



# UNICEF PROPOSAL ON NATIONAL CAMPAIGN TO SUPPORT ORPHANS AND VULNERABLE CHILDREN TO HIV/AIDS

## ISSUE

Between a life expectancy of 49, unemployment levels of around 59%, and 74% of the population living under the relative poverty line, causes for hardship are as manifold as they are recurrent in Djibouti. In an environment where HIV was not acknowledged by public institutions before 2001, it is not surprising then that the plight of HIV-affected children has come and stayed as another completely silent yet very real misery. It is most likely that a fair amount of children orphaned due to the epidemic, and their host families alike, have little idea of the ultimate cause of the predicament they are in. Yet, in the few cases where circumstances are known, the crisis for children can become even more fearsome, with a heavy stigma attached to their situation and a general fear of their contamination ability, due to the general lack of education of the population, and the scarcity of information available on HIV until recently.

Similar general poverty and high vulnerability factors of a large part of the population induce significant risks for contracting HIV infection for the most at risk groups of young women, out of school youths, and potentially street children. Finally, even with full medical interventions made available, some mothers will still contract HIV and die of AIDS, leaving their children without adequate caregivers



OVC children receiving donation of clothes from a PLWHA association of EID celebration; photo: UNICEF Djibouti

As a result, the July 2004 “Children on the Brink 2004” Joint Report of New Orphan Estimates and Framework for Action (UNAIDS – USAID – UNICEF), estimates at 11% of the general population the proportion of orphans in Djibouti (33,000 children aged from 0 to 18 years). Amongst those, 15% are estimated to be orphans due to AIDS.

Nonetheless, considering the extremely high degree of general vulnerability, with 42% of the population living under the extreme poverty line and an unemployment rate of about 60%, illiteracy rates of above 70% for women and a generalized HIV prevalence standing at 2.9% for the general population, it is likely that the number of children affected by and/or made vulnerable to HIV/AIDS is higher than the above estimates.



Un-educated and unemployed youths at a community development centers. Photo UNICEF Djibouti. G Pirrozzi

As AIDS epidemic continues to result in increasing numbers of children being orphaned and made vulnerable by HIV/AIDS, the Djibouti government faces major challenges when having to ensure effective and quality national response, a challenge even more exacerbated by the extreme lack of data and monitoring system generally.

Indeed, the very high levels of solidarity within the Djiboutian society, prompting relatives and clans families to take care of the children in need has paradoxically acted both as a blessing and a curse. A blessing as it certainly is a much needed caring home for these lost children. A curse as, given the already existing scarcity of resources

amongst Djiboutian families, it is likely that the added burden induced significant negative impact on the development, well being and adequate access to social services –and in prime education- for all children of the household. Ironically, it also allowed Djiboutian public institution society and social partners alike to ignore one of the most serious consequences of HIV-Aids in the country, hence the lack of national current system to identify, register, refer or cater for these orphans and vulnerable children

At the moment, and despite considerable positive developments in the HIV response in Djibouti, children and adolescents (and OVC particularly) have yet to receive the attention they need in AIDS specific and related initiatives and funding mechanisms.

## ACTION

UNICEF has so far played a strong leadership role, both in terms of advocacy and action, in this specific thematic, in order to put children and adolescents at the centre of the HIV/AIDS agenda...through the following initiatives:

- Following UNICEF strong advocacy, the Ministry for Women and Social Welfare, in partnership with other key ministries, UN agencies, including UNICEF, development partners and NGOs, is now taking a clear lead and launching into action in order to build a multi-sectoral national and local response to the OVC crisis
- The first step of the road was paved by the recently validated RAAAP –Rapid Appraisal Analysis and Action Plan- exercise, completed by end January 2006 with UNICEF sole technical support and financial assistance.
- This should be shortly followed by a comprehensive National Plan of Action for Orphaned and Vulnerable Children for 2005–2010, -currently under production- which will guide the coordination between different organizations working in the sector, policy reform and development and community capacity building, amongst other components:
- National briefings provided to all locally-based partners, including multisectoral governments' counterparts, national and international agencies, local grassroots civil society organizations etc.

- Support to community initiatives and capacity building through 3 Project Cooperation Agreements with 3 grassroots CSO to provide direct assistance and care to OVC.
- Equally importantly, UNICEF also played a key role in supporting Djibouti Parliament members participation to a HIV-focused AWEPA initiatives towards this specific issue , thus supporting a build up in changes of attitude and behaviors at all levels, including the law-making body.
- Finally, UNICEF played a key role in advocating for a very strong involvement of national authorities in putting children back in the political and HIV agenda. This resulted in Djibouti being the only MENA (Middle East and Northern Africa) country where the president himself took a strong stand in launching the global campaign for children. Clearly, the global campaign on children and HIV: “Unite for Children, Unite Against AIDS” will continue to shape UNICEF actions to promotes strategies on the “four Ps” that need to be put in place to address issues on children and HIV.



*Minister of Health and children for global campaign “Unite for Children, Unite Against AIDS” launch. Photo: UNICEF Djibouti*

All in all, and in line with all the above-mentioned efforts and initiatives, UNICEF will continue to support national efforts in:

- i) Completing the development of the OVC National Actions Plans by September 2006
- ii) Documentation and quantitative data collection on OVC through the planned household survey
- iii) Supporting capacity building of social services, in terms of identification protection

and referral capabilities for OVCs. The inception of the creation of an effective social workers section within the Ministry of Women and family welfare will be a key step in that direction.

- iv) Assisting NGOs and community-based organization to increase their skills and means to identify, monitor and care for OVCs at community and family levels. The principle of de-institutionalization and caring for children in a family-based environment will be the motto and the leitmotiv in this regard. NGOs and communities must be equipped with knowledge and equipment to protect and care for these vulnerable, and allow all children safe and adequate access to social services.
- v) Building an enabling and protective environment. The legal framework should allow children to fully benefit from their rights to an identity, an education, good health, etc...UNICEF will assist the Djiboutian authorities to insert appropriate protective legislation which will protect children in areas of succession rights, anti-discrimination measures (stigma), birth registration, early marriage, etc..

## IMPACT

The following outputs and outcomes would be met as result of UNICEF and partners efforts towards common goal to protect and care for OVC by HIV and AIDS:

1. OVC National Actions Plans including budget and M&E plans are completed and validated by the end of 2006
2. The nationwide household survey is completed and produces comprehensive quantitative data on OVC in Djibouti, including where possible breakdown by gender and age.
3. The Ministry of Promotion of Women and family welfare is supported in outlining the mission and structure a social assistance network to be established within its frame, and a training module and schedule is established by end 2007.
4. At least four grass root NGOs are supported with equipment, training and financial means to identify, refer and, where needed, cater for the basic assistance requirements to a minimum of 3,000 OVCs a year.
5. The Ministry of Justice has reviewed the civil and family code and identified areas where current legislation could discriminate or negatively affect OVCs in the full access of their rights, and has proposed adjustment measures within the said legal framework.

## SUMMARY BUDGET REQUIREMENTS (US\$)

<b>BUDGET ITEMS</b>	<b>2006-2007 Planned</b>
<b>National Plan of Actions development and validated:</b>	<b>10,000</b>
<ul style="list-style-type: none"> <li>• Technical assistance and validation and reproduction of the Action Plan</li> </ul>	10 000
<b>Data collection and identification and monitoring tools</b>	<b>60,000</b>
<ul style="list-style-type: none"> <li>• Support regular monitoring and evaluation data collections following the household survey results</li> </ul>	30,000
<ul style="list-style-type: none"> <li>• On the basis of data collection, document reproduce and disseminate lessons learnt on OVCs living conditions and potential impact of added HIV vulnerability on their lives</li> </ul>	15,000
<ul style="list-style-type: none"> <li>• Field monitoring of grassroots interventions</li> </ul>	15,000
<b>Capacity building of national partners</b>	<b>190,000</b>
<ul style="list-style-type: none"> <li>• Support to Ministry of protection of women for structure, mission and draft training module set for future social assistance system</li> </ul>	30,000
<ul style="list-style-type: none"> <li>• Lumpsum for 4 NGO Program Cooperation Agreements</li> </ul>	140,000
<ul style="list-style-type: none"> <li>• Studies tours and best practice field experience shared from other COs implementing successful prevention/protection programs for OVCs</li> </ul>	20,000
<b>Technical support</b>	<b>110,000</b>
<ul style="list-style-type: none"> <li>• Technical Assistance to accompany and ensure project results are met, and make sure that OVCs are fully part of the latest national submission to 6<sup>th</sup> global funds round for project future sustainability</li> <li>• Operations and administrative support cost</li> </ul>	
<b>Overhead costs (10%)</b>	<b>37,000</b>
<b>TOTAL</b>	<b>407 000</b>