

Inter-Agency Task Team on Orphans and Vulnerable Children
Notes of meeting on 15 August 2001

Agenda

The agenda of the meeting is attached

Participants

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Karima Dualeh, UNICEF
Monique Garrity, World Bank
Edith Jibunoh, World Bank
Peter McDermott, USAID
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Nicolette Moodie, UNICEF
Julitta Onabanjo, UNFPA
Tamar Renaud, UNICEF
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Mark Stirling, UNICEF
Andrea Tresco, ODCCP
Doug Webb, Save the Children-UK
John Williamson, DCOF, USAID

Introduction (Mark Stirling)

There are 12-14 million orphans today, and projections are for up to 40 million by the end of the decade. Current programme coverage is less than 5%. We need to scale up our response in order to ensure protection and care through strengthened family and community based responses.

The UNGASS goal for orphans and vulnerable children (OVC) provides a coherent set of objectives, as well as an important role for the UN in mobilising a scaled up response: within the UN, as well as with bilaterals, foundations, NGOs, and civil society partners.

OVC has been identified as a weak area in UN System Strategic Plan. The UNAIDS Committee of Co-Sponsoring Organisations (CCO) approved the Inter-Agency Task Team (IATT) on OVC at its March meeting in order to define the strategy and action plan for scaled-up UN system support with/for orphans and children made vulnerable by HIV/AIDS. The focus is on the roles of the UN system and particular contributions of involved UN agencies. These roles and contributions, however, need to be defined in relation to those of other partners – bilaterals, NGO's, civil society, etc. The recommendations of this IATT are to be presented to the CCO meeting in October 2001.

The IATT has been formed to include key UN organisations with present or planned involvement on OVC plus several key non-UN partners.

Recommendations to the CCO could include:

1. Define, and ensure consensus within the UN on strategies for achieving the UN General Assembly Special Session (UNGASS) goal on OVC (ensure everyone talks the same language).
2. Define process by which a core set of indicators for monitoring country progress towards the achievement of the UNGASS goal and for monitoring the situation of OVC will be developed.
3. Define specific roles and contributions of UN agencies in expanding action with and for OVC.
4. Identify mechanisms established for building partnerships between the UN and organisations/networks/partners already working in the area of OVC, and define how best the UN can support and relate to these.
5. Propose an action plan of key (global and regional level) activities to be undertaken over the coming year to intensify/expand programming with/for OVC.

Goals, strategies and principles to guide OVC advocacy and programming

John Williamson (presentation attached)

Statistics and projections on OVC were given, highlighting the magnitude and upward trend of the problem of OVC, bearing in mind that data may vary depending on an organisation's definition of orphans. (E.g UNAIDS looks at children who have lost mother or both parents to AIDS, USAID looks at children who have lost either or both parents to AIDS or other causes). Some key points highlighted include that:

- the overwhelming majority of adults and children, including OVC, are HIV negative
- the pandemic is undermining two decades of hard won gains in child health and survival.
- there is a large gap between the current situation and needs and the present response and resources
- the impact starts before parents die, and include economic impact, psychosocial impact and child protection issues.

The following strategic considerations were highlighted:

- The number of orphans is huge, but they are just a portion of children affected by HIV/AIDS
- This is a long term problem for which there is no quick fix
- Responses must be developed and sustained at scale
- The epidemic is constantly changing (moving target)
- HIV/AIDS is having an unprecedented impact
- Collaboration is essential
- First line of response is affected families and communities – they are responding with whatever resources they have. 99% of OVC live in families in communities – we must strengthen their capacities to cope.
- Institutional care cannot solve the problem: expensive, inefficient, not in the best interests of the child's development
- This is a human rights, humanitarian and social stability issue

- Care and prevention activities must be integrated – response to epidemic to date has been along sectoral, organisational lines and has failed as a result.
- Must address both the big picture and impacts at the community and household level.

Five key strategic interventions were then presented:

1. Strengthen capacities of families to cope with their problems: economic, psychosocial, care and support for people living with HIV/AIDS (PLWA)
2. Mobilize and strengthen community based responses (e.g community schools, COPE in Malawi, SCOPE in Zambia, church-based initiatives)
3. Strengthen the capacities of children and young people to meet their own needs, including psychosocial needs.
4. Ensure that governments protect the most vulnerable children and provide basic social services (expand capacity)
5. Create an enabling environment for affected children and young people– reducing stigma and discrimination, with policy framework guiding actions and resources in appropriate ways.

The meeting agreed that the UN would base its interventions for OVC on these five strategic interventions.

Mark Connolly (presentation attached)

The UNGASS goal for orphans and vulnerable children was presented:

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

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

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

The presentation then focused on the programming principles on OVC, which have been developed through a collaborative process in order to guide organisational action and partnerships to ensure that commitments to orphans and vulnerable children are met. They are the following:

1. Strengthen the caring capacities of families through community-based mechanisms
2. Strengthen the economic coping capacities of families and communities
3. Enhance the capacity of families and communities to respond to the psychosocial needs of orphans and vulnerable children, and their caregivers.
4. Foster linkages between HIV/AIDS prevention activities, home-based care, and efforts to support orphans and other vulnerable children
5. Target the most vulnerable children and communities, not AIDS orphans
6. Give particular attention to how gender roles make a difference
7. Involve children and adolescents as part of the solution
8. Strengthen the role of schools and education systems
9. Reduce stigma and discrimination
10. Accelerate learning and information exchange
11. Strengthen partnerships at all levels and build coalitions among key stakeholders
12. Ensure that external support does not undermine community initiative and motivation

The meeting agreed that these should be the principles guiding programming on OVC.

Key issues highlighted in conclusion were the fact that HIV prevention efforts, particularly among women, result in fewer orphans, that it is important to help parents learn their HIV status so that they can plan for their children's future, and that we also need to help them live longer.

Discussion:

During the discussion (as well as discussions during the remainder of the day) a number of issues were raised. Much discussion focused on how to make the strategic interventions and programme principles usable at ground level. Increased focus is needed on children in households where the HIV positive status of the parent/s is known in order to implement succession planning and other interventions; the area of peer group support, connectedness; and on child-centred home care, because children are increasingly acting as caregivers.

Another issue that repeatedly surfaced during the day is the importance of identifying and implementing means of getting external resources to local level (ground, base) reasonably quickly, without disempowering communities to mobilise resources locally. Linked to this is the need to undertake costing projections in support of advocacy and resource mobilisation. (In getting external resources to ground responsibly, a good starting point is a cost comparison between institutional care and community care.)

The importance of empowerment of women, girls, and people living with HIV/AIDS was highlighted. This should be seen as complementary to, not competing with other interventions, such as prevention. (A gap in current programming that was raised was interventions targeting widows, particularly young widows.) The importance of a human rights-based approach, as well as community-based responses, was emphasised.

During the meeting it was noted that clarity is needed on definitions, as there is confusion on the ground. (On the age issue, the opinion was that the UN would have to use 18 as

cut-off age, rather than the current 15, due to the definition in Convention on the Rights of the Child.) It was also noted that we need to shorten the time gap for governments to respond to the problem, and take responsibility, in collaboration with NGOs and CBOs, particularly where the full scale of epidemic has not been seen (pre-emption).

Advocacy is critical and needs to be better integrated within the strategies and programming principles? It was noted that media coverage has portrayed Africans as hopeless, helpless victims, and has not shown the positive things that are being done. This makes it seem as if the situation is hopeless and orphanages are the only answer.

Some specific comments on the programming principles were made. It was noted that we need to bring closure on the programming principles and get them out to regions, where they can be applied and adapted in light of regional realities and priorities. Regarding programming principle number 6, it was suggested that the language be changed to say “address the gender dimension and roles”, not just “give particular attention” to how this makes a difference.

The need to review programme principle 4 and its explanation is clear in light of the discussion around integration of prevention and care initiatives within OVC initiatives. It was repeatedly emphasised during the meeting that a cornerstone of interventions for OVC should be HIV prevention, not only among OVC, who are extra vulnerable to HIV infection, but particularly among women. Just as important is ensuring treatment for parents living with HIV/AIDS, in order to keep them alive as long as possible. These prevention and care interventions for parents will ensure that children don't become orphans in the first place.

Roles and contributions of UN agencies (Chair: Karima Dualeh)

UNICEF recommended that the UN system as a whole should:

1. Have stronger voices from senior leaders of all agencies on OVC issues
2. Demonstrate how we can get resources to base, as UN system
3. UN country theme groups should have clear portfolio on OVC, e.g Belize in order to publicize what is being done
4. Give much greater visibility to parents living with HIV/AIDS.

UNDP

Crucial to position HIV/AIDS as socio-economic issue in order to get UNDP on board

1. Macro-economic policies and planning – basic social services, budget, policies.
UNDP will assist countries in integrating OVC issues into UN Development Assistance Frameworks (UNDAFs) and Common Country Assessment (CCA) programmes and appropriate linkages will be explored with NPRS.
2. Decentralized governance and planning, e.g Mayor's Initiative, is one of 3 UNDP governance initiatives (invite UNICEF as a resource)
 - Next meeting of mayors, half-day workshop on OVC, establish working group with action plan
3. Institutional capacity development of national AIDS entities/machineries/bodies

4. Integrate issues on OVC in countries' national human development reports, which address HIV/AIDS.
5. Include component on OVC in roundtables on resource mobilisation at the country level, whenever organized.
6. UNDP will explore the possibility of briefing Resident Representatives on OVC and work on microfinance

World Bank

So far, there has been little concern with OVC in the Bank. What is needed is consciousness in the Bank at country level, in the context of poverty reduction strategies where decisions re allocation of resources are being made. Integrate work on OVC into existing instrument.

Inputs from others:

- Monitor if all Poverty Reduction Strategy Papers (PRSPs) and documents related to the Debt Initiative for the heavily indebted poor countries (HIPC) have OVC components
- WB role in getting money to base

UNAIDS

1. Responding to concern to make OVC interventions actually take place at the country level through UN theme groups, e.g dissemination of principles, advocacy on the magnitude of prevalence
2. Knowledge sharing: who's doing what well and how
3. Bringing in non-co-sponsors like the ILO
4. Balancing responses – strategic options/choices, i.e good practices/scaling up (?)

United Nations Office for Drug Control and Crime Prevention (ODCCP)

Although the section on OVC in the Declaration of Commitment does not specifically mention drug abuse, the relationship between drug abuse and OVC has to be discussed. Drug abuse is significant among street children and child soldiers and may be a coping strategy for those, such as orphans, who feel isolated and do not have a family or community support. Protecting children and young people from drug abuse has been one of the priorities of UNDCP since its establishment. UNDCP strategies to fight drug abuse include demand reduction projects that emphasize drug prevention education at an early age, building of life skills and the promotion of healthy lifestyles. UNDCP already contributes to the IATT on Young People and is also interested in contributing to the IATT on OVC. However, an overlap of these two IATT has to be avoided.

The Centre for International Crime Prevention (CICP) has been focusing its efforts in implementing the Global Programme against Trafficking in Human Beings, which includes research, technical cooperation and the formulation of an international strategy against trafficking in human beings. The Programme aims at enabling countries of origin, transit and destination to develop joint strategies and successful criminal justice-related responses against trafficking in human beings. The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the

UN Convention against Transnational Organized Crime, provides the normative framework and orientation for the Global Programme. The Protocol, which was adopted by the General Assembly on 31 May 2001, promotes cooperation among governments to combat trafficking more effectively. It also protects trafficking victims and helps them return safely to their own or a third country. Moreover, it aims at informing the public about trafficking and its negative consequences for both traffickers and victims. In the past few months, CICP has started to initiate several measures for promoting the entry into force of the Protocol, such as the organization of regional and sub-regional seminars which serve as forums for government officials to discuss the requirements for ratification and implementation of the provisions of the Protocol. As national ratification efforts proceed, CICP will also provide technical assistance in developing adequate legislative, administrative and other changes to give effect to the various provisions of the Protocol.

UNFPA

1. UNFPA's role relates to improving access to quality sexual and reproductive health (SRH) services, particularly among young people. Therefore their role related to OVC would be focused on adolescents and would be to ensure access to adolescent friendly SRH services for OVC, particularly young women as part of, and integrated within, ongoing SRH service delivery programmes. Complementary to this would be ensuring that young people, including OVC, have access to SRH information and education and life and livelihood skills.
2. Advocacy
3. Education and service delivery in emergency and conflict situations
4. Procurement and promotion of VCT kits fits in with UNFPA's role in procurement of condoms (caution: support must exist after testing)
5. Partnerships

Inputs from others were that:

- UNFPA's interventions related to SRH services for adolescent girls who are OVC will provide valuable lessons on how to access other OVC
- We should build on existing family planning infrastructure to encompass HIV prevention (dual protection) – not sure this has been happening
- Sexual and reproductive health services must be sensitive to special needs of OVC and child headed households (although there shouldn't be "special" services for them) – reaching them, waiver of fees, etc.

UNICEF

UNICEF is already working on:

1. National and local strategies and action plans
2. Mobilizing leadership
3. Mobilizing long term resources
4. Special protection

UNICEF should do more on:

1. Development of human capacities
2. Economic support

3. Education of OVC
4. Health and nutrition for OVC
5. Shelter, care and protection for OVC
6. Strengthening community capacities to monitor and identify vulnerable families and children
7. Increased leadership and mobilisation at country level
8. Increased mobilization of resources and getting them to base/national partners
9. Strengthening own staff capacities

Other inputs on UNICEF role:

UNICEF has two roles in relation to OVC:

1) Role as convener of IATT:

- Institutional accountability – there is consensus that UNICEF is the lead agency/convener on OVC, with support from others (core group)
- UNICEF should foster partnerships, looking beyond IATT to others working on this, e.g the informal donor technical group, and expand membership of the IATT to others, including ILO, WFP, FAO, UNHCR, UNESCO, WHO
- UNICEF should organize regional consultations on OVC
- UNICEF must build skills and capacity on convening, networking support
- UNICEF should beware of overlap with HACI, which also has convener role

2) Programmatic work

- Advocacy, leadership mobilization
- Research/information sharing – centre of excellence on knowledge and information on OVC
- No definitive answer on UNICEF role in building community capacities – varies among countries
- National strategies - focus on improved policies and strategy
- Lobbying World Bank around PRSPs
- Networking
- Situation analysis, M&E
- UNICEF's programmatic role dependent on capacity
- Who has ownership/leadership on dealing with children living with HIV/AIDS – beyond treatment (WHO)?

Workplanning/Action Points

1. Getting resources to base

Action: Contract consultant to prepare options paper on getting resources to base without disempowering communities in their efforts to mobilize community resources for OVC actions

Responsible: UNICEF, with support from others, e.g World Bank, UNDP, in developing TOR

Due date:

2. Avoiding overlap

Action: Convene meeting of IATT with World Bank, Hope for African Children Initiative (HACI), Gates Foundation, Save the Children Alliance to explore possibilities for collaborating in the development of mechanisms and avoiding overlapping or competing mechanisms.

Responsible: USAID (John Williamson and Peter McDermott) to set agenda and date for meeting

Due date: By end of October

3. Costs

Action: Expert meeting to focus on costing different approaches for responding to the rights and needs of orphans and other vulnerable children and the best methods for doing so. Issues covered to include:

- a) resources required for OVC programming
- b) resources already being put into OVC programming

Possible venue: Innocenti Centre

Responsible: Doug Webb to take lead on convening – will prepare the scope of work and timeline. UNICEF will follow up on Innocenti Centre

Due date:

4. Joint Guideline on Situation Analysis

Action: Editing John Williamson's paper on this and putting in place a consultative process to get agreement/buy-in – meeting of UNICEF regional advisors and planning officers, and experts

Responsible: UNICEF

Due Date: October?

5. Monitoring UNGASS on HIV/AIDS goals on children

Action: Preparation of working paper on core set of indicators, in consultation with USAID and other key partners, bringing together consultative group to finalise measurement tools.

Responsible: Roeland Monasch, UNICEF

Due Date:

6. OVC Principles Paper

Action: Finalise paper, incorporating/attaching UNGASS Declaration goal

Responsible: UNAIDS (Aurorita Mendoza), with UNICEF and USAID

Due Date: Before end October

7. Communication Strategy

Action: Future meeting of IATT or informal donor technical group should focus on coherent strategy on getting information out

Responsible:

Due Date:

8. Advocacy

Actions:

1) Development of advocacy toolkit, incorporating principles paper and with a positive focus

Responsible: UNICEF, with US Fund for UNICEF

Due date:

2) Sensitizing/informing the media:

- Convene meeting/s with media to sensitize/inform them, in order to reduce number of distorted, sensationalised, negative stories
- Code of conduct for media
- Series of publications showing the positive, e.g work of faith-based organisations

Responsible: UNAIDS

Due date: Ongoing; possible meetings around International Conference on AIDS/STDs in Africa (ICASA), World AIDS Day.

9. Leadership

Action: Paper on UNICEF's role as convenor of IATT and future UN work on OVC

Responsible: UNICEF (Peter McDermott to put his thoughts on this on paper)

Due date:

10. Human and Institutional Capacity Development/Needs

Identify mechanisms to strengthen

11. Case study of expanded, bold partnership

Action: Recognizing that we have failed to scale up at country level, there was agreement that in one or more countries (Malawi and/or Uganda were proposed) there should be a collaborative effort by UN bodies, bilateral donors, and others, to demonstrate how efforts to ensure the protection and care of orphans and other vulnerable children can be scaled up country-wide. (Link with global fund)

Responsible:

Due date:

12. Accessing the Global AIDS and Health Fund

Action: Ensure that capacity exists at country level to access funds from the Global AIDS and Health Fund for OVC programmes when they become available

Responsible: UN Agencies

Next steps for the IATT

- Notes of the meeting to be circulated, with notes from last couple of informal donor technical meetings attached.
- Need to get further definition on respective roles
- Need to identify capacities required
- Need to decide how this group will relate to other groups focusing on OVC
- UNICEF should get full time person on board to run secretariat – Hart fellow?