

Background Paper for Global Partners' Forum on Children Affected by HIV/AIDS 9-10 February 2006

Supporting and Sustaining National Responses: Experience from the RAAAP Exercise in Sub-Saharan Africa¹

Introduction

"Today the overriding imperative in the response to HIV/AIDS is to move beyond small programmes and pilot projects and to deliver services to people, including the impoverished and most vulnerable, on the scale required to advance towards universal access."² This imperative is especially true and poignant for the millions of children orphaned and made vulnerable by HIV/AIDS, the vast majority of whom receive no external support.

This paper is intended to stimulate discussion around the process of mounting and sustaining national-level responses for orphans and vulnerable children with a primary focus on the well-documented rapid assessment, analysis and action planning (RAAAP) process underway in sub-Saharan Africa. A brief summary of the inception and current status of the RAAAP process is followed by an analysis of some of the key lessons learned to date and the challenges ahead.

Background

The UN Declaration of Commitment on HIV/AIDS (2001) has three specific articles addressing the needs of orphans and other children made vulnerable by HIV/AIDS. Countries agreed to develop a national strategy by the end of 2003 to protect, care for and support these children, and to be fully implementing the strategy by end 2005.³ The first Global Partners Forum on Orphans and Vulnerable Children held in Geneva during October 2003 led to the finalisation and endorsement of the inter-agency *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS*. A decision was also taken to initiate the joint (UNICEF, UNAIDS, USAID and WFP) RAAAP process in highly affected countries in sub-Saharan Africa as one key way to move the agenda forward at a national level and fulfil the obligations for children within the UN Declaration.

The overall objective of the initial RAAAP exercise was to identify and catalyze key actions needed over two years to scale-up national multi-sectoral responses to orphans and vulnerable children. Specifically, the RAAAP seeks to:

- Confirm current baseline data for planning and monitoring scale up;
- Assess critical gaps and constraints to scale up;
- Identify actions and resources required to address them; and,
- Mobilize leaders, partners and resources around these actions at country, regional and global levels.

Beginning in 2004, 16 of the most affected countries in eastern and southern Africa undertook a RAAAP process.⁴ All of these countries were PEPFAR focal countries, and during 2005, these countries finalized their national plans, including costing and budgeting information and some reworked

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² Global Steering Committee on Scaling up towards Universal Access, Issues Paper, Meeting 9-10 January 2006

³ United Nations General Assembly Declaration of Commitment on HIV/AIDS, Article 65, 2001

⁴ Central African Republic, Cote d'Ivoire, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Rwanda, Swaziland, Tanzania, Uganda, Zimbabwe and Zambia

their strategies for monitoring and evaluation.⁵ In doing so many of these plans became longer term ventures, with some plans covering a five year time period. Their focus on emergency responses became more balanced with longer terms development thinking. Another 11 sub-Saharan African countries initiated the RAAAP process in June 2005.⁶ During this same period, other countries not directly involved in the RAAAP process, have also made progress in developing national responses. Through RAAAP and other experiences, significant learning has occurred.

In October 2004, a panel of independent experts reviewed the 10 national action plans⁷ developed to date through the RAAAP Process.⁸ The reviewers found the effort to be successful in identifying challenges and immediate key actions needed for a significant scale-up of responses for orphans and vulnerable children and for engaging partnerships among various stakeholders. Major areas of intervention reviewed included: access to education, nutrition and health care, HIV/AIDS related care and treatment, psychosocial support and legislative reform/legal protection. Since this review, action has been taken on some of the common areas of weakness identified, including lack of involvement of civil society, inadequate costing/budgeting and weak monitoring and evaluation plans. These and the broader challenges described below warrant further consideration and strategy development.

Challenges and the Way Forward

As the second round of RAAAP gets underway and lower prevalence countries within and outside of sub-Saharan Africa develop national responses for orphans and vulnerable children, it is critical that lessons learned are used to strengthen the process and ultimately, the outcome for children. Outlined below are the priority challenges ahead.

Ownership and Sustainability – Ideally, governments have ownership of the process of developing and implementing national plans for orphans and vulnerable children. Because of its inception at a global consortium and development by a partnership of international agencies, the RAAAP process has, to differing degrees, been viewed as donor driven. Integration of national action plans into existing structures and broader development agendas would go a long way towards ensuring government ownership and longer-term sustainability. The complex challenge for national responses to orphans and vulnerable children is to better align them with national HIV/AIDS plans (three ones principle), more general child welfare efforts and overarching poverty reduction strategies. An effort to mainstream HIV/AIDS responses into poverty reduction strategies is currently being supported by UNAIDS, UNDP and the World Bank, beginning in seven countries. Due to varying determinants of vulnerability in the second phase RAAAP countries, a larger more diverse group of stakeholders is required. For example the steering committee for the second phase country support has ten agencies, including six from the UN.⁹

Balancing Macro/Meso/Micro: One of the greatest challenges is the weak capacity at central and district levels of social affairs ministries and indeed, the low priority of orphans and vulnerable children's issues within current national plans. Therefore several countries, for example DRC and Cameroon decided to strengthen the meso or district level as the most logical unit of planning and implementation.

⁵ UNAIDS, UNICEF, USAID, WFP and FAO, *An update on the National Plans of Action for orphans and children made vulnerable by HIV/AIDS and the second phase of the Rapid Assessment, Analysis and Action Planning process*, UNICEF, June, 2005

⁶ Angola, Burkina Faso, Burundi, Democratic Republic of Congo, Djibouti, Eritrea, Ghana, Madagascar, Somalia and Southern Sudan

⁷ Ethiopia, Kenya, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe

⁸ UNICEF ESARO, *The Rapid Assessment, Analysis and Action planning process for Orphans and Other Children made Vulnerable by HIV/AIDS – Report of an Interim Independent Review of Country Plans*, October 2004

⁹ UNICEF, UNHCR, FAO, WFP, UNDP, UNAIDS, International Rescue Committee, USAID, DFID and SIDA.

In Cameroon, the project is supporting social workers and frontline agencies to identify and respond to orphans and vulnerable children while DRC has chosen to reinforce the capacities of the voluntary sector by training and networking community based volunteer organizations to provide outreach, counseling, home visits, advocacy and referrals. The meso (district) level is an ideal unit of replication, allowing a model to be built with communities, tested and taken to scale. The meso level also affords a critical linkage between the national level and the beneficiary communities. In addition, because weak capacity both at national and the decentralized level, it is important to focus investment and energy where it can make the most difference. At the meso level, there are better opportunities to convene multi-sectoral partners - such as health and education ministries - to strengthen the overall response.

Definitions - Setting a common definition for orphans and vulnerable children has been an important accomplishment triggered in large part by the first round of RAAAP exercises.¹⁰ The standard definitions adopted by the UN are essential for assessing progress towards global goals and making cross country comparisons. However, the situation of children varies significantly across countries. In low prevalence countries, a number of non-HIV/AIDS related vulnerabilities predominate, including trafficking, forced migration, violence, etc. Locally extended definitions of vulnerability are crucial to reduce both inclusion and exclusion-based discrimination and ensure better programming and outcomes for children.

Target Setting – The process of setting targets in national action plans has huge implications for budgeting, implementation and impact. Targets will largely depend on the definition of vulnerable children. As we move ahead with the Universal Access Initiative, we will need to reconcile the intent for countries to set their own targets while at the same time meeting global targets set for orphans and vulnerable children (e.g., 80 per cent coverage of orphans and vulnerable children ‘most in need’ targeted by the Global Unite for Children Unite against AIDS Campaign). How these global goals will be tracked and reconciled if national coverage targets vary has not been fully addressed.

Mobilizing donor funding without compromising plans – National action plans for orphans and vulnerable children are commonly used as a framework for funds mobilization. Different donors have different requirements and interests often in specific sectors, and funding priorities change over time. Serving the sector specific donor interests often requires repackaging activities from the comprehensive national action plan and presenting them as part of sector specific support to reach the most marginalized children. Keeping up with donor trends also affects the planning process. For example, social protection has recently evolved as a key area of interest for donors¹¹, but it was not a prominent theme when the initial RAAAP process was conducted and the resulting national plans are often thin on their social protection intentions. To generate continued interest and support, national action plans need to be living, responsive documents.

Budgeting - A difficult question in budgeting for a national response, is whether it is best to set budget targets for what you think you can get (traditional approach) or for what you think is actually needed using a unit cost approach (risky and less realistic given the current funding environment). What is needed in terms of resources will depend on what actions are to be taken and the definition of the target group. There was no standardized definition of orphans and vulnerable children in the initial RAAAP countries. There is now a standardized definition for comparative purposes which can be used as a core target group and then add on country level definitions. Some countries, including Tanzania,

¹⁰ An orphan is defined as a child aged under 18 who has lost one or both parents. A child made vulnerable by HIV/AIDS has a chronically ill parent, lives in a household with chronically ill adult, lives in household with adult death in past year, and/or lives outside of family care.

¹¹ Strengthening National Responses to Children Affected by HIV/AIDS: What is the Role of the State and Social Welfare in Africa?, Wilton Park Conference, 14-16 November 2005

have taken the 'most' vulnerable children approach. Although this makes programmatic sense and helps minimize inclusion and exclusion related discrimination and stigma, it can push the budget up to levels where funding is impossible or at least very unlikely. For example both Tanzania and South Africa are budgeting to reach around 1.8 million children, whereas Rwanda intends to reach around 1.25 million. Kenya has a target population of around 500,000. Eventually as available resources must be prioritized, geographic distinction will be required, implying the need for provincial or district needs assessments and planning processes. Some countries have moved to this sub-national planning stage, including South Africa and Tanzania.

The role of civil society in scale up - In many countries, orphans and vulnerable children are cared for largely through the support of Civil Society Organisations (CSOs). Much of this support comes through small-scale projects and direct material assistance to vulnerable children and their families. A major weakness of the first round of RAAAP exercises was the lack of involvement of civil society organizations and efforts are underway for greater involvement. A major constraint in scaling up the response with CSOs is their lack of resources, capacity and coordination. As outlined in a recent review, significant capacity building, coordination at all levels and financial support will be required.¹²

Capacity to implement, monitoring and evaluate national action plans - There is not yet a monitoring and evaluation strategy that enhances the monitoring of the impact of the national action plan on effectively reaching children. The main bottleneck is the lack of district capacity and traditionally weak ministries of social welfare and children to guide, coordinate and monitor a scaled up response to ensure that children's services provided by all kind of service providers are better coordinated, capacitated and monitored.

Supporting lower prevalence countries - Several countries outside of the RAAAP process have begun to plan for and mount national level responses for orphans and vulnerable children. The experience of children in terms of HIV/AIDS does not mirror that in high prevalence countries nor should the programmatic response. In Asia and the Pacific for example, HIV/AIDS is often limited to very marginalized communities while other vulnerabilities, including poverty, violence and trafficking are much more widespread. With the potential for increased spread of HIV/AIDS, prevention must remain a top priority. Stigma and discrimination continue to be extremely high and hinder all aspects of the HIV/AIDS response. In these settings, responses can be very hard to mobilize and can become "a little bit of everything" with no measurable impact for children. Better guidance and more effort is needed to ensure that children in low prevalence countries are spared the most devastating effects of HIV/AIDS.

Ensuring joint programming – A danger of the RAAAP process is a plan which is disconnected from other planning and implementation processes. For example there is increasing need to connect work related to AIDS affected children to other initiatives focusing on PMTCT+ and paediatric treatment. The dynamism within the treatment environment has meant that the NPAs are relatively weak on defining scale out plans, or direct links to scale up plans regarding treatment. Better coordination at national level will ensure that we can avoid vertical programming and move towards plans which ensure referral and synchronized working relationships between service providers.

¹² Gosling, L. Civil Society Involvement in Rapid Assessment, Analysis and Action Planning for Orphans and Vulnerable Children, UK Consortium on AIDS and International Development, July 2005

Conclusion

The RAAAP process is proving successful in generating solid national action plans, high political momentum and coordination amongst government and donors. RAAAP has already mobilised significant funding from the Global Fund and laid the groundwork to reach more children and to better support them as a wide range of stakeholder are sensitised and put to their responsibilities in scaling up action. The great challenge ahead is to ensure full funding and implementation of the plans and to find ways and resources to support other countries outside of the RAAAP process. Effective monitoring, peer review, and continued and expanded regional and global support will be key to meeting these challenges.