2007, Geneva.

With the exception of Mauritius, maternal mortality in SADC countries is a great concern, ranging from 124 in South Africa to 1,300 in Angola per 100,000 live births. Common diseases such as HIV, Tuberculosis, Malaria and anaemia remain the main contributory factors to high maternal mortality.

The AIDS epidemic has been devastating to families, particularly older caregivers who provide at least 40-50% of the care giving for OVC. Older carers lack regular income support and access to poverty alleviation programs, struggle to ensure that their grandchildren receive education and are not receiving adequate information to access their rights and entitlements and that of those under their care. They also experience major challenges in maintaining their health in order to carry out their critical care giving role. Children are increasingly taking on roles as heads of households when their parents /carers die, and grow up with no adults to provide mentorship in knowledge and skills (e.g. vocational, health care, etc), counselling and emotional support.

While SADC countries recognise that adolescent reproductive health merits special attention, youth friendly services have yet to be adequately developed. Indicators on adolescent health in general and reproductive health specifically, identify great risks associated with this age. Risk of maternal mortality is higher for girls during adolescence; abortion is higher and sexually active youth are likely to be exposed to multiple sex partners. More than 50% of all new HIV infections occur among children and youth aged 15 to 24 years. These and other situations indicate the gap in services for adolescents and youth.

2.1.3 Natural Disasters

According to the Food and Agriculture Organisation (FAO), globally, the number of food-insecure people in the 70 lowest income countries rose from 849 million to 982 million between 2006 and 2007. The majority of these people are in Africa. In recent years, two regional harvest failures between 2001 and 2006 resulting from flooding and droughts set the stage for a crisis in food insecurity in the Southern African region, which added an additional layer of hardship to the 90% of the region's chronically hungry population. In addition, Mozambique and Madagascar have been prone to cyclones and hailstorms as have many parts of Zimbabwe, Swaziland and Lesotho over the past three to four years.

There has been an unprecedented increase in global food prices in the recent past which has coincided with an already precarious food security situation in Africa. This exerts an enormous burden and extreme deprivation and vulnerability among households of orphans and other vulnerable children and youth. The fact that the causes of these price increases go beyond climatic and seasonal factors suggest that the crisis could remain in the longer term. About 35% of under-five mortality is attributed to under-nutrition.

2.1.4 Conflict

War and political conflict has also resulted in significant numbers of OVCY. Conflict in countries such as Angola, DRC and Mozambique has left a disturbing legacy of children and adolescents amputees being at risk of developing mental health problems and further disabilities. These challenges have typically lead to additional problems, such as inability to access food particularly in resource-constrained environments, and unmet or neglected psychosocial and emotional needs. Children who have witnessed abuse and violence in conflict situations also suffer from psychological and mental health problems with many perpetuating the violence they have experienced. In addition to this, rape and sexual abuse as weapons of war is well documented, increasing the risk of girls and women to contracting HIV and other sexually transmitted diseases.

2.1.5 Access to Education

Literacy levels are generally low in SADC, with only six countries recording literacy rates in the range of 80%. In almost every country and setting (urban and rural) female orphans have lower schooling outcomes than female non-orphans[7]. Several children of school going age remain out of school. Despite attempts in various parts of the region to introduce free schooling, the costs associated with education are still too high for many vulnerable children.[8] For OVCY who are received into new households, another layer of vulnerability exists; analysis of 19 Demographic and Health Surveys in 10 Sub-Saharan countries revealed discrimination in regards to schooling whereby orphans had lower enrolment rates than non-orphans in the same household.[9]

Estimates by UNESCO Institute for Statistics in 2007 for 11 SADC Member States indicate that the percentage of children who are not in school is as high as 49% in some countries such as Angola as shown in figure 1. Children living with disabilities are most vulnerable and tend to be abused most and often stigmatised and discriminated. According to UNESCO, 90% of children living with disabilities in developing countries are not in school[10]. The majority of youth including those who complete secondary education often find themselves unemployed and unable or unmotivated to engage in self sustenance activities because they lack vocation and entrepreneurial skills.

7 *UNICEF; A Situation Analysis of Orphans in 11 Eastern and Southern African Countries (draft) (2008)*
8 *Legal and Policy Frameworks to Protect the Rights of Vulnerable Children in Southern Africa; Save the Children UK 2006*
9 *Cited in Africa's Orphaned and Vulnerable Generations; Children affected by AIDS. UNICEF*
10 *UNICEF; Children with disabilities: Ending discrimination and promoting participation, development, and inclusion (UNICEF Programme Guidance) (2007)*

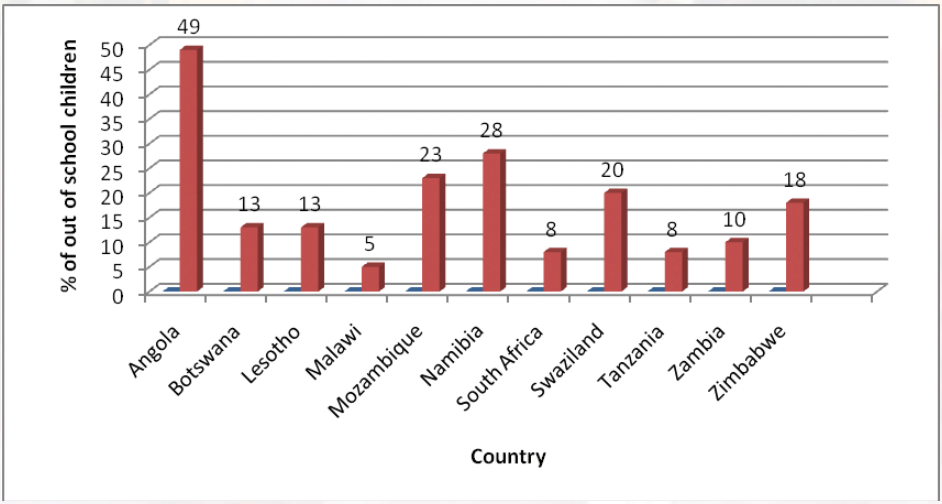


Figure 1: Out of school children
(Source: UNESCO UIS, 2007)

2.1.6 Child Marriages

Child marriages are common in all the SADC Member States. For example, in Zambia in 2001/ and 2002 57.4% of women were married before age 18; in Mozambique the figure was 61.8% in 2003 and in Malawi in 2004 the figure was 55.5%. Child marriages often involve the most vulnerable groups of society, such as the poor in the rural areas. The average age for first sexual encounter in the SADC region is 15 years. Child marriage increases the likelihood of reproductive health problems such as high rates of infant and maternal mortality as well as reduced opportunity to access education for younger girls. The low rates of birth registration in some SADC countries also make it difficult to monitor the age of marriage.[11]

Women, girls and children bear the brunt of vulnerabilities as they are often treated as having a lesser status within society and in many cases under customary laws. Although the UN Convention on the Rights of the Child (UNCRC) states that local or customary laws should be brought into compliance with the Convention, a dual system operates in many SADC countries recognizing both formal and customary laws. Girls are often forced into early marriage based on the premise that they will be submissive to their husbands and bear many children. In many cases, early marriages relieve families of the "burden" of having to educate and raise girls.

11 *Legal and Policy Frameworks to Protect the Rights of Vulnerable Children in Southern Africa. Save the Children UK.2006*

2.1.7 Child Labour

Child labour is also common in the SADC Member States in various forms with research showing that over 95% of child work takes place in and around private households in the forms of domestic chores, farm work or petty sales and services on behalf of the household. There is considerable debate on defining what is "acceptable or unacceptable" work for children. Societies in the SADC region place a high value on children working at home or on the family farm, and this is not perceived as harmful, rather as socially necessary work which is of benefit to the child. SADC considers child work to be problematic when it is likely to be hazardous, interfere with a child's education or harmful to a child's physical, mental, psychological or social development.

2.1.8 Cross border Migration

Evidence suggests a recent increase in the movement of unaccompanied children and young people across national borders sometimes using irregular channels. Cross border migrancy has been a feature of Southern African life for many decades, however this type of migration primarily to access better livelihood opportunities is rife with risk and vulnerabilities. Many migrant children and young people are undocumented and can be exploited at border posts. Some are arrested as illegal immigrants and incarcerated, increasing their vulnerability to social ills and HIV. Recent research on the experiences of Zimbabwean children entering Mozambique revealed they faced challenges such as labour exploitation, limited access to schools and health services and coercion into the sex industry, among others.[12]

SADC recognises the challenges of human trafficking in particular of young women and girls. Article 20.5 (a to e) of the Protocol on Gender and Development particularly refers to addressing the challenges of human trafficking. Shocking evidence and reports of child trafficking in countries such as Mozambique, South Africa, Malawi, Lesotho and Swaziland have been uncovered in the recent past. There is a dearth of information on the actual scale of the problem due to the sensitivity and under ground nature of the practice. Young women and girls from poor households are often more vulnerable, lured by money and promises of a better life. Children are often sexually exploited, forcibly employed as sex workers and/or household and farm labourers, among others. Kidnapping and trafficking of children for pornography and prostitution has become one of the biggest sources of revenue for gangs and syndicates in Cape Town, Johannesburg and Durban. Estimates in South Africa alone suggest that between 28, 000 to 38,000 children are being prostituted. While a number of SADC Member States have ratified the UN Protocol to Prevent, Suppress, Punish Trafficking in Persons, only Malawi and Mozambique have explicit legislation against child trafficking.

12 *Legal and Policy Frameworks to Protect the Rights of Vulnerable Children in Southern Africa. Save the Children UK 2006*

2.1.9 Lack of Birth Registration

Article 7 of the UNCRC calls for registration of a child immediately after birth. Registration facilitates the fulfilling of other rights including access to healthcare, protection from child labour, protection from child marriage and protection from separation from family after conflict or disaster and human trafficking.[13]

Several children lack birth certificates in SADC, with birth registration rates for example as low as 7.6% in Tanzania[14], 9.6% in Zambia[15] and 26.3% in Lesotho[16]. Without national registration and identity children and young people are denied access to inheritance and essential services such as school, health care and social assistance in countries where this is available.

Some children are forced to live on the streets, with no protective clothing or grow up in institutions where relatives are not willing to take care of them. Those who may be taken by relatives and community members often grow up separated from their siblings when absorbed into different households for foster parenting. Each year some orphans turn 18 and are no longer prioritised by OVC programmes. The adult expectations that comes with this age increases the possibility of stress and depression for the vulnerable youth who often drop out of school, not skilled and cannot secure decent employment. Vulnerable youth, due to limited safety nets at their disposal often engage in negative coping strategies such as criminal activities, transactional sex, early marriages and drug abuse.

The combined effect of these vulnerabilities greatly undermines the rights of children and young people with far-reaching impact, putting them at risk physically, emotionally, psychosocially, economically and politically. HIV and AIDS, poverty and conflict or violence, create a cycle of deprivation and vulnerability that threatens future development and sustainability of the SADC region. As more and more households are affected by HIV and AIDS–related illnesses, poverty and conflict, the same networks and informal mechanisms that are designed to help AIDS affected communities are in fact shrinking. Concurrently, those that exist are being stretched at family, community and national levels.

3.0 Global and Regional Response to Vulnerabilities Facing Children and Youth

The plight of all children and OVC in particular, is recognized globally and articulated in the following commitments and Declarations:

- The Millennium Declaration (2000)
- World Summit (2005)
- The World Declaration on Education For All
- The United Nations General Assembly Special Sessions on HIV and AIDS (2001) and on Children (2002)

13 *The State of Africa's Children 2008. UNICEF*
14 *2004/5 DHS*
15 *2000 MICs*
16 *2004 DHS*

- The Abuja Declaration
- The UN Convention on the Rights of the Child
- African Charter for the Rights and Welfare of the Child (ACRWC)
- The Convention on the Elimination of all forms of Discrimination against Children (CEDAW)
- The African Union`s (AU's) call for Accelerated Action on the Implementation of the Plan of Action towards Africa Fit for Children (2008-2015)
- The AU Second Decade of Education for Africa (2006-15)
- UNESCO Five Year Plan of Action Plan for Youth Empowerment in Africa
- Several global and regional campaigns such as the Unite for Children, Unite against AIDS (2005)
- The African Youth Charter

In SADC, the need to address deprivation and vulnerability particularly to poverty, HIV and AIDS among other diseases and threats to human life is featured in the 15 year RISDP of SADC and several declarations and protocols. The Maseru Declaration on HIV and AIDS 2003, SADC HIV and AIDS Strategic Framework and Programme of Action 2003-2007 and the Business Plan on HIV and AIDS 2005-2009, prioritises mitigating the impact of HIV and AIDS as well as reviewing and harmonizing policies and programmes for OVC. In particular, Article 1 (b) of the Maseru Declaration recognises the importance of comprehensive youth friendly services and calls for "intensifying the provision of comprehensive, affordable and user-friendly reproductive health services to youth, men and women and ensuring that essential commodities are made available". Article 1 (c) calls for reproductive health services and gender sensitivity programmes, in particular, "strengthening initiatives that would increase the capacities of women, and adolescent girls from the risk of HIV infection, principally through the provision of health care and health services, including for sexual and reproductive health through prevention education that promotes gender equality within a culturally and gender sensitive framework". Article 1 (d) recognises youth empowerment as key to HIV prevention among youth and calls for "promoting and strengthening programmes for the youth aimed at creating opportunities for their education, employment and self-expression, and reinforcing programmes to reduce vulnerability to alcohol and drug abuse". Article 2 (b) calls for "strengthening family and community based care as well as support to orphans and other vulnerable children"; and Article 3 (f) calls for "establishing mechanisms for mitigating the impact of the HIV and AIDS pandemic, including the provision of support to families, orphans and other vulnerable children, and strategies to ensure a sustained labour supply".

A focus on children is also emphasised in the (revised) Regional Implementation Plan on Education and Training 2007-2015, the SADC Protocol on Education and Training, the SADC Protocol on Health, and the SADC Protocol on Gender and Development among other commitments. Article 11.1 (a to e) addresses equal treatment of girls and boys. The latest commitment is the SADC Declaration on the Poverty Eradication and Sustainable Development of 2008.

Existing sectoral efforts are however generalised to all children without specific focus on those in adversity, deprived and most vulnerable. Until now, SADC has not had a deliberate or explicit regional response to the challenges of OVCY, and thus efforts by Member States, NGOs, private sector are not coordinated.

4.0 Challenges associated with the National Response to Vulnerabilities Facing Children and Youth in SADC

4.1 Challenges associated with National Plans of Action

Most SADC countries have national policies and National Plans of Action (NPAs) that respond to issues related to OVC. The majority of NPAs in Member States recognize the principles of comprehensiveness and multi-sectorality, networking and collaboration between different service providers. Common priority areas for NPAs include:

- Responses to OVC at family and community levels;
- Access to services;
- Government policy/legislative reform;
- Advocacy/ social mobilization;
- Monitoring and evaluation; and
- Capacity building

Some National Policies on OVC and Youth do recognize the vital role of care giving and make reference to supporting caregivers of OVC including older carers. The 2002 AU Policy Framework and Plan of Action on Ageing calls on Member States to ensure that policies and programmes recognize that older people are major providers of care for those who are sick and for orphaned grandchildren. Recently, there has been a surge in leadership and resources for the fight against AIDS. UNICEF estimates that US$8.3 billion was made available in 2005 alone to respond to the epidemic in low and middle-income countries. However, it is not clear how far and in what ways the resources and efforts translate into actual benefits for OVCY.

In the majority of NPAs in SADC there is noticeable lack of attention to issues of participation and leadership development for OVC, street and abandoned children, those that have been institutionalized, child soldiers, double orphans, disabled and abused children, marginalized groups and other categories who are likely to be more vulnerable than those being cared for in a community setting (UNICEF, 2006). The NPAs do not provide a standardised and adaptive approach to deliver comprehensive services to OVC. The involvement of youth, caregivers and people living with HIV and AIDS in policy and programme development for OVCY is minimal.

4.2 Limited Impact of National Programmes

There is noticeably a gap between policy development and commitment and the effective implementation of policies and quality projects and programmes that are effective and efficient. As a result there has been limited impact, particularly attributed to some of the following reasons:

- Limited human resource capacity;
- Unprecedented burden of OVC and impact of HIV and AIDS, poverty and conflict;
- Disjointed, uncoordinated, vertical and reductionist rather than systemic interventions;

- Inadequate financial resources and unsustainable project initiatives;
- Deficiencies in project and programme management capacity, notably inadequate skills in project and programme management ;
- Good practices that are not put to scale and not shared
- Decision making, planning and monitoring and evaluation not based on adequate, reliable data.

Most programmes focus more on providing the immediate physical and material needs of OVCY and less on developing emotive and psycho-social competencies, holistic child development, minimizing risk, and preventing deprivation. Interventions are also short term and donor driven. Welfare centred interventions may also suppress innovation and entrepreneurship in communities and perpetuate chronic dependency on external support, concepts, philosophies on community care and facilitation of service delivery.

Extended families care for more than 90% of all double orphans and single orphans not living with the surviving parent in sub-Saharan Africa. The extended family coping system is increasingly over stretched, compounded by chronic poverty, conflict, violence and increasing adult HIV prevalence. Programme approaches should focus on how to keep these families coping without sinking them into poverty and target support such as home-based care to the caregivers in the family and access to poverty alleviation programmes.

There is increasing recognition of the importance of adopting a holistic approach and comprehensive support to OVCY in SADC region. Through the education system, most SADC Member States are implementing a number of programmes and projects such as health promotions and capitation grants in schools, child friendly schools, gardens, Junior Farmer Field and Life schools, and feeding schemes that address the vulnerability and health aspects of children. While there is evidence from these and other pilot initiatives that such comprehensive approach to care and support for OVC is effective, these initiatives and programmes are fragmented, problem based, and lack a comprehensive system-wide approach and framework to yield the desired results.

It is acknowledged that "young people's wellbeing can be most effectively achieved by strengthening their capabilities, enlarging their access to opportunities, and providing them with safe and supportive environments" (UNICEF 2001). This means that focusing programmes to only providing immediate services to children who are **deprived** (denied of their basic needs and rights) is not only inadequate but inappropriate in the long term. Focusing on immediate needs alone often promotes a perception of children and young people as collections of problems. This perception leads to fragmented vertical responses, for example, separate projects on feeding, treatment and literacy, which fail to see how problems are interrelated and reinforce on one another. In addition, any form of deprivation signifies an advanced stage of deterioration within the child's care and support environment and points to the need for an emergency reaction.

Adequate care and support for OVCY should in addition to providing immediate needs in the short term, equally focus on addressing vulnerabilities. This means minimising or eliminating the chances or risks that a child or young person will be denied their basic developmental needs and rights. This prevents deprivation as well as providing sustainable coping options to the child's support environment or network in the long term, by addressing the interrelationships that cause and sustain deprivation and vulnerability.

4.3 Lack of accurate data

OVCY data collection is very weak in the majority of Member States. There is a marked lack of accurate data for understanding the magnitude of the problems facing OVCY and for planning at national and regional levels. While UNICEF and UNAIDS have estimates on orphans, there is virtually no reliable data on the number of other vulnerable children and youth. In addition, SADC Member States apply different definitions of orphans, vulnerable children, and youth, making it difficult to make country comparisons.

5.0 Social Protection for OVCY

Globally, development agencies such as the World Bank and United Nations agencies, certain international donors and development organisations are increasingly adopting **Social Protection**, as a framework to address manifestations of deprivation among the poor, while putting in place mechanisms to prevent such deprivations. Social protection "describes all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised; with the objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups".[17] Cash transfers are an important component of social protection packages although assistance is not limited to it. Cash transfers are predictable and can provide consistent support to a family affected by HIV and AIDS.[18]

Child sensitive social protection focuses on strengthening families in their childcare role and makes special provisions for children living outside the family environment. The fundamental principles of a child sensitive social protection system are that they:

- Promotes a coherent legal framework to protect the rights of women and children
- Addresses the age and gender specific risks and vulnerabilities of children
- Intervenes as early as possible to prevent irreversible impairment to children
- Makes special provision to reach children who are most vulnerable
- Helps children and women to claim their rights, and facilitates their participation in decision making

17 *Working paper: "Expanding social protection for vulnerable children and families: learning from an institutional perspective." Prepared by the Inter-Agency Task Team (IATT) on Children and HIV and AIDS: Working Group on Social Protection March 2008*

18 *"Cash Transfers: Real benefit for children affected by HIV and AIDS". Inter-Agency Task Team (IATT) on Children and HIV and AIDS: Working Group on Social Protection October 2007*

• Strengthens the capacity of the state, communities and families to respect, protect and fulfill rights[19]

SADC recognises the potential for a social protection approach to comprehensively address challenges facing OVCY in a sustainable manner. To date implementation of social protection programmes have generally been associated with challenges. Malawi is currently experiencing increased commitment to social protection both at the policy and programme level, although tensions between cash transfers and other aspects of social protection exist. In South Africa social workers are challenged to administer cash transfers and provide other social services as well. In Zambia there is considerable challenge of moving from cash transfers to comprehensive social protection from a policy perspective.

From SADC's perspective it is important to link, integrate and complement efforts to address the needs of OVCY with broader social, political and economic development frameworks among which are poverty reduction strategies, gender, youth development, health policy, among others. This requires deliberate integration and inter-sectoral collaboration efforts, and multi-stakeholder partnerships**.** At present, there are currently no deliberate and explicit policy frameworks and approaches at regional and national levels to address challenges facing OVCY and their families /carers in a holistic and comprehensive manner as implied by the social protection approach. In addition, there is no common understanding and to some extent appreciation of the value of such an approach and most importantly, the capacity to implement it is limited.

SADC however, recognises the need to engage vociferously on the merits of social protection.

It is clear that the rights and basic needs of OVCY in the region are not being adequately met. The magnitude of the challenges of OVCY in SADC calls for a regional response to promote intensification and scaling up of care and support for OVCY and their families, address common challenges in the region as well as facilitate common approaches to address national and regional challenges.

6.0 Basic developmental needs of OVCY

To provide comprehensive care and support to OVCY requires that the minimum needs of the child and young person be defined. A rapid assessment of needs and vulnerabilities facing OVCY in the SADC region confirmed that children and youth have basic developmental needs to enable them to survive and grow up well. In this framework, these have been distinguished as survival and psychosocial needs as summarised in table 3.

19 *"Social Protection in Eastern and Southern Africa: A Framework and Strategy for UNICEF"*

Table 3: Basic developmental needs of OVCY

Survival needs	Psychosocial needs
• Nutritious food • Clean air • Warm protective clothing • Clean water and sanitation • Good health/ protection from harm • Shelter	• Learning • Cognitive stimulation • Mentoring guidance and counselling • Participation including play • Identity and belonging • Family love and care • Vocational skills and gainful employment (for older youth) to support themselves, their siblings and their families.

In order for children to attain optimal development and realize their human potentials, they should adequately receive all the basic survival and psychosocial needs. To comprehensively deliver such a wide range of needs and sustain it harmoniously overtime requires a holistic approach. This calls for coordination of different service providers using various service delivery approaches in combinations in order to provide immediate needs while reducing or eliminating risks or vulnerability. In this regard, the design and implementation of this Framework and Programme of action adopts ***systems practice*** which promotes comprehensive and holistic interventions for child development.

The systems approach, summarized by the Gestalt phrase "the whole is greater than the sum of its parts", calls for intervention approaches that address underlying causes and interrelationships that define deprivations and vulnerabilities of children and young people. The framework is also guided by the Child Rights Based Approach (CRBA) to programming which recognizes the child as a rights holder and subject of rights and not an object of charity. Thus at every instance of service delivery**,** service providers are required to identify other unmet needs of the child and make effort to provide complementary services or refer the child to other service providers.

This strategic framework and programme of action promotes a continuum of care and support covering the transition between childhood and young adulthood taking into consideration that in most cases, those children who turn 18 years and are no longer OVC, continue to require support directed to OVC. The support is in most instances not provided to them**.**

7.0 Guiding Principles for Comprehensive Care and Support for OVCY

The enormity of challenges facing OVCY and the extent of the current efforts to address these challenges points to a need to adopt a holistic approach. To facilitate the operationalisation of this Strategic Framework and realise comprehensive care and support for OVCY, it is important that certain principles are set and become core to such efforts. In this regard, the development and implementation of the Strategic Framework is guided by the following principles:

- **Holistic development** - Policies, strategies and programmes must promote holistic and comprehensive services for children and youth considering a "whole child development" approach (UNICEF, 2006). This includes adopting different intervention approaches and methodologies and strengthening implementation partnerships that are necessary to coordinate and fulfil all basic needs of children and youth, and prevent, minimize or eliminate risks of deprivation;
- **Developmental** - interventions should recognize children and youth as a critical mass of human development potential rather than collectives of problems. Thus interventions should focus on empowering and building capacities of children and youth to realise their full human potentials (physical, psychological, moral, spiritual, emotional, economic and political), and to promote understanding of rights and responsibilities at an early age;
- **Gender sensitivity -** policies, strategies and programs on OVCY must be gender sensitive, particularly considering gender driven differences that cause deprivation and vulnerability;
- **Participation -** Children, youth and communities must actively participate in developing policies, strategies, programmes, methodologies and tools. Interventions should be driven and informed by beneficiaries and communities;
- **Sustainability** – interventions should be designed to consider the long term nature of children and youth needs and vulnerabilities not limited to particular project life cycles. Interventions should be free from any negative impact that may arise directly or indirectly as a result of the approaches used to deliver services; and
- **Child rights centredness** -Interventions should be child rights centred**,** encouraging duty bearers, older children and youth (based on their evolving capabilities) to take on their roles and responsibilities to meet the needs of all vulnerable children and youth regardless of their condition and circumstances. Policies and programs designed at all levels should demonstrate how they will translate into real benefits for children and youth.

8.0 Vision and Purpose of the Framework

Vision: The rights and basic needs of all children and youth in the SADC region are fully met, enabling them to grow up well and realise their full human potentials.

Purpose: To integrate vulnerable children and youth as priority in all aspects of the development agenda of SADC at policy, legislative and intervention levels, with a focus on providing them with comprehensive services in a holistic manner.

9.0 Regional Strategic Priorities

Based on its mandate and comparative advantage of being a regional institution, SADC has identified the following as strategic priorities that will be addressed to support efforts to implement interventions on OVCY at national and regional levels:

- Facilitating development and harmonisation of policies and strategies on OVCY across SADC Member States to ensure comparability and consistency in addressing vulnerabilities of children and youth. The SADC Secretariat will advocate Member States to ratify and implement global, continental and regional policy and programmatic commitments on children and youth. Specific policy and strategic frameworks will be reviewed, developed and harmonised in areas such as:
    - Child and youth cross border migration which include problems relating to unaccompanied and unregistered migrant children and young people. Specifically SADC can review the Protocol on Facilitation of Movement of Persons to include a specific provision to address unaccompanied and/or undocumented migrant children and youth;
    - Trafficking of children and young people for social, political, economic and sexual exploitation and abuse;
    - Low rates of birth registration and lack of policies in some Member States
    - Providing preferential opportunities for OVC and their families /carers, including socio-economic integration and opportunities for vulnerable youth;
    - Addressing vulnerabilities of OVCY in sector policies and strategies.

- Strengthening the capacity of Member States in aspects such as integrating / mainstreaming OVCY in different sectors of development and facilitating the setting up of conditions and mechanisms for comprehensive delivery of services to OVCY. This will include exploring and promoting effective models for alternative care and support arrangements for OVCY. This will also include strengthening psycho-social development

through advocating for the enhancement of access to quality education, retention especially for girls and cognitive development. In addition to this, strengthening the capacity of Member States to promote child/youth friendly health and social services.

- Strengthening partnerships for comprehensive service delivery at regional and national levels, particularly through promoting public, private, civil society partnerships and coalition and multi-sectoral and inter-sectoral collaboration. SADC will also coordinate the regional response, including facilitating collaboration in inter-country programmes such as cross border programmes. In addition, SADC will facilitate donor coordination for holistic and comprehensive OVCY care and support, and promoting joint financial and technical assistance frameworks;

- Facilitating and articulating for the integration of NPAs into national development plans, define accountability for NPA development and ensure the process is adequately resourced;
- Facilitating the availability of expertise to support Member States on the technical aspects of OVCY strategies and programmes. This will include identifying and facilitating technical discussions and leadership and developing guidelines in the different technical areas on OVCY, networking and documenting and sharing and building upon good practices on OVCY care and support. This will also include promoting meaningful representation and participation of children and youth in decision making and policy formulation and regional networking; and

- Promoting evidence based policies and programmes in particular by facilitating research on specific issues of OVCY and maintaining regional information system and data bank that reflects the patterns, levels and trends in OVCY challenges. This will also include facilitating regional capacity to identify emerging issues and advocating for national, regional and global attention;

- Supporting the strengthening of capacity for Member States to monitor and evaluate programmes, and the capacity of SADC Secretariat to monitor and evaluate the regional multi-sector response, and to ensure tracking of targets and reporting on progress in the implementation of regional, continental and global commitments.

- Supporting the scaling up of treatment to pregnant mothers and HIV positive infants and children by reviewing Article 10 of the SADC Protocol on Health to include treatment specifically for OVCY

10.0 Coordination and Implementation of the Framework

10.1 Institutional Arrangements

Policy oversight for the Framework will be provided by the SADC Summit of Heads of State and Government. The Summit will adopt major regional policy frameworks such as declarations which may be developed as part of operationalising this Framework. The SADC Council of Ministers will approve major policy, strategic and budgetary issues relating to or emanating as a result of efforts to operationalise the Framework. The Council will make recommendations to Summit on major policy issues that may require the attention of the Summit. The Framework reflects issues that go beyond the mandate of any one sector. As such, it will be implemented through different development sectors or in collaboration between two or more sector Ministries such as Education and Skills Development, Employment and Labour, HIV and AIDS, Health, Agriculture, etc. Primarily, the Ministers in charge of orphans and vulnerable children and Ministers in charge of Youth, Health and HIV and AIDS, and Education will review the strategic and programmatic aspects of the Framework and monitor aspects of the Framework that are relevant to their respective sector. The Ministers will also facilitate implementation of the Framework at national level. The Ministers will review and recommend policy, strategic and budgetary issues relating to the Framework to Council. Sector Ministers will be convened to discuss on issues requiring their attention when ever necessary. Recognising their mandate over the implementation of the Maseru Declaration, which gives legitimacy to this Framework and in the absence of a formal regional forum for Ministers in charge of OVC and for Youth Affairs, the forum of Ministers of Health and HIV and AIDS will approve the Framework.

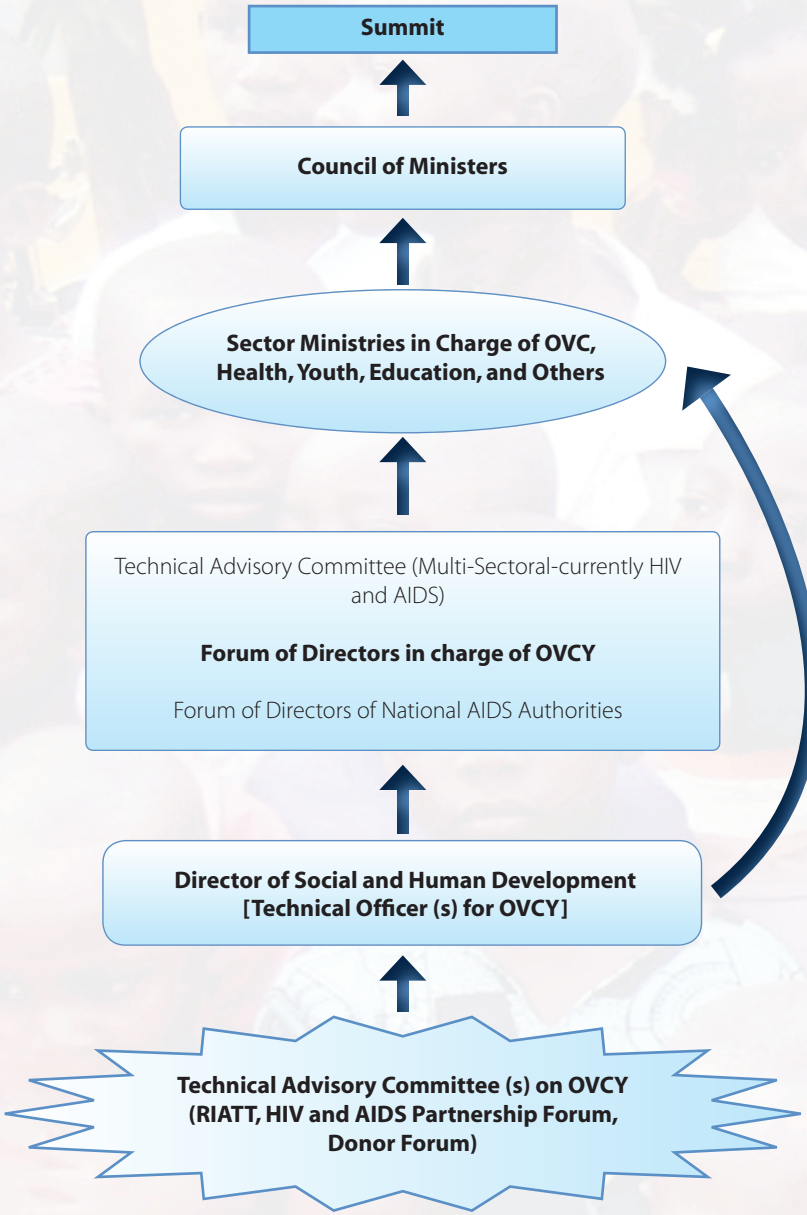
The OVCY program is positioned within the Directorate of Human Social Development and Special Programmes (SHD&SP) of the SADC Secretariat. It serves a cross cutting function and integrate OVCY issues in all relevant programmes of the SADC Secretariat, key of which are: HIV and AIDS; labour and employment; education and skills training; health and pharmaceuticals; culture and sport; gender; food security; customs and immigration, police and security.

At the minimum, two technical officers are required to facilitate the implementation of the Framework and Programme of Action at the levels of Senior Programme Officer and Programme Officer. The Senior Programme Officer will be primarily responsible for facilitating Advocacy, Policy development and Harmonization, Capacity Strengthening, Integration, and overall Coordination and Management and Resource Mobilization for the programme. The Programme Officer will be responsible for facilitating Learning and Partnerships, Research and Information Management and Monitoring and Evaluation. Details of specific roles and responsibilities of the technical officers will be elaborated at the time of recruitment.

A Forum of Directors in-charge-of OVC, youth and six selected regional and international partners working on OVCY will be set up to oversee the implementation of the OVCY programme. The regional and international partners will be selected to represent the UN system, civil society

organisations, the private sector, donors and youth organisations. The Forum may from time to time include Directors from other Government Ministries such as Education and Skills Development, Employment and Labour, HIV and AIDS, Health, Agriculture, etc, depending on topical issues reviewed at that time. This Forum will report to the Sector Ministers in Charge of OVC and Youth, and through the Director of SHD&SP, to other Sector Ministries such as Education and Skills Training, Health, HIV and AIDS, Labour and Employment, etc. Regional technical advisory team (s) on OVCY will provide technical and advisory support to the implementation of the framework and programme of action. The Advisory Task Team (s) will report to the Forum of Directors and Partners through the SADC Director for Social Human Development and Special Programmes. The SADC Secretariat will coordinate the meetings of the Forum and Advisory Task Team and serve as their Secretariat. The institutional framework for the SADC OVCY programme is summarised in figure 2.

Figure 2: Institutional Framework for the Programme on OVCY in SADC



10.2 Partnerships for Implementing and Monitoring the Framework

The implementation of the OVCY programme of action requires strong multi-stakeholder, inter-sector and cross-sector partnerships to ensure comprehensive and holistic delivery of services for OVCY and their families to address vulnerabilities. At regional level, existing partnership forums that can be tapped into include the RIATT, Regional Partnership Forum on HIV and AIDS, the Forum of SADC Directors for National AIDS Authorities. A framework for developing and coordinating partnerships for the OVCY Strategy and Programme of Action will be developed, with the view to accommodate different partners at global, continental, regional, and national levels to play their roles and responsibilities based on their mandates and comparative advantages. Partnerships may take various forms for example:

(a) Planning and executing activities (coalitions, etc) at national level;
(b) Budgeting and mobilizing resources towards specific common outcomes;
(c) Advocating for OVCY;
(d) Integrating /mainstreaming activities into ongoing programmes of comparative partners; and
(e) Establishing joint monitoring and evaluation mechanism and approaches for the implementation of agreed upon Plans of Action on OVCY.

11.0 Budget and Resources Mobilization

The key to the successful implementation of this framework is the availability of resources, financial, material and human. Limited technical assistance would also be required in the form of intermittent technical support, or secondment of staff from Member States when required.

Proposals will be developed and presented to funding partners for consideration. Existing donor coordination forums will be used to present funding proposals. Different sectoral programmes at the SADC Secretariat will be encouraged to mobilize resources for activities related to their sectoral mandates. At national level, Member States will be urged to increase budgetary allocations for OVCY for sustainability.

SADC will advocate Member States and donors to put in place and adopt policies and conditions for long-term sustainability, both in terms of funding as well as continuation of benefits beyond this framework and beyond specific donor funding cycles.

As depicted in the budget summary below, approximately US$16.5 million will be required to operationalise the Framework from the period 2008 to 2015. This estimate may change when implementation begins, as the magnitude of challenges and opportunities emerge and scope of work becomes clearer. Details of the budget are provided under the programme of Action.

While specific amounts can not be established at this stage, funding for the Framework is expected from SADC Member States through the Regional Fund for HIV and AIDS, partners to the Joint Financing and Technical Co-operation Arrangement (JFTCA) on HIV and AIDS of SADC, the African Development Bank, and other bilateral donors. Technical support is expected from United

Nations Agencies and regional NGOs (technical partners). Member States are expected to mobilise resources for national implementation of the Framework and where necessary, with support from SADC Secretariat.

Table 4: Summary of budget (2008 -2015)

Priority Area	Budget (USD)
Policy development, review and harmonization	**2,615,000**
Capacity Building and Integration	**540,000**
Partnership Management, Learning and Sharing Experiences and Best Practices	**6,200,000**
Research, Monitoring and Evaluation	**5,530,000**
Programme Management /Coordination	**1,635,000**
Total	**16,520,000**

12.0 Monitoring and Evaluation

The monitoring and evaluation plan has been developed for each of the intervention areas. The plan specifies how the data required for each indicator will be collected. Overall, Member States will report on OVCY indicators once every two years. National OVCY status reports will be submitted to the SADC Secretariat through the M&E system of the SHD&SP directorate. Existing national coordination structures for HIV and AIDS and OVCY will coordinate the reporting of national efforts of government, private sector and civil society within the framework of "three ones". The Secretariat will facilitate conditions to strengthen monitoring and reporting of key progress indicators by Member States at regional and global level. In view of the serious lack of data and statistics on the patterns, levels and trends of challenges of OVCY in SADC Member States, the Secretariat will embark on a vigorous research and data collection capacity building programme at regional level and for Member States and partners during the early phase of implementing the Programme of Action. This process will also serve to establish baseline indicators on targets set. Targets will be measured against those of the Millennium Development Goals.

Part Two: Programme of Action (2008 -2015)

The Programme of Action is based upon the situational and response analysis and the opportunities available to SADC to respond to the challenges facing orphans, and other vulnerable children and youth in the region as outlined in Part A. The Programme of Action provides an overview of the priorities that will be the focus of regional efforts and an institutional framework for coordinating the implementation of the Programme of Action.

1.0 Goal, Objectives and Expected Outcomes

Goal: Significantly reduced deprivation and vulnerability among children and youth in the SADC region.

Objectives	Expected Outcomes
• To facilitate the establishment of a conducive policy and legislative environment to reduce deprivation and vulnerability facing OVCY	• Improved focus on vulnerability of children and youth in sector policies and programmes of SADC
• To enhance capacities of SADC Member States in planning, developing and implementing comprehensive policies and programmes on care and support of OVCY	• Enhanced and comprehensive care and support for OVCY in the SADC region
• To enhance cross learning, sharing and scale up of best practices on OVCY in SADC	• Increased shared learning on OVCY among SADC Member States
• To ensure evidence based and responsive policies and programmes on OVCY in the SADC region; and	• Improved evidence based programming for OVCY in the SADC region; and
• To facilitate availability of financial, technical and human resources to respond effectively to OVCY in the SADC region.	• Improved technical and financial resources for OVCY in the SADC region.

2.0 Strategic Priorities for Action, Activities and Results

Based on the main priorities for the strategic framework, the Programme of Action 2008-2015 has identified the following priority areas of focus and activities:

- **Policy review, development and harmonization**. The major activities include:
  - Reviewing the existing sector specific regional and national policies, legislations, national plans of action with a view to identifying gaps and opportunities for integrating comprehensive care and support for OVCY;
  - Reviewing of SADC draft protocol on the free movement of persons to include OVCY;
  - Advocating Member States to ratify and domesticate: (a) The Palermo Protocol on the trafficking of humans; and (b) African Youth Charter;
  - Reviewing national youth policies to address priority vulnerabilities for youth;
  - Advocating for policy response on emerging issues; and
  - Advocating for increased resource allocation for vulnerable children and youth and their families /carers in Member States.
- **Capacity strengthening and integration /mainstreaming**
  - Identifying capacity gaps for programming on comprehensive care and support for OVCY in different sectors and facilitate capacity building on the same; and
  - Facilitating youth leadership and participation in policy development, implementation and decision making.
- **Strengthening learning, partnerships and technical responses**
  - Facilitating regional networking and information sharing on OVCY; and
  - Documenting and sharing best practices on care and support for OVCY.
- **Research, monitoring and evaluation**
  - Developing standardized regional indicators and integrating OVCY issues in the research agenda of SADC;
  - Establishing a regional research observatory on OVCY and promoting research to generate specific disaggregated data on vulnerabilities of OVCY;
  - Strengthening capacity for research and M&E of comprehensive care and support of OVCY within Member States, especially NPA structures;
  - Producing and sharing regional report and analysis on OVCY responses based on reports from Member States; and
  - Establishing a regional database on comprehensive OVCY responses and link to active partners' websites.
- **Regional coordination, management and resource mobilization**
  - Mobilising human, technical and financial resources for the regional programme; and
  - Monitoring and evaluating the regional response for OVCY.

The objectives and priority areas highlighted above are specifically presented in the schedule of programme activities outlined below.

Priorities for Action and Schedule of Activities 2008-2015												
Priority for Action	**Major Activities**	**Expected results**	**Indicators**	**Time frame**							**Responsibility / Partners**	**Budget**
				Yr1	**Yr2**	**Yr3**	**Yr4**	**Yr5**	**Yr6**	**Yr7**		
Objective 1: To facilitate the establishment of a conducive and supportive policy and legislative environment to reduce deprivation and vulnerability facing OVCY												
Policy review, development and harmonisation	Assess existing sector policies, legislations & programs to identify comprehensive OVCY care & support gaps	Reviewed OVC policies and national plans of action (NPAs)	Gaps in OVC policies & NPAs identified								SADC OVCY; UNICEF; MS; CSOs	250,000
		Reviewed youth policies	Gaps in youth policies & programs identified								SADC OVCY; UNFPA; MS; CSOs	250,000
		Reviewed policies on: a) Education, Skills Training, b) Employment and Labour, c) HIV & AIDS, d) Sexual & Reproductive health, and e) Resource Allocation assessed	Gaps identified in policies and programmes on: a)Education, Skills Training, b) Employment and Labour, c) HIV & AIDS, d) Sexual & Reproductive health, e) Resource Allocation, f) poverty reduction strategies								SADC OVCY, Educ & Skills Training, Labour & Employment, Health, & HIV & AIDS; UNESCO, ILO; WHO; WB; MS; CSOs	450,000

Objective 1: To facilitate the establishment of a conducive and supportive policy and legislative environment to reduce deprivation and vulnerability facing OVCY												
	Integrate comprehensive care and support for OVCY in sector policies, legislations and programs	Comprehensive care support incorporated in OVC policies and NPAs	Comprehensive care support incorporated in OVC policies and NPAs								SADC OVCY; UNICEF; MS; CSOs	300,000
		Comprehensive care support incorporated in Youth policies and programs	Comprehensive care support incorporated in Youth policies and programs								SADC OVCY; UNFPA; MS; CSOs	300,000
		Vulnerable children & youth prioritized in education and skills training	Vulnerable children & youth prioritized in education and skills training								SADC OVCY & Education & Skills Training; UNESCO; MS; CSOs	500,000
		Vulnerable youth prioritized in employment and labour policies and programs	Vulnerable youth prioritized in employment and labour policies and programs								SADC OVCY & Labour & Employment; ILO; MS; CSOs	300,000

Objective 1: To facilitate the establishment of a conducive and supportive policy and legislative environment to reduce deprivation and vulnerability facing OVCY												
		OVCY prioritized in HIV and AIDS policies & strategies	OVCY priorities in SADC HIV and AIDS Strategy								SADC OVCY & HIV & AIDS; UNAIDS; MS; CSOs	-
		Vulnerable children and youth prioritized in SRHR policies and strategies	OVCY priorities in SADC SRHR Strategy								SADC OVCY & Health; UNFPA; WHO; MS; CSOs	20,000
		SADC protocol on free movement of persons reviewed to reflect OVCY	Children & youth priorities in SADC protocol on free movement of persons								SADC OVCY & Organ; IOM; MS; CSOs	20,000
		Vulnerable children & youth prioritized in national budgets	% increase in resource allocation for OVCY at regional & national levels								SADC OVCY & TIFI; WB; CSOs UNDP; MS	150,000
	Advocate MS to ratify and domesticate key global and continental policies on OVCY	SADC Declaration on trafficking of children adopted	SADC Declaration on human / child trafficking adopted & all MS begin to implement								SADC OVCY & Gender; UNDC; MS; CSOs	30,000
		All MS ratify and begin implement AYC	All MS ratify and begin to implement African Youth Charter (AYC)								SADC OVCY; UNFPA; MS; CSOs	45,000

Objective 2: To enhance capacities of SADC Member States in planning, developing and implementing comprehensive policies and programmes on OVCY												
Capacity for integrating comprehensive care and support for OVCY in sectors	Conduct regional audit of capacity needs and gaps	Regional audit conducted	Identified capacity needs and gaps								SADC OVCY; Researchers; UNICEF; MS; CSOs	**150,000**
	Develop regional tool (s) /criteria for integrating comprehensive care and support in sectors	Regional tool for integrating care & support for OVCY developed	Regional tool for integrating care & support for OVCY developed								SADC OVCY; Researchers; UNICEF; MS; CSOs	**20,000**
	Regional training /sensitization on tools	Regional trainers / MS representatives trained	Number of trainers trained								SADC OVCY; Experts; CSOs UNICEF; MS	**250,000**
	Develop regional index for youth representation, leadership & participation	Regional index / guide for youth representation & participation developed	Regional index / guide for youth representation & participation								SADC OVCY; Experts; CSOs UNICEF; UNFPA; MS	**20,000**
	Promote youth / community volunteerism in the region	Regional strategy on volunteerism in OVCY care and support	# of Member States implementing who adopt and begin to implement the strategy on volunteerism								SADC OVCY; SADC HIV and AIDS; MS; CSOs UNDP/UNV	

Objective 3: To enhance cross learning, sharing and scale up of best practices on OVCY in SADC												
Documentation and sharing of best practices on OVCY	Document and share good practices on OVCY	Good practices on paediatric ARV treatment documented and shared with MS	Regional best practices on paediatric ARV treatment								SADC OVCY, Health & HIV &AIDS; MS; UNICEF; WHO	4,000,000
		Paediatric AIDS treatment Guidelines adopted	Adopted guidelines and All MS begin to implement								SADC OVCY, Health & HIV &AIDS; WHO UNICEF; MS	500,000
		Good practices on comprehensive care and support form OVCY documented and shared with MS	Identified care and support best practices on OVCY and adapted by MS								SADC OVCY, Education & Training & HIV &AIDS; CSOs; UNICEF; UNFPA; WHO UNESCO; MS	600,000
Partnerships, technical responses and networking	Facilitate regional networking and information sharing on OVCY	Regional information sharing and technical skills exchange activities facilitated	At least three regional technical and information sharing forums facilitated								SADC OVCY, Education & Training & HIV &AIDS; UNFPA; UNICEF; UNESCO; CSO;	**400,000**
		Regional youth information sharing and technical skills exchange	At least three regional youth forums facilitated								SADC OVCY, Education & Training; CSOs; UNFPA; Youth; MS; UNESCO	**750,000**

Objective 4: To ensure evidence based and responsive policies and programmes on OVCY in the SADC region												
Research and monitoring and evaluation	Facilitate research on specific & emerging issues	Emerging issues and responses on OVCY identified and shared	# of new issues and responses identified and shared					■	■		SADC OVCY & Research, M&E; MS; CSOs	**450,000**
	Develop regional standardized indicators on OVCY	Regional indicators on OVCY developed	Regional indicators	■	■				■		SADC OVCY & Research, M&E; MS	-
	Commission an exercise to support Member States to establish and maintain data bases on OVCY and target specific needs	MS establish numbers and specific needs of OVCY	Availability of disaggregated data and statistics on OVCY in all MS		■	■	■	■	■		SADC OVCY & Research, M&E; MS; CSOs	**5,000,000**
	Facilitate capacity building on M&E for OVCY programmes	MS trained on M&E of comprehensive OVCY programmes	# of people trained		■	■		■	■		SADC OVCY & Research, M&E; MS; CSOs	**150,000**
	Develop regional data base on OVCY and link to partners websites	Database on OVCY established and operational	Database on OVCY maintained & updated		■	■		■	■		SADC OVCY & Research, M&E; MS; CSOs	**30,000**
	Facilitate regional progress reporting on OVCY	MS submit progress reports every two years	# of MS submitting progress reports	■	■	■	■	■	■	■	SADC OVCY & Research, M&E; MS; CSOs	-

Objective 5: To facilitate availability of financial, technical and human resources to respond effectively to OVCY in the SADC region												
Resource mobilisation	Coordinate resource mobilization activities on OVCY	Resource mobilization briefs developed	Resource mobilization pack /proposals developed								SADC OVCY, Partnerships; UNICEF; CSOs; UNAIDS; ICPs	**20,000**
		Donor coordination meetings on OVCY convened	# of donor coordination meetings convened # of donor engagements for mobilizing resources								SADC OVCY, Partnerships; UNICEF; CSOs; UNAIDS; ICPs	**15,000**
Technical support and regional monitoring	Monitor regional implementation and provide technical facilitation as required	Regular regional travel and technical facilitation	# of monitoring and technical facilitation activities								SADC OVCY; UNICEF; CSOs	**200,000**
Regional Coordination & management	Establish and coordinate regional technical advisory forum on OVCY	Regional technical advisory committee consultations held	# of meetings held Input from regional technical advisory committee								SADC OVCY; UNICEF; RIATT; CSOs	**120,000**
	Coordinate the regional OVCY programme	Recruit technical expertise to coordinate the programme	2 technical officers recruited								SADC OVCY & HR; ICPs; CSOs	**950,000**

3.0 Summary of Budget

3.1 Annual budget for major activities

Priority Area	Major Activities	Budget per year *(US'000)*							
		Yr1	Yr2	Yr3	Yr4	Yr5	Yr6	Yr7	Total
Objective 1: To facilitate the establishment of a conducive and supportive policy and legislative environment to reduce deprivation and vulnerability facing OVCY									
Policy review, development and harmonisation	Assess existing sector policies, legislations & programs to identify comprehensive OVCY care & support gaps in 6 sectors		300	400	250				950
	Support integration of comprehensive care and support for OVCY in sector policies, legislations and programs		460	630	400	100			1,590
	Advocate MS to ratify and domestic key global and continental policies on OVCY		30	30	15				75
Subtotal			***790***	***1,060***	***665***	***100***			***2,615***
Objective 2: To enhance capacities of SADC Member States in planning, developing and implementing comprehensive policies and programmes on OVCY									
Capacity for integrating comprehensive care and support for OVCY in sectors	Conduct regional audit of capacity needs and gaps		50	100					150
	Develop regional tool (s) /criteria for integrating comprehensive care and support in sectors		20						20
	Regional training /sensitization on tools			250					250
	Develop regional index for youth representation, leadership & participation			20					20
	Develop regional framework on volunteerism		40	60					100
Subtotal			***110***	***430***					***540***
Objective 3: To enhance cross learning, sharing and scale up of best practices on OVCY in SADC									
Documentation and sharing of best practices on OVCY	Document and share best practices on OVCY	1,000	1,580	1,350	920	250			5,100
Partnerships, technical responses and networking	Facilitate regional networking and information sharing on OVCY		350		400		350		1,100
Subtotal		***1,000***	***1,930***	***1,350***	***1,320***	***250***	***350***		***6,300***

Priority Area	Major Activities	Budget per year							
		Yr1	Yr2	Yr3	Yr4	Yr5	Yr6	Yr7	Total
Objective 4: To ensure evidence based and responsive policies and programmes on OVCY in the SADC region									
Research and monitoring and evaluation	Facilitate research on specific and emerging issues			150		200			350
	Develop regional standardized indicators on OVCY								
	Commission an exercise to support Member States to establish land maintain data on levels of OVCY and target specific needs			3,000	2,000				5,000
	Facilitate capacity building on M&E for OVCY programmes		100	50					150
	Develop regional data base on OVCY and link to partners websites		30						30
	Facilitate regional progress reporting on OVCY								
Subtotal			***130***	***3,200***	***2,000***	***200***			***5,530***
Objective 5: To facilitate availability of financial, technical and human resources to respond effectively to OVCY in the SADC region									
Resource mobilisation	Coordinate resource mobilization activities on OVCY	3	10		5		15	2	35
Technical support and regional monitoring	Monitor regional implementation and provide technical facilitation as required	10	30	30	32	34	34	30	200
Regional Coordination & management	Establish and coordinate regional technical advisory forum on OVCY		30		40			50	120
	Coordinate the regional OVCY programme	100	185	190	195	200	200	210	1,280
Subtotal		***113***	***255***	***220***	***272***	***234***	***249***	***292***	***1,635***
Total		***1,113***	***3,215***	***6,260***	***4,257***	***784***	***599***	***292***	***16,520***

3.2 Status of Funding per Priority Area

Priority Area	Budget (USD)	Available (USD)	Deficit (USD)	Source of Funding
Policy development, review and harmonization	**2,615,000**		**2,615,000**	
Capacity Building and Integration	**540,000**		**540,000**	
Partnership Management, Learning and Sharing Experiences and Best Practices	**6,200,000**	**5,100,000**	**1,100,000**	**ADB –SADC Communicable Diseases Project**
Research, Monitoring and Evaluation	**5,530,000**		**5,530,000**	
Programme Management / Coordination	**1,635,000**		**1,635,000**	
Total	**16,520,000**	**5,100,000**	**11,420,000**	

Annex 1: Minimum Developmental Needs for OVCY and Core Indicators for National Level Reporting on Progress

Basic Developmental Needs for Children	Monitoring Indicators	Priority Age group
1. Adequate & nutritious food	% reduction in malnutrition - underweight prevalence; % in households with OVC that are food insecure	0-4; 5-17
2. Proper housing /shelter	Proportion of children living on the streets; Proportion of children living in informal settlements	0-17
3. Warm and protective clothing	% children with no proper clothing; % children with no school uniforms	0-24
4. Health and sanitation	% child and youth HIV infection and AIDS; % child and youth with access to treatment; % child and youth morbidity and mortality from curable diseases; % access to toilets; % access to clean water	0-24
	% youth with access to reproductive health commodities/ services	12-24
5. Safety /protection	# of child labour; # of child soldiers; % STI/HIV infection and AIDS; # of accidents & deaths from violence/ child labour; # of child sexual abuse; % Sex before the age of 15 Property transfer Indicator; Quality of Institutional Care; Stigma and discrimination; succession planning	0-17 /12-24
6. Birth /national registration	# of children 0-4 where birth births are reported registered;	0-4
7. Education and Cognitive development	Orphan school attendance ratio 6-17 years (boys and girls); Proportion of orphans of school going age 6 -17 years who are in school (boys and girls)	6-17
8. Play /recreation	Child friendly services; % access to crèche/ kindergarten	2-15
9. Family care and love	% OVC who meet an adequate score (at least 20 out of 32 points) of psychological health index; # of children outside of family care; External support for households with OVCs; Connectedness to an adult caregiver; Proportion of OVCs that receive appropriate psychosocial support; orphans living with siblings	0– 17
10. Supportive and Conducive Environment	# of mothers /caregivers who have identified a standby guardian to take care of the dependent child; Policy and legislation index; Community ownership and support index; Quality of OVCY service delivery /programme effort index; Proportion of resources reaching OVCY & their families /caregivers; Comprehensive child support index; Service delivery partnership efforts index; Self-reliance index for families of OVCs	0-24
Other Needs of Youth	**Monitoring Indicators**	**Age group**
Gainfully employed	Youth crime rate; youth unemployment; youth prostitution; affirmative action policies and programmes such as employment, education and skills training for OVCY and their families/ households; Services and opportunities for OVC beyond age 17, and between ages 18-24	18-24

Annex 2: GUIDELINES FOR COMPREHENSIVE CARE AND SUPPORT FOR ORPHANS AND OTHER VULNERABLE CHILDREN AND YOUTH IN SADC

"At every point of service delivery for the child, efforts should be made to understand other unmet needs of the child and to facilitate their fulfilment directly or indirectly"

Preamble

The guidelines were developed to support the implementation of the Strategic Framework and Programme of Action on Comprehensive Care and Support for Orphans, Vulnerable Children and Youth in the SADC region. In developing and implementing the framework and these guidelines, SADC Secretariat is guided by the wealth of existing and emerging global, continental, regional, national and community knowledge and experiences, and the need to develop and adopt a common developmental philosophy and approach to children and youth that is rooted and responsive to the peculiar socio-cultural, economic and political realities of the SADC region. As the region braces itself to the challenge of implementing the framework and guidelines and make a difference for children, it is important for different organizations and agencies to "knit together their efforts" and work collectively in order to meet all the basic developmental needs of the child in ways that recognize the "child/youth as one whole piece" regardless of his or her different needs.

Prepared by Manasa Dzirikure

Introduction

Rationale for the Guidelines and Use

The SADC Regional guidelines were necessitated, by the gaps in the capacity to deliver comprehensive care and support for orphans and other vulnerable children and youth (OVCY) that were noted during the regional assessment on OVCY commissioned by the SADC Secretariat at the beginning of 2008. SADC recognizes that vulnerable children and youth are prone to different deprivations and vulnerabilities as shown in Table 1. These Guidelines should be used taking into consideration the diverse experiences and situations that different OVCY face and how this diversity influences the relative disadvantages of each child or youth in accessing basic services and protection from different forms of deprivation and vulnerability. The guidelines place emphasis on preventive /intervention services that produce sustainable long term developmental outcomes for OVCY. Thus the guidelines seek to support Member States and partners to implement the SADC Comprehensive Framework and Programme of Action on Orphans and other Vulnerable Children and Youth. In particular, the guidelines: (a) provides a rationale for embracing comprehensive care and support for OVCY; (b) proposes the basic minimum developmental needs and outcomes for OVCY in the SADC region; (c) set out some generic steps that should guide the development and implementation of comprehensive care and support programmes for OVCY; and (d) highlights some of the key competencies required by individuals, groups, and institutions that provide comprehensive care and support services to OVCY.

The guidelines are underpinned by the rights based approach embedded in the United Nations Convention on the Rights of the Child (UNCRC) which has been ratified by all SADC Member States, the African Youth Charter and systems thinking and practice, to respond to the deprivations and vulnerabilities facing OVCY in the SADC region which are summarised in Table 1.

Table 1: Summary of deprivations and vulnerabilities facing OVCY

Deprivations /Undermining Rights of Children	Vulnerabilities
• Infant and child morbidity and mortality; • Sexual exploitation; • Disinheritance; • Unaccompanied and unrecorded migrant youth and children; • Lack of birth registration; • Lack of education opportunities; • Children living outside family care and with no adult figures; • Starving and malnourished children; and • Children and youth who are stigmatized and discriminated because they are living with HIV and AIDS	• Children and Youth with Disability • Child and Youth Headed Households • Child or Youth Living with HIV and AIDS including Children and Youth Living with parents who have prolonged illnesses • Children and Youth in War and Natural Disasters • Child Labour • Early Marriages • Elderly Headed Households • Orphan hood • Gender Discrimination • Poverty • Unemployed Youth

Source: SADC Study on Vulnerabilities and Quality of OVCY Programmes (2008)

1.2 Consultations in the development of the guidelines

The guidelines were developed through extensive document review of National Action Plans conducted during a SADC regional assessment on OVY[1]; Monitoring and Evaluation Frameworks; pilot initiatives on comprehensive service delivery for vulnerable children; Guidelines on programming for Orphans and Other Vulnerable Children used by different organisations internationally, regionally and by some SADC Member States. Key informant interviews with OVCY stakeholders in fourteen SADC countries complemented literature review in the development of minimum standards for comprehensive OVCY support and development.

1 *The report of the assessment on vulnerabilities facing OVCY and strategies and programmes in the SADC region is available at the SADC Secretariat and on the website, www.sadc.int*

2.0 Comprehensive care and support for OVCY

For children and youth to attain optimal development in which they can realize their human potentials, they should adequately and sustainably meet all their basic (survival and psychosocial or growth) needs at all times. This requires that all service providers should seek to understand the broader challenges, deprivations and vulnerabilities facing the child beyond those of their core business, and make the necessary effort to facilitate the provision of these other services to the child. Thus delivering a wide range of basic needs to the child/ youth at any particular moment requires a holistic approach – both in terms of: (a) the range of requisite basic services; (b) coordination of diverse service providers; (c) different service delivery approaches and methodologies in combination; (d) and for those turning 18 and are no longer children, this entails providing support services required for transition from childhood to adult hood.

There are several reasons compelling comprehensive care and support for OVCY, among which are the following:

a) OVCY require a sustained minimum set of services to adequately meet their developmental needs. As a result, providing partial services to them is not enough. Deprivations, risks and vulnerabilities reinforce on each other. For example, when children have no food, they are likely to abandon school in search of food. Their health will also deteriorate leading to a multitude of other deprivations and vulnerabilities. Comprehensive support ensures that meeting one identified need for the child becomes an entry point for identifying and meeting other needs of the child.

b) Services are provided and coordinated in ways that maintain the dignity of the child, ensuring that as much as possible, the child receives the services within a natural caring family environment that gives a child a sense of security and of caring rather than a subject of charity.

c) Comprehensive support reduces duplication of services and, thus saving time, resources and effort of service providers and care givers. It reduces bureaucracies and costs of care and support for the child.

d) Comprehensive support make it easier to monitor service delivery and ensure timely intervention to emerging cases of deprivation and risk, thus instilling confidence on the certainty of service provision.

e) Comprehensive support allows for better understanding of the child's entire environment and specific care and support needs. It is empowering and allows for identification of what can be provided and what the family or community can provide, ensuring that external support does not undermine but builds on the existing coping capacities of targeted families.

For the service to be comprehensive enough and sustained over time requires that different service providers and their different methodologies be coordinated at all times to ensure harmony in services at the time they reach the child. This can be achieved by one or a combination of the following ways and examples:

a) Providing services other than those traditionally provided by the service providers for example as in schools providing feeding opportunities for vulnerable children and youth.

b) Referring OVCY and their families/caregivers to other service providers such as when a health care provider treating a child with an STI enquires on the cause and refers a case of sexual abuse to the police.

c) Facilitating opportunities for other service providers to provide services to OVCY such as when a community food distribution programme or a government social grants management programme organises with Home Affairs for birth registration of OVCY on occasions of food distribution, grants disbursement.

(d) Empowering the vulnerable children and youth and their families/caregivers and communities to provide for those vulnerable and deprived, including social protection initiatives such as providing means of production and productive capacity to vulnerable youth and their families /care givers.

(e) Identifying and paring benefactor service providers with needy families/caregivers for sustained service delivery such as arranging with local companies or families/caregivers to guarantee sustained services for households headed by children and older people.

(f) Breaking the cycle of deprivation and vulnerability by promoting development and implementation of affirmative policies and programmes to empower vulnerable children and youth and their families such as giving preferential opportunities to vulnerable children and youth and their families for vocational skills training and employment.

3.0 Minimum Developmental Needs and Indicators for OVCY Development in SADC

This section presents the minimum developmental needs of children and youth that should be fully met.

Table 3 Minimum developmental needs, deprivations and vulnerabilities for children and youth

Basic Developmental Needs /Outcomes for children and youth	Effects of Deprivation	Monitoring Indicators	Major Vulnerabilities	Priority Age group
1. Adequate & nutritious food	Malnutrition – underweight; illness; Starvation; Death; meals missed	Malnutrition - underweight prevalence; Food security; number of meals paid per day /family	natural disasters (drought, floods); Poverty; Hostile communities; Refugees; Forced Migration	0-17
2. Proper housing /shelter	Illness; Freezing; Death; homelessness	Proportion of children living on the streets; Proportion of children living in informal settlements; Proportion of children living in elderly headed household	Poor housing facilities; Displaced by conflict / violence; Poverty; Hostile communities; Refugees; Forced Migration	0-17
3. Warm and protective clothing	Illness; Freezing; Out of school for lack of school uniforms; no clothing / blankets	% children with no proper clothing; % children with no school uniforms	Poverty; No family; Hostile communities	
4. Access to good health and sanitation	Illness; Untreated illness; Death ; poor hygiene	% child and youth HIV infection and AIDS; % child and youth with access to treatment; % child and youth morbidity and mortality from curable diseases; % access to toilets; % access to clean water	Poor sanitation; Polluted environment; Untreated water; Disability; Refugees; Forced Migration	0-24
	No reproductive health commodities for adolescent girls and youth when needed; Illness; Death	% youth with access to reproductive health commodities	Unfriendly health and social services; Poor health services	12-24

Basic Developmental Needs /Outcomes for children and youth	Effects of Deprivation	Monitoring Indicators	Major Vulnerabilities	Priority Age group
5. Safety /protection from mental, physical and social harm	Child labour; Child soldiers; High STI/HIV infection and AIDS; Sexual abuse; Teen pregnancy; Disinherited; Death from violence	# of child labour; # of child soldiers; % STI/HIV infection and AIDS; # of accidents & deaths from violence/ child labour; # of child sexual abuse; % Sex before the age of 15; teenage pregnancies Property transfer Indicator; Quality of Institutional Care; Stigma and discrimination; succession planning	War/conflict HIV and AIDS Neighbourhood with crime /violence Cultures /religion practising child marriages; Early marriage; Hostile families /communities /culture /religion; Disability; Child trafficking	0-17 /12-24
6. Birth /national registration and identity	Denied access to services; Untraceable; Unknown family name; No nationality; Neglected; Low self esteem	Birth registration	Child & Elderly headed households; No family; Irresponsible parents; Refugees; Forced Migration; Child trafficking	0-17
	Unemployed	Birth registration /national registration	Ignorance; No family / caregivers	18-24
7. Access to quality equation education and cognitive development	Out of school; Poor school performance; Uncompleted schooling; Poor life-skills;	Orphan school attendance ratio 6-17 years ; Proportion of children of school going age 6 -17 years who are out of school	Poverty; Child & Elderly headed households; Households with ill parents /care givers; Hostile community; Disability; Refugees; Forced Migration; Human trafficking	6-17
8. Enough play and coping with stress s/ trauma	Poor relationships; Withdrawal; Depression; Stress; poor cognitive development	Child friendly services; % access to crèche/ kindergarten	Hostile community; Child headed households; Child labour; Disability; Refugees; Forced Migration; Human trafficking	2-15

Basic Developmental Needs /Outcomes for children and youth	Effects of Deprivation	Monitoring Indicators	Major Vulnerabilities	Priority Age group
9. Family/adult care and love	Deviant behaviour; Stress; Depression; Suicide; Withdrawal; Poor life-skills; Neglect; Emotional problems; Mental illness; Separation from siblings	Children outside of family care; External support for households with OVCs; Connectedness to an adult caregiver; Proportion of OVCs that receive appropriate psychosocial support; orphans living with siblings	Child headed households; Homelessness; Disability; Human trafficking ; Refugees; Forced Migration	0– 17
10. Supportive social environment that is conducive to optimum growth and development	Unpredictable and un -sustained support; Inadequate support; Missing from support systems; Stigma and discrimination; Dependency syndrome	Policy and legislation index; Community ownership and support index; Quality of OVCY service delivery /programme effort index; Proportion of government Resources reaching OVCY & their families /caregivers; Comprehensive child support index; Service delivery partnership efforts index; Self-reliance index for families of OVCYs	Policy and legislative environment; Hostile communities; Poor service delivery processes /programme management; Un-empowered communities; Low knowledge/appreciation of child rights; Disempowering social definitions	0-24
Vocational skills and gainful employment	Crime; Poverty; Dependency; Prostitution; Violence; Sexual Abuse; Death from violence	Youth crime rate; Youth unemployment; Youth prostitution; Affirmative Action policies and programmes such as employment, education and skills training for OVCY; Services and opportunities for OVC beyond age 17, and between ages 18-24	Under-employment; Unemployment; Poverty; Policy and legislative environment; Conflict /war; Poor education and skills; Disability	15-24

4.0 Steps Towards Comprehensive Service Delivery for Vulnerable Children and Youth

The following are general stages to be considered in efforts to provide comprehensive services to OVCY. The steps are overlapping and dynamic. For example, in some cases information required to fulfil one step could be available from other sources or prior efforts. Information from one step can be useful to other steps. It may be necessary to continue reflecting on information and experiences from previous steps as one progress.

Stage 1: Developing and Advocating the Concept for Comprehensive Support

This entails packaging the concept on comprehensive service delivery for OVCY and presenting it to leadership and decision makers for review and buy-in. Once the concept is approved, task teams are put together to coordinate the development of the service delivery programme and systems for service delivery at appropriate levels (regional, national, community).

Stage 2: Understanding the situation and vulnerabilities facing children and youth

This involves assessing and analyzing context specific deprivations and vulnerabilities of children and youth and the factors and specific inter-relationships that cause and sustain them. Existing community coping mechanisms and interventions and those responsible for them are also identified, and these become the foundation on which service delivery interventions are built.

Stage 3: Facilitating understanding and consensus on minimum needs for optimal child/ youth development within the local context

This entails unpacking the regionally defined minimum development needs of children and youth and contextualizing them based on context specific gaps in child/ youth development needs / vulnerabilities. This could entail giving local definitions and facilitating consensus on them. These become the benchmark on which any external development support and the measurement of its impact will be based on, and ensures that quality of service is defined and understood from the perspective of the recipients and not the service provider or expert.

Stage 4: Developing the comprehensive/holistic service delivery plan

At this stage, the service delivery plan is defined indicating what services will be provided and how they will be provided (approaches) and by whom (partners),– something like a project implementation plan. Potential service provider partners are identified for specific service areas and partnership arrangements are defined, and community structures defined to coordinate activities. This process is informed by the specific context which defines vulnerability and deprivation as well as the agreed minimum developmental needs of children. It may involve grouping related needs, deprivations and vulnerabilities in terms of causal relationships and impact; grouping opportunities for addressing the issues in terms of commonalities in intervention relationships and their impact on outcomes; and identifying and grouping theories, methodologies, methods and tools in combination that can best address particular groups of issues.

Due consideration should be given to the **requirements** of the stakeholders – beneficiaries to define the parameters and choice of approaches. Judgment should be applied to determine which option is best suitable for the circumstances.

Stage 5: Capacity development and securing commitment to partnerships and management arrangements

Those involved in the service delivery and management process (particularly in cases where the services to be provided are new to the organization that has assumed the role of providing them)

are trained on the different skills required for comprehensive service delivery or those with existing skills are strengthened (See areas of competency for comprehensive service delivery for the child /youth proposed in this document). The partners that will have been identified before, including community structures are brought together (new partners may be identified) to confirm their role and magnitude /extent of contributions to the service delivery plan. Examples of forms of partnerships are highlighted in Insert 1. Areas of overlap and complimentarity and monitoring and evaluation and accountability mechanisms are agreed upon. These partnerships can be referred to as joint implementation partnerships (JIPs). Partnership agreements are developed and signed. Relevant project governance structures are put in place inline with the need to coordinate the multiplicity of partners, diversity of their skills and perspectives in ways that ensures comprehensive service delivery to children and youth. It may be useful to draw community child /youth development support calendars indicating longitudinal child /youth care and support efforts that can be monitored overtime. Insert 2 summarizes considerations that should be taken by different partnerships.

Insert 1: Different forms of Partnerships

- *Jointly planning and executing activities (coalitions, etc). This includes sharing calendar of events and synchronizing common activities) within a particular service delivery community /environment.*
- *Jointly contributing resources to overlapping activities (technical, human resource including in-kind, financial, infrastructure including venues).*
- *Jointly budgeting and mobilizing resources towards specific outcomes*
- *Jointly participating in management processes through National AIDS Multi-sectoral Committees*
- *Joint advocacy through for example (letters, joint press conferences, press releases, joint publications, etc).*
- *Integrating /mainstreaming activities into ongoing programmes of comparative partners*
- *Establishing joint monitoring and evaluation mechanism and approaches on the implementation of the plans of action.*

Insert 2: Considerations for Partnerships

- *Appreciation of need for comprehensive /total service delivery for vulnerable population groups and the need for complimentarity between service providers.*
- *Building trust between different service providers/ stakeholders*
- *Accommodating the values of others for the purpose of achieving the common good.*
- *Coordination based on common vision, values and objectives for the purpose of comprehensive service delivery to vulnerable population groups*
- *Preparedness to share ideas, knowledge, experiences, resources (financial /technical/human/ infrastructural/equipment etc) and to share identity with others over efforts for comprehensive service delivery.*
- *Alignment/ harmonisation of existing regional and national partnership and coordination structures*
- *Multisectoral /intersectorall partnerships including wit private sector*
- *Active community participation*

Stage 6: Implementation – delivering the service

Service delivery is far more than just implementing the service delivery plan. The context in which the project is executed has to be monitored and controlled. The sub plans for implementation at levels down stream (e.g. district and community in the case of national programmes) have to be

developed further and then used to monitor and control service delivery. During implementation, new issues will emerge that may call for adjustment to the original plan and approach. These should be indentified, discussed and agreed upon by all relevant stakeholders.

Stage 7: Reflection on impact and benefits accrued

This is a continuous process. It is considered here as a stage simply to emphasize its necessity particularly during the service delivery process. "For all projects, progressive testing of the emerging solution against the requirements ensures continual management of the solution development. Validation against overall requirements and verification against specifications and designs are important" (APM, 2006; 55). The implementation process is reviewed and evaluated from the perspective of service users in terms of the benefits accrued to them during the service delivery process and those that could last after the service delivery period. At this juncture it is important to reflect on the minimum developmental needs of children and the implementation partnership arrangements and redefine them to improve on them where necessary. This could mean setting new targets for subsequent service delivery plans. In this way, projects become proactive and adaptive instruments for development, value adding or improving on human lives rather than prototype reactions to human problems. It is critical from the onset to establish or strengthen systemic community vulnerability monitoring and evaluation systems to enable early detection and prevention /cushioning efforts; and track both inputs – processes –outputs –outcomes –impact.

Stage 8: Handover and sustenance

In the case of service delivery projects, at the end of a project cycle, decisions are made and structures strengthened to ensure that project inputs, operational processes, outputs, outcomes and impact are built within communities' day to day survival strategies or as part of community culture such that they do not have to depend on external management to sustain them. New Project Implementation Plans (PIPs) and Joint Implementation Plans (JIPs) may be developed or the original reviewed and redesigned accordingly, taking cognizant of the need for continuum of care and sustaining gains of previous efforts. Once this is done, the project can be handed over. This entails that experiential learning will have taken place on the part of beneficiary communities and lessons and experiences transferred to improve on existing norms and value systems.

In social development for vulnerable communities where disease and poverty is often long term and endemic, **maintenance** of achieved outcomes should be sustained through **cumulative projects**. What this entails is that any project design framework should be linked to previous related projects within an existing programme at the level of both the executing organization and the beneficiaries at community level. However, efforts should always be made to empower communities to gradually take responsibility of those challenges for which they are capable.

Stage 9: Scale-up and roll out

Where a project was implemented in a localized area, at the end of the project/service delivery cycle, a decision can be made during handover to roll it out to other areas and scale-up interventions, in which case more or less the same project plan /approach will be adapted in subsequent project efforts, but with more resources and scale. This could also entail, integrating service delivery into other sectors and programmes which do not usually provide such as service, depending on their comparative advantages.

5.0 Key Competencies for Comprehensive OVCY Care and Support Programmes

The bulk of care and support to orphans, vulnerable children and youth and their families / caregivers in SADC is delivered through projects and programmes. Apart from technical knowledge on the subject matter, the success of comprehensive service delivery to OVCY and their families /caregivers is largely therefore dependent on knowledge and skills on project /programme management in addition to the general management functions. This document outlines some of the critical project/programme and general management knowledge and skills areas necessary for successful comprehensive service delivery.

1. ***Project Life Cycles:*** All projects consist of a beginning and an end and distinct phases which may differ across industries and business sectors. A life cycle allows the project to be considered as a sequence of phases which provides the structure and approach for progressively delivering the required outputs. The classic phases are: (a) concept; (b) definition; (c) implementation; (d) handover and closeout. Service delivery project designs and strategies for OVCY should take into consideration, the need to provide a continuum of services without disruption for long period of time including beyond specific project cycles. Understanding of the environment within which a project is undertaken is important for successful service delivery.
2. ***Managing Partnerships and Stakeholders:*** It is important to be able to identify all stakeholders and partners and their potential roles and responsibilities towards comprehensive service delivery for OVCY at all levels –regional to community level. Stakeholders are all those who have an interest or role in the project or are impacted by the project. Specific skills required include:
    a. Negotiation skills to establish and sustain joint implementation partnerships. Negotiation can take place on an informal basis through out the project /service delivery process or lifecycle or on a formal basis for example such as joint procurement, service agreements, memoranda of understanding, and contracts.
    b. It is important to build trust between the different stakeholders involved particularly in cases where services are delivered through joint implementing partnerships.
    c. Communication to ensure all stakeholders and partners are kept informed.
    d. Governance structures that facilitate efficient and sustainable joint service delivery / implementation arrangements
    e. Appropriate organization structures that recognize the diversity of partners and members of communities that will be involved in the service delivery process. The roles performed by different individuals, groups or organizations should be defined to address the comprehensive service delivery and to ensure that clear accountabilities can be assigned.
3. ***Quality management:*** This is critical to ensure that the project /programme will satisfy the needs for which it was undertaken. Key aspects of quality management include:
    a. Defining standards /benchmarks and identifying needs, problems or opportunities for improvement. This will be guided by the minimum basic developmental needs for OVCY.
    b. Agreeing upon methods and procedures for managing and implementing the entire service delivery process should be agreed upon by all stakeholders and partners involved.

c. Ensuring that both the outputs of the project and the processes by which the outputs are delivered meet the required needs of stakeholders.
d. Accommodating necessary changes to the service delivery plan
e. Managing success and benefits. Success management is the satisfaction of stakeholder needs and is measured by the success criteria as identified and agreed by all partners and stakeholders at the start of the project. Benefits must be identified and monitored. It is important to have a common understanding of success and benefits between those funding and delivering the services and the beneficiary communities. Often, the project manager's perspective of success may mean meeting agreed scope, time, cost and quality objectives as defined in the project management plan. Whereas stakeholders will have differing views of the project's success. It is possible to have a successful project that fails to deliver expected benefits or a project that delivers significant benefits but is considered a failure

4. ***Mainstreaming gender:*** Ensuring that gender based vulnerabilities are addressed in interventions
5. ***Risk management:*** It is important to be able to identify, understand and proactively respond to risk in order to optimize success by minimizing threats and maximizing opportunities. The issues or concerns that threaten the service delivery objectives and cannot be resolved by those operational managers must be identified and addressed at the appropriate levels.
6. ***Scope management:*** Clarity is required between all stakeholders and partners on what any particular service delivery arrangement will include and what it will not include. Thus, the stakeholder and user wants and needs should be in a comprehensive, clear, well structured, traceable and testable manner. Any emerging needs must be carefully planned and added to the existing service delivery plan.
7. ***Scheduling and managing time:*** Planning is critical to determine the overall project duration and when activities and events are planned to happen. This includes identification of activities and their logical dependencies, and estimation of activity durations, taking into account requirements and availability of resources. Delays in providing anticipated services to OVCY may create anxieties and perceptions of dependency which may be detrimental to the psycho-social development of OVCY.
8. ***Research, information management and reporting:*** Those responsible for providing services should be able to collect, store, disseminate and archive information on levels, trends, patterns of OVCY needs, vulnerabilities and services. This must be done using simplified-user friendly formats, methods and tools that can be applied and understood by local communities.
9. ***Resource management, costing and budgeting:*** Resources are always limited. It is therefore important to do proper costing and budgeting to maximize benefits to OVCY without compromising on quality. Unnecessary cost functions in the service delivery process should be identified and removed. It is important to use community structures to manage resources and prioritize utilization. In addition, local capacities to provide resources should be identified and harnessed.

10. ***Project financing and funding:*** Mobilising resources is one of the key skills required for comprehensive service delivery for OVCY. Skills to write project /programme proposals are critical. Resources should also be channeled timely. Funding may be secured externally, internally or combination of both. Comprehensive service delivery to OVCY requires joint financing mechanisms at all levels.
11. ***Human resource management:*** People are an integral part of projects and project management. They both manage the project and perform the work and therefore projects succeed or fail through their involvement. Given the likelihood that service delivery will involve joint implementation partnerships, it may be necessary in some cases to understand and harmonize policies and procedures that directly affect the people working within the service delivery teams and working groups. These policies include recruitment, retention, reward, personal development, training and career development. Other important skills include:
    a. Leadership which is the ability to establish vision and direction, to influence and align others towards a common purpose as a team, and to empower and inspire people to achieve project success. It enables the project to succeed in an environment of change and uncertainty.
    b. Communication can be verbally and non-verbally, actively, passively, formally and informally. It is important to note that communication may take place consciously and unconsciously.
    c. Conflict management is critical. Effective conflict management prevents differences becoming destructive elements in a project.
    d. Facilitating learning: A learning culture is required to enable flexibility in service delivery approaches within teams and incorporation of lessons and experiences into the service delivery process.
12. ***Procurement and distribution of goods and services:*** This entails development of commonly agreed procurement strategies, preparation of contracts, selection and acquisition of suppliers, management of the contracts, and ensuring that services reach the intended beneficiaries adequately and timely.
13. ***Monitoring and evaluation and reviews:*** This should take place through out the service delivery process /project lifecycle to check the likely or actual achievement of the objectives and benefits specified in the service delivery plan. Additional reviews will take place following the handover and closeout to ensure that the benefits are being realized by the organization /stakeholders.
14. ***Ethics and Sustainability planning:*** At every stage of service delivery process /project cycle, efforts should be made to ensure that community capacity is strengthened to empower communities to sustain interventions. Community participation is key. Innovative practices for ensuring sustainability should be explored. Methods and approaches for service delivery should take into consideration protection of the dignity and rights of beneficiaries. Interventions should at all times be aligned to overall national strategic plans.

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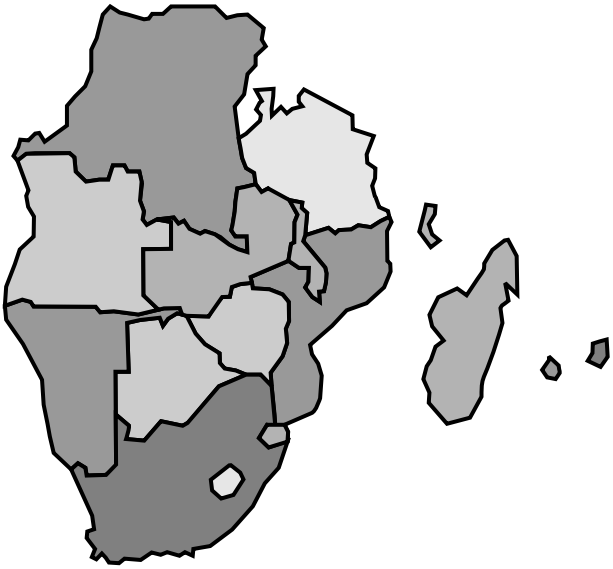
(Footnotes)

1 No data is available



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