Eastern & Southern Africa   Regional Workshop on
ORPHANS &   VULNERABLE CHILDREN

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WORKSHOP REPORT
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Introduction

Between 5-8 November 2000, some 80 delegates from 14 countries in eastern and southern Africa gathered in Lusaka to discuss the crisis facing children in the region, largely as a result of the HIV/AIDS pandemic.

The workshop was initiated jointly by UNICEF and USAID. Countries were asked to send a delegation of four members, including representatives of government and civil society. This was the second regional gathering to discuss orphans and vulnerable children, the first being the conference on "Raising the Orphan Generation" in Pietermaritzburg, South Africa, in June 1998.

The Lusaka meeting was made up of a series of 12 facilitated work-groups in four sessions, each dealing with a specific theme or set of issues, to stimulate discussion on specific actions which could be taken in each country to address the needs of orphans and other vulnerable children (OVC). Facilitators were drawn from Zambia and from several other countries including South Africa, Zimbabwe, the USA, Italy, India and the UK.

The workshop objectives were to investigate ways of building capacity of communities to respond to the needs of OVC, and of scaling up OVC activities so they reach a far greater proportion of the millions of children needing help. The expressed aim of the workshop was to find consensus on the way forward, rather than simply reflecting on current activities. Delegates were invited to make poster-presentations on OVC work in their countries, but these were not documented.

This report aims to synthesize the discussion which took place in the work-groups and plenaries. Feedback from participants is encouraged, and should be addressed to the interim OVC Secretariat: mginwalla@unicef.zm

Attachments:

- Workshop programme
- Delegates list
- 14 Country action matrixes
- Evaluation

Situation of OVC

According to revised 2000 estimates from the U.S. Census Bureau, 15.6 million children under 15 have already lost their mother or both parents to AIDS or other causes of death. By 2010, there will be 24.3 maternal and double orphans. If children who have lost their father are also included, the global total will be 44 million. By that date, between 20 and 35% of all children under 15 in eleven countries of Eastern and Southern Africa will be missing their mother, father or both of their parents.

The human and social costs these estimates represent are staggering. Children without parental protection lose opportunities for school, health care, growth, development, nutrition, shelter, and even their rights to a decent and humane existence itself. The challenges faced by children, families, and communities, and their governments in managing the impact of HIV/AIDS will be enormous. In all countries represented at the workshop, significant steps have been made by all parties to address these challenges, but in all cases, the scale of the problem threatens to overwhelm the responses. Among the objectives of this workshop is to develop approaches for bringing existing programs to scale quickly, including ways to integrate them into on-going national service delivery without violating their unique family and community based values. To do this, the workshop first examined basic principles of care that underlie successful programmes.

Principles for Action

The workshop was given an overview of the draft discussion paper: "Principles to guide programming for orphans and other vulnerable children." Delegates then broke into facilitated working groups to discuss the document in more depth, particularly the 14 proposed principles (see panel), and provided their feedback to in a plenary session.

The plenary endorsed the need for a "principles paper", and the human-rights-based framework within which it was drafted. None of the draft principles were rejected, but suggestions were made for the consolidation of some principles and the addition of others. For example, the issue of poverty needs to be strongly addressed, and the role and obligations of governments should be added as a separate principle.

It was agreed that the document should be circulated widely for discussion, inputs and action. Meanwhile it would be edited to incorporate suggestions made during and after the workshop, for finalization by April/May 2001.

Delegates felt the "principles paper" should ultimately be endorsed at all levels – especially by key NGOs, governments and multi-lateral organisations – and attached to international instruments to which countries were obligated or bound.

Proposed principles and approaches to guide OVC programming

1. Strengthen the caring and coping capacities of families and communities.

2. Increase and strengthen community care rather than institutional care.

3. Enhance the capacity of families, communities and local groups to respond to the psycho-social needs of vulnerable children and adolescents.

4. Reduce stigma and discrimination.

5. Foster linkages between HIV/AIDS prevention activities and efforts to support vulnerable children and adolescents.

6. Foster linkage between home-based care and support to children/adolescents.

7. Target communities where HIV/AIDS makes children vulnerable, not "AIDS orphans".

8. Give particular attention to women and girls.

9. Involve children and adolescents as "part of the solution".

10. Accelerate learning and information exchange.

11. Strengthen partnerships at all levels and build coalitions among key stakeholders.

12. Develop multi-sectoral, mutually reinforcing programming strategies.

13. Ensure that external support does not undermine community initiative and motivation.

14. Scale up and scale out.

[The present draft is available from dierdre@tvtassoc.com and inputs should be sent to mconnolly@unicef.org.]

National Leadership

National leadership is central to effective large-scale interventions for children and adolescents affected by HIV/AIDS. The issue is how to ensure that leaders are not only aware of the OVC crisis, but are affording it the highest priority and are doing all they can – individually and collectively – to protect the next generation.

Workshop delegates agreed that providing information to governments was not enough; what was needed was a coalition of civil society – a movement – to put pressure on governments to respond to the OVC crisis.

One suggestion was a political mapping exercise to identify key people in government who were sympathetic to OVC, or potentially useful in implementing solutions for OVC. Workshops for parliamentarians would help to develop alliances.

Other suggestions for action included:

At national level:

- NGO-Government Interactions. One of the major weaknesses in the implementation of OVC activities is that Government and NGOs work in isolation of each other. Therefore, there is an urgent need to set up a framework for interaction and clarification of organisational roles for building partnership.

- Conducting comprehensive situation analyses on OVC;

- Starting with communities which could describe local problems;

- Encouraging children to articulate and act on their needs;

- Mobilising and developing human resources on a massive scale;

- Ensuring government spending is appropriate to the crisis;

- Strengthen research and reporting on OVC issues.

At regional level:

- Setting up networks for information sharing and interaction;

- Reinforcing measures for conflict resolution, to prevent increases in orphaning through war and violence;

- Encouraging COMESA and SADC to establish committees on OVC.

At a global level:

- Promoting debt-cancellation to free up resources for social spending, and setting up structures to absorb such funds and ensure they are used for poverty alleviation;

- Creating global networks to agree on principles to guide best practice on OVC, set up international guidelines on responses and convene world summit events;

- Promoting government-to-government lobbying on OVC, and access to drugs which would prevent parents from dying;

- Honouring the Marakesh Decision on food security, especially with regard to support to developing countries from developed countries if they are to achieve food security within the context of increased world market price instability and higher food import bills.

- Working with the Commonwealth Association on OVC issues.

Working with Communities

Community initiatives continue and develop if they have sufficient resources (internal/external; human/financial); good and trusted local leadership; and community ownership and decision-making.

They respond to success or hope of success, motivation, and appreciation. They expand if their local volunteer base can be expanded, if they have participation by community leaders, and if their expansion involves other community resources such as religious groups, business and traditional leaders.

Intermediary organisations can provide many types of support including information about potential resources and activities elsewhere; training (eg: business, care, organisational

development); technical support (eg: advice, monitoring and evaluation); partnership and mentoring; catalysing community mobilisation; and providing material support.

Expanding community OVC initiatives involves:

- Helping intermediary organisations support more community initiatives – by building their capacity; helping them to specialise; providing them with more resources; and helping them develop a vision for scaling up.

- Helping more organisations become intermediary organisations – by building their capacity, providing resources, helping them develop a vision for supporting other organisations, building national coordinating mechanisms, and increasing the government's monitoring response.

- Removing donor constraints – by trusting and using local professional capacity, increasing accountability to national (rather than international) stakeholders, harmonising complex bureaucratic requirements, trusting intermediary organisations with sub-grants, and reducing the complexity of reporting and accounting mechanisms.

The Human Rights Approach

The human rights approach (HRA) is a participatory methodology for planning and programming. It is based on the Convention on the Rights of the Child, which has been ratified by all governments in the region.

Focus areas for effective HRA programming include:

- Inclusive partnerships – at all levels and stages of programming. Donors are important partners, particularly where their need for quick results could threaten the programme. High quality facilitation is critical.

- Programme management – should include visionary leadership, clear and realistic objectives, and full documentation of processes and lessons learned.

> **The five-step HRA process:**
>
> 1. Rights orientation – build consensus on rights ("what should be?");
>
> 2. Assessment – identify rights violated or at risk ("what is?");
>
> 3. Define rights gaps – between "what should be" and "what is";
>
> 4. Analysis – duty bearers and roles ("whose responsibility is it?");
>
> 5. Action – agree on strategies ("what will we do?").

- Ownership and accountability – are essential elements at local, national and institutional levels. The planning process must focus on ownership and accountability from the start.

- Limited resources – reduce the capacity of families and communities to fulfil their responsibilities to children.

- Capacity building – local potentials are uncovered during a human rights analysis, and must be developed. Communities should be encouraged to define human rights from their own cultural perspective, to reinforce understanding and commitment.

- An enabling environment – needs to be provided for families and communities to fulfil their responsibilities. This is the primary role of government, supported by major donors. Local and national leadership must be committed to this process.

Comments from delegates on the use of HRA:

- It is difficult to use HRA in an emergency situation;

- Sufficient time needs to be invested in building commitment among roleplayers if a HRA is to succeed;

- Listening to the community is paramount;

- Focus on what is being achieved and what can be done, rather than on the negatives.

Micro-Finance

The welfare of children depends a great deal on how well the family is able to cope economically. Microfinance which is part of the larger field of micro-enterprise development (see box), can be of help here. Specifically, it can:

- Reduce vulnerability to loss and deepening poverty by increasing coping mechanisms

- Maintain or increase small but steady income flows to poor households

- Provide opportunities to acquire savings

- Enable affected households to avoid irreversible steps such as selling farming implements.

HIV/AIDS organisations should not themselves take on micro-finance services, but rather enter into strategic alliances with specialist microfinance organisations. These alliances should be operationally separate, but conceptually joined. To operate effectively they need to:

- Hear/respect each other's sound practices

- Learn from one another

- Innovate on ways to form alliances.

> **Micro-enterprise development comprises:**
>
> Micro-finance (financial services)
> - Savings
> - Credit
> - Insurance
>
> Business Development Services
> - Training
> - Improved technology to add value
> - Market linkages
> - Subcontracting/brokering

At a national level there should be a mapping exercise to see where HIV/AIDS organisations and microfinance industries operate so they can locate each other.

There are similarities between these two areas. Both look to communities to solve their own problems and to drive the process of providing service to them. They both seek to provide demand-driven services.

Areas for further research include:

- How to increase scale and depth of outreach (reaching out and reaching more deeply into the survival economy)

- More flexible loan products (smaller loans for shorter loan periods)

- More flexible policies (allowing clients to maintain membership if they want to skip a loan cycle)

- New products (emergency funds, voluntary savings, insurance)

- How are clients/affected households coping with the economic shocks of HIV/AIDS

- Where are the gaps in services to improve economic strengthening and productive capacity? Especially in terms of reaching children/young adults.

Education

The International Convention on the Rights of the Child stipulates that every child has the right to education (article 28). Appropriate education for a nation's children is central to ensuring that nation's future prosperity and stability. Universal education is also the principal weapon against the spread of HIV/AIDS, and the best defence against abuse, neglect and impoverishment.

School attendance of OVC is known to be lower than that of their more advantaged counterparts. Contributing factors include:

- Costs associated with schooling – particularly cash costs (fees, books, uniforms..) and opportunity costs (loss of labour in the home);

- Lack of access to a school;

- Poor quality of teaching/learning in schools;

- Perceived irrelevance of schooling, particularly in relation to the job market.

It was suggested that if children could not get to a school, the school should somehow be made accessible to them where they are so as to fulfil their basic right to education. Several models – which could be combined in various ways – were discussed:

- Community schools – run by communities, charging no fees, requiring no uniforms, providing almost all educational materials and using teachers from within or close to the community, often on a voluntary basis and with little training.

- Satellite schools – covering a wide geographic area, providing resources to teachers who travel to visit different communities to provide short periods of formal teaching, leaving children with assignments to be done under supervision by the community.

Key issues on educating OVC:

1. Costs should never exclude any child from schooling;

2. Schools should adjust their schedules and methods to suit children, not the other way around;

3. Learning should be real (not just attending school) and relevant (to the child's experience, culture, needs and aspirations);

4. Schools should seek out children in their catchment areas, and be flexible and innovative in enabling them fulfil their right to education;

5. School should be a place of happiness and personal growth for every child;

6. Because of HIV/AIDS, schools should provide children at an early stage with economically useful skills;

7. Education systems must depart from colonial models to be more community based, and less rigid;

8. Research is urgently needed on the impact of HIV/AIDS on the education sector and on the education of children, particularly OVC.

- Distance learning – using interactive radio (or television, or internet) teaching materials, under the supervision of members of the community.

- The school as a comprehensive, community-based organisation – where teachers are joined by those with a traditional role in society (leaders, healers, birth-attendants, crafts-persons..) in collectively educating children. Children, in turn, could go into the community to support care-givers, engage in peer education, gather data for community research programmes, etc.

Social Safety Nets

The work-group reached consensus on the following key issues:

- Long-term welfare assistance has a positive and sustainable effect in terms of building educated and healthy national human capacity. Short-term and piece-meal assistance has little if any long-term benefit. This implies that sufficient resources must be made available over the long-term to invest in people.

- Social safety nets should be implemented only after careful planning, including a situation analysis, a review of welfare assistance in the context of long-term poverty alleviation, and a study of cost-effectiveness. Appropriate roles must be agreed at all levels in delivering social services, and roleplayers' capacity developed to perform these roles effectively.

- Welfare assistance should not only target the most vulnerable, but should reach all of those people who fall within this category.

- Social insurance programmes aim to prevent "middle class" people from falling into destitution. Such (self-funding) programmes should be encouraged so as to limit the demand for (state funded) social welfare, and to enable retirees to contribute to their communities.

- Comparative research on social safety nets in eastern and southern African countries should consider which models are most appropriate and effective, and develop monitoring systems to track performance. The relationship between informal and formal social safety nets needs to be understood to ensure they are complementary.

- A network which allows for an exchange of experience and best practice within the region would be invaluable.

> **Towards a definition of social safety nets:**
>
> - Services protecting the vulnerable from the worst impacts of poverty;
>
> - Include welfare assistance (short-term, direct aid) and developmental programmes (increasing personal and community self-reliance);
>
> - Can be formal (government, organised) and informal (community, family);
>
> - Social insurance protects the "middle class", through pensions, workmen's compensation etc, from falling into destitution.

Partnerships

Most organisational role-players (government departments, NGOs, donor agencies) in the HIV/AIDS and OVC fields provide a limited range of services within specific sectors. Many have found these services are ineffective on their own.

The solution is to form strategic alliances or partnerships between two or among more organisations, so that their collective interventions can be more effective and sustainable, and reach larger numbers of beneficiaries.

Community initiatives tend to be more holistic, but often fail due to a lack of resources such as skills and money. Once again partnerships can be the answer, with one or more partners providing these resources.

However, partnerships present a whole range of challenges which, if not met, threaten the viability of these alliances and, therefore, the collective intervention. Participants at the workshop discussed a number of these challenges:

- Equality and independence – many organisations have difficulty giving up any degree of control and autonomy over their programmes. However, this is a prerequisite to an effective partnership. Clear terms of reference, agreed among the partners at the outset, can reduce these fears but ultimately mutual trust and a shared commitment to children are needed.

- Communication and coordination – sharing strategic information and making collective decisions is difficult for many organisations, particularly when they must conform to a set of rules imposed on them from "above" (eg: the cabinet, head office, major donor). Proper planning and mechanisms for regular communication are essential to minimise these risks. Information must also be communicated at all levels, and in a manner appropriate to the audiences.

- Finding the right partners is essential – community groups, in particular, need to be sure their partners can provide the resources which they need without changing the programme to something which they do not want. All partners need to have a clear understanding of each others' needs and expectations – particularly in relation to duration, progress indicators and decision-making.

- Flexibility is essential to effective partnerships – circumstances change, but the withdrawal of a partner can threaten the viability of a project and, with it, the future of many children and adults. Roleplayers have a moral obligation to their partners and beneficiaries which extends beyond their organisational goals.

- Research and monitoring mechanisms – the rate at which the OVC crisis is escalating demands that roleplayers "fast-track" their responses. Research may be necessary to plan and monitor interventions, but it is important not to delay responses while waiting for data, but rather to modify responses when the data is available.

- Duplication of effort - it is important to learn from existing programmes and research, and to identify gaps and priority areas for intervention. This points to another level of partnership – one of coordination and sharing of information among organisations, even if they are not collaborating on specific projects.

Data & Research

Delegates focussed on three areas where data relating to OVC is urgently needed.

1. The nature and extent of the problem:

- More precise information is required on the number and relative vulnerability of various groups of orphans – including "social orphans" who are abandoned children, with living parents. In particular, information is needed on orphans' living arrangements and care-givers. The number and, if possible, the relative vulnerability of these children needs to be projected over a 5–10 year horizon, for effective planning.

- Fostering of children, in particular, needs more research – for example the circumstances in which they were fostered and in which they are living, and the extent to which their vulnerability is affected by external monitoring and support. Issues of external support for OVC need to be better understood, and gaps identified.

- The migration of OVC before and after the death of parents – eg: being sent to relatives in rural areas – has not been adequately studied (numbers, determinants, impact) nor has the preference of households for children of a particular age group or gender.

- Factors leading to abandonment and social orphanhood are not well understood, even though in some countries such as Swaziland their numbers are comparable to those of AIDS orphans.

2. Types of support and their impact on OVC:

- Little information is available on material resources which are, or should be, provided to OVC or their care-givers. Data on resource transfers, including the channels used, should be compiled regularly in a regional database.

- Transfer mechanisms for material support need to be designed for maximum efficiency while avoiding unintended consequences. Cash or kind? Targeted to child or household? For AIDS orphans, any orphans, or all vulnerable children? How to avoid "incentive traps"? Should transfers be through social assistance, training, micro-enterprise development?

> **Research methodology:**
>
> - Which is the best combination of national surveys, routine statistics, PLA-PRA and registers? How best to link these mechanisms?
>
> - How to include OVC questions in national surveys?
>
> - Are PLA-PRA better than other methods? Do they build capacity and community ownership?
>
> - How to strengthen the flow of information originating from administrative routine statistics?
>
> - To what extent can sustainable sentinel sites be used for surveillance of the OVC condition?
>
> - What specific indicators of OVC "vulnerability" and "wellbeing" are most useful?
>
> - What ethical issues need to be addressed in OVC research?

How best to work with communities and CBOs in resource transfers? How to avoid the local "gatekeeper"?

3.   Methods of OVC care:

- Data on best practice and service providers to OVC role-players should be compiled and updated regularly, and made freely available to anyone. Situation analysis of OVC should provide information on methods of care for OVC.

- The extended family, foster family, temporary children's homes, SOS-type villages, permanent institutions – are still open for debate. New Ugandan data shows that OVC in foster families receiving some external support fared better than those in extended families. A comparative situation analysis of models of care and types of support to OVC in the region would be invaluable.

- How best to deliver psycho-social support to OVC? How to re-integrate children from institutions into society?

OVC and HIV Care and Prevention

Despite an abundance of activities and programs in the region there are many issues and constraints that still need to be addressed in order to protect OVC from HIV infection and care for those already affected and infected by AIDS.

Donor organisations and others have created a false separation of prevention and care, which has led to a loss of opportunities for many programs. This is attributed to the short time lines for funding and an overall lack of funds available to programs, as well as the compartmentalization of funding, the vertical nature of programme strategies and a lack of information sharing.

Strategies to support OVC and HIV prevention and care initiatives include:

- intensifying community mobilization efforts through more participatory planning, data collection, monitoring and evaluation of OVC/HIV programs;

- involving orphans and other vulnerable children in all of these processes;

- integrating OVC activities in the continuum of child-care;

- learning from better practices;

- strengthening of advocacy to put OVC on national agendas.

Strategies for scaling up and scaling out of OVC and HIV prevention and care initiatives include:

- Helping communities to mobilise and build capacity, and providing ongoing support.

- Integrating OVC initiatives with other care and support activities such as voluntary counselling and testing, prevention of mother to child transmission, home based care etc.

- Documenting and replicating successful interventions through regional networks and communication between OVC and HIV programs.

- Organisation to organisation mentoring.

Psycho-social support for vulnerable children needs to be incorporated into all OVC activities, without delay. Apart from the benefits for individual children, counselling can give children a voice in programmes which affect them, and help break down stigmatisation. However there is a real lack of capacity for counselling young children.

Poverty is possibly the greatest barrier to effective OVC programming at both a national and community level. Poverty creates the challenge while weakening the response. Currently the technical knowledge, skills and capacity of governments, NGOs and CBOs are not strong enough to overcome these barriers.

Psycho-Social Support

There was general consensus in the work-group that many OVC programmes address some elements of psycho-social support, but that this was usually secondary to the provision of material support and other social amenities. It was agreed that OVC programmes need to strategically integrate psychological and emotional support.

The following activities were identified as useful tools for providing psycho-social support:

- Story-telling by elders – especially spiritual stories
- Community service – children and adults working on common projects
- Communal eating – children and adults together
- Future planning for the best care of children
- Community monitoring of orphans.

In terms of increasing the scale and impact of psycho-social programming, it was agreed there was a need for a regional network. Several organisations are already committed to setting up such a network, including:

- HUMULIZA project of the Kagera in Tanzania
- SCOPE/OVC in Zambia
- Hope World Wide in South Africa
- Salvation Army Masiye Camp and FOST, both in Zimbabwe.

A regional meeting to further strategise on this network will be held in July 2001 in Zimbabwe. Among the goals of such a network would be the sharing of experiences and best practice, listing of resource persons and materials, forming of a shared vision, setting up of an electronic discussion forum, and development of community hubs for e-mail access.

It was recommended that psycho-social support be included in teacher-training programmes.

Further information on psycho-social support is available from:

- The psycho-social support manual (on the CD-ROM circulated to workshop delegates);
- UNAIDS best practice on psycho-social support for OVC (2001);
- Training in psycho-social support at the Salvation Army Masiye Camp in Zimbabwe (samasiye@telcomet.co.zw) and the HUMULIZA project in Tanzania.

The Way Forward

On the final day of the workshop, delegates broke into country-teams to consider six issues, as they applied to their own countries.

Leadership agenda on OVC

Most country teams proposed lobbying and advocacy to push their governments to act decisively on the OVC crisis. Some wanted to educate the public so that they would, in turn, demand action through their elected representatives. Others suggested mobilising the media, religious bodies or foreign leaders to pressure government. Regional commitment to OVC through SADC and COMESA would set the tone for national responses. Workshops of parliamentarians, the presentation of documents (such as this report) and World AIDS Day were suggested as ways of influencing government.

Another popular theme was the need for more research – especially situation analyses – and planning processes to develop national programmes. Setting up national structures to

coordinate and monitor OVC programmes, or decentralising programmes, or integrating them with existing social services were equally popular themes. In terms of service delivery, partnerships between government, civil society and international agencies were stressed.

Child-related legislation was mentioned by a few countries, including the need to review existing legislation and to call on governments to enforce legislation which was already in place – even to the extent of pursuing test cases in court.

Resources – or the lack of them – for OVC activities were a key concern, with several countries proposing that resources be re-allocated by governments from less urgent activities to OVC programmes, while Malawi proposed the introduction of an OVC levy.

The role of government as a coordinator of OVC activities and a catalyst for information sharing/networking was raised, as was its key role in providing an enabling environment for OVC programmes run by NGOs and communities.

It seems clear that most delegates thought their governments should be taking the lead in building awareness, mobilising resources and sharing information on OVC but there was no suggestion that any government in the region was close to accomplishing this ideal. It was not clear from the feedback whether delegates felt their governments should be the primary service providers to OVC, but it is likely that this would vary greatly between countries.

All country teams agreed that leadership on the OVC issue should not vest only in their governments, or in government-supported committees. The fact that few, if any governments, are actually providing this leadership could be the greatest impediment to an effective national OVC response in the region.

Better care and support to parents/families/caregivers/PLWA

Several strong themes emerged from the various country delegations:

- Home-based care should be supported (equipping, training, counselling and setting up support groups for caregivers) and integrated with OVC activities;

- Psycho-social support for care-givers is essential – but needs to be backed up with practical support services such as training, microfinance, material support;

- A toolkit of services needs to be readily and freely available to all communities to enable them to take control of their own OVC responses (see box). This needs to be accompanied by extensive publicity, so they are aware both of the challenges and opportunities facing them;

- Information sharing, best-practice dissemination, skills training and strong partnerships are prerequisites to effective action by organisations working with families and caregivers;

- Perhaps most challenging of all: by extending the lives of HIV-infected parents, the orphaning of their children can be postponed.

Burundi made a number of very pragmatic suggestions, including the setting up of tracing agencies to assist with family reunification and legal support centres to counter property-grabbing and enforce children's rights, and developing community-care models to support child-headed households.

> **An OVC "toolkit" for communities:**
>
> The services of
>
> - community facilitators/ mobilisers;
>
> - trainers (eg: home-based care, counselling, business skills ..);
>
> - technical support personnel (eg: health care, marketing, agriculture..).
>
> Access to
>
> - a broad range of information (eg: legal, best practice, opportunities..);
>
> - funding (programme, micro-finance, small grants..).

Expanding the number and quality of organisations

Delegates appeared to be more comfortable dealing with quality than quantity. Various mechanisms were proposed to assure quality services such as coordinating structures, the formalising of national standards, writing of policies and setting up monitoring or quality-assurance bodies.

The mapping of existing services was suggested as a way of identifying best practice and gaps in services to OVC which could be filled by other roleplayers. This should be backed up by networking among role-players and perhaps, creation of a resource centre giving access to essential information, such as contacts, funding sources and best practice.

Almost all countries said they should build on the organisations which were already active, encouraging those organisations to reach more children. Reference was made to providing training to these organisations, and helping them to access resources.

No reference was made to removing impediments to setting up organisations (such as legal barriers or the reluctance of donors to fund start-up and operating costs), nor to recruiting existing organisations which are not currently engaged in OVC activities – such as (some) churches, schools and youth groups – or inviting organisations from other countries to expand across national boundaries.

Getting resources to the base

Three major themes emerged from the various country teams under this heading:

- the need to develop a higher level of economic independence at community level (eg: through microfinance, IGAs..);

- the need for communities to have direct access to resources (eg: from donors) rather than through intermediary organisations; and

- the need for greater efficiency and transparency in intermediary organisations (through training, monitoring mechanisms..).

The need for decentralisation of decision-making and service delivery was mentioned by several countries as a way of ensuring that resources reached the intended beneficiaries more effectively. Better networking and information sharing among roleplayers would also help.

One country pointed to the need for community-based initiatives to be more aware (and, perhaps, critical) of the conditions which donors attached to funding. They said donors should do more to make communities aware of the implications of these conditions.

The role of intermediary organisations was controversial, with some delegations saying they should be by-passed so communities could work directly with donors or government, while other delegations said intermediaries should be more efficient and more transparent in their use of resources.

Training – whether for community actors or the staff of intermediary organisations – was a popular suggestion, with an emphasis on financial and programme management.

Expanding the role of schools and education systems

Most country teams proposed that teachers should be trained in counselling, so they could provide psycho-social support to children in their classes. Teachers should also be trained to identify vulnerable or emotionally traumatised children in their classes, and to cater for their special educational needs.

Some went further, suggesting schools should become a focal point for OVC activities (eg: feeding schemes, support to caregivers, venues for OVC meetings) or one-stop OVC support centres.

There was general support for free education to needy children. Some proposed special levies on those who could afford it, to subsidise those who couldn't, while others suggested free and

compulsory primary education for all children – presumably paid for by the state. The Convention on the Rights of the Child could be used to advocate for universal access to education.

Another popular point was that schools should be providing life-skills and vocational training to pupils, to equip them as income earners. The involvement of youth groups in education, and the value of child-to-child learning, was also mentioned.

The existence of informal or alternative schools was mentioned by several countries, with the suggestion that they be integrated into the educational mainstream. An allied suggestion was that education authorities should do more to re-integrate "educationally marginalized" children back into school. The need for quality education, not just school-attendance, was referred to.

Strengthening participation of children, families and communities

The voice of children and adolescents should be heard on their needs and aspirations, and would be heard if they were given an appropriate forum. Young people should also be seen as roleplayers, not just beneficiaries of OVC programmes – for example as information-gatherers for research programmes, or participants in drafting an orphan care strategy.

Similarly, families and communities needed to be empowered to develop their own ideas and to implement them. One important step would be to build awareness of the OVC situation, which was often masked by denial and stigmatisation. One delegation suggested a user-friendly booklet on children's rights could help build community commitment and response.

Many communities say that poverty is the main impediment to caring for their children, so micro-enterprise and income generating activities will always be central to securing active participation in OVC activities.

Local leaders, community-based, religious organisations, teachers and youth clubs were all named as important catalysts for community and individual participation.

Conclusion

Concluding remarks made at the end of the workshop pointed out that Governments and civil society should now see HIV/AIDS and the orphans' crisis as "**the"** development issue and no longer one among other priorities. Consequently, there was need to move away from incremental to bold actions. At country level, it was recognised that this would require countries to take a quantum leap, especially as they implement the actions outlined in their country plans. At the regional level, the importance of increasing donor collaboration and involving regional institutions as well as establishing networks was stressed as a means of carrying the process forward. Finally delegates were asked to provide their feedback on the follow-up to this workshop.