

**UNITE FOR CHILDREN**  **UNITE AGAINST AIDS**

# **OVC PROGRAMMING (Orphans and other Vulnerable Children) including CHILDREN AFFECTED BY HIV AND AIDS IN WEST AND CENTRAL AFRICA**

**CONCEPTUAL AND PROGRAMMING GAPS– PROGRESS IN THE REPOSE – CHALLENGES AND THE WAY FORWARD**

Working Paper (draft) – UNICEF – West and Central Africa Regional Office (WCARO) – November 2008

## LIST OF ACRONYMES

<b>APAD:</b>	Association Euro-Africaine pour l'Anthropologie du Changement et du Développement
<b>CBO :</b>	Community Based Organizations
<b>CCISD:</b>	Centre de Coopération Internationale en santé et Développement
<b>CAR:</b>	Central Africa Republic
<b>CSO:</b>	Civil Society Organizations
<b>DRC:</b>	Democratic Republic of Congo
<b>GPF:</b>	Global Partners Forum
<b>HCNL:</b>	Haut conseil National de lutte contre le SIDA
<b>HDI:</b>	Human Development Index
<b>NAC:</b>	National AIDS Commission
<b>OVC:</b>	Orphans and Vulnerable Children
<b>OPPEI:</b>	OVC Policy and Planning Effort Index
<b>PEPFAR:</b>	Presidential Emergency Plan for AIDS Relief
<b>PMTCT:</b>	Prevention of Mother-to-Child Transmission
<b>PRSP:</b>	Poverty Reduction Strategy Paper
<b>PLWHA:</b>	People Living With HIV and AIDS
<b>RAAAP:</b>	Rapid Assessment, Analysis and Action planning
<b>RIATT/CABA/WCA:</b>	Regional Inter Agency Task team on AIDS/Children Affected by AIDS/West and Central Africa
<b>WCAR:</b>	West and Central Africa Region
<b>WCARO:</b>	West and Central Africa Regional Office

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## ABOUT THIS WORKING DOCUMENT

This is a working paper for discussion within the Regional Inter-agency Task Team on Children Affected by HIV AIDS in the West and Central African Region (RIATT/CABA-WCAR)<sup>1</sup>. It was designed as a programming and advocacy tool and is part of the wider process of formulation of a regional strategic framework for OVC programming for West and Central Africa, a region commonly labelled as low HIV prevalence region.

This document tries to show that OVC issue, including Children Affected by HIV and AIDS is relevant even for low HIV prevalence countries and should be an opportunity for response for the most vulnerable children in West and Central Africa.

It however stresses the fact that the attention of the international community has been focused on high prevalence settings. To date, efforts to take into account the wide variety of the epidemics, as well as the socio-economic and political contexts have been quite half-hearted. This situation was characterised by a dearth of ideas and orientations at the international level to guide OVC programming in low prevalence settings.

The document also reports on efforts made in OVC programming in WCAR, at countries and regional levels. It raises some issues and provides food for thoughts on the contexts and the different key aspects of OVC programming in low prevalence countries.

Finally, the document calls on the international community to intensify their efforts in order to help countries in the region for the development of more appropriate tools for OVC programming and to ensure that programmes are sustainable and beneficial to the most vulnerable children, including those affected by HIV and AIDS.

A revised version of this document is expected on completion of the definition of the regional strategic framework on OVC programming for WCAR, scheduled for 2009.

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<sup>1</sup> English acronym for the Inter-Agency Think Tank for Children Affected by HIV/AIDS West and Central Africa Region (WCAR). This acronym will be used interchangeably in English and French documents The Regional Office for West and Central Africa serves as the secretariat of the RIATT/CABA-WCAR

## EXECUTIVE SUMMARY

In general, OVC conceptualisation and programming have been based on the epidemiological and sociological contexts of high prevalence countries. Programming was also guided by a pretty restrictive definition of «Children Affected by HIV and AIDS». Unfortunately this orientation has eroded the relevance and importance of this issue in the West and Central Africa region. This region covers countries commonly labelled “low prevalence” countries. These countries also face several competing priorities.

In fact, WCAR covers countries beset by deep poverty, poor indicators in education, health, nutrition, conflict and post-conflict situations and acute weaknesses within their systems. All these are factors which contribute to the increased vulnerability of the children, especially their vulnerability to HIV, and compromise their development in the short and medium term. Because of this context, children in the region need attention and social protection services. HIV can therefore be the entry point to better identify the vulnerable children and mobilize the resources needed for their care, protection and development.

Great strides have been made in the area of OVC programming in low prevalence countries despite the scant interest of these countries to position this issue at the forefront of their national development agenda. However, there are still some daunting challenges to be overcome:

- Lack of tools adapted to the low prevalence areas to guide OVC programming;
- Lack of evidence-based data to guide programming;
- Poor capacity of systems in the area of coordination;
- Low interest for specific programming for low prevalence areas
- Dearth of resources

Some thoughts on how to make OVC programming in the region more strategic and efficient:

- Adopt an approach allowing integration of the issue of children affected by HIV and OVC within the national development agendas of low prevalence countries.
- Promote the establishment of social protection systems to improve access to basic social services for the most vulnerable children and to ensure sustainability of the services;
- Intensify the support for:
  - A better integration of social protection in OVC debates and interventions ;
  - The formulation and implementation of strategies to strengthen systems, including social protection systems;
  - Strengthening the capacity of ministries responsible for OVC and the capacity of Civil Society Organisations
  - improvement of monitoring and data collection systems

## INTRODUCTION

The issue of Orphans and other Vulnerable Children (OVC) has become central to the response to HIV because of the impact of the epidemic on millions of families and children in Sub-Saharan Africa. The West and Central African Region which covers 24 countries<sup>2</sup> is commonly known as «a low prevalence region» with an average HIV prevalence rate of 3.5% among adults as opposed to 8.6% in East and Southern Africa, as of late 2005 (UNICEF, 2007).

Because of the pre-eminence of the HIV impact in the hardest hit part of Africa, OVC conceptualisation and programming have been based on the epidemiological and sociological contexts of high prevalence countries, namely East and Southern African countries. Programmes were then later replicated in lower prevalence countries or in countries with concentrated epidemic without specific efforts to ascertain their relevance.

This document suggests orientations to support better integration of the region's specificities and develop more appropriate frameworks for response. It also calls on the international community to provide countries with tools for more appropriate programming.

## I. THE OVC ISSUE

The OVC issue was introduced in the debates on the HIV/AIDS epidemic as a result of the disastrous impact of this epidemic on the development of millions of children. The concept of OVC was then developed to better articulate this dimension which was long ignored and neglected in the debates and responses at international level.

### 1.1. Conceptual gaps

At the international level there is not a single definition for OVC. This definition varies from institution to institution and has evolved as reflected in the different concepts, such as: «Orphans and other vulnerable children », «Orphans and children made vulnerable by HIV/AIDS », «Children Affected by HIV/AIDS». These terminologies are used in an interchangeable manner and are not mutually exclusive. However the term «Children affected by HIV and AIDS » is becoming more widely used.

These definitions have had implications on the relevance of the issue in the different epidemiological contexts, the programming (group to be targeted and types of services), and the allocation and mobilisation of financial resources. They also influenced the place of OVC in the HIV agenda in the regions and countries. These conceptual distinctions have aroused tensions between those who wish to develop programmes for the most vulnerable and those who are interested in programmes to demonstrate the attainment of the objectives defined at the global level. A general analysis of the different definitions

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<sup>2</sup> The West and Central African Region covered by the UNICEF Regional Office are: Benin, Burkina-Faso, Cameroun, Cap-Verde, Congo Brazzaville, Côte d'Ivoire, Gabon, Gambia, Ghana, Guinea-Bissau, Guinea Conakry, Equatorial Guinea , Liberia, Mali, Mauritania, Niger, Nigeria, Central African Republic, Democratic Republic of Congo, Sao Tome, Senegal, Sierra Leone, Chad and Togo.

of vulnerability shows that they are neither explicit nor operational and are therefore inadequate for targeting programmes and resources. (Gulaid 2007).

Since the debate on the impact of HIV on children started, there was consensus on the definition of the word 'orphan' (UNICEF strategy document), but the same did not go for the concept of 'vulnerable' children. This concept has different connotations and orientations depending on the countries, institutions or documents concerned.

For example at the international level, and in the monitoring and evaluation guide of the national response to the problem of orphans and children made vulnerable by HIV/AIDS (UNICEF, UNAIDS, USAID Feb 2005), «*a child made vulnerable by HIV/AIDS is below the age of 18 and:*

- i) has lost one or both parents, or*
- ii) Has a chronically ill parent (regardless of whether the parent lives in the same household as the child), or*
- iii) lives in a household where in the past 12 months, at least one adult died and was sick for 3 of the 12 months before he/she died, or*
- iv) lives in a household where at least one adult was seriously ill for at least 3 months in the past 12 months; or*
- v) Lives outside of family care (i.e. lives in an institution or on the streets).*

The PEPFAR (Presidential Emergency Plan For AIDS Relief) mentions children who are made more vulnerable because of any or all of the following factors resulting from HIV/AIDS: The vulnerable child *i) is HIV positive, ii) lives without adequate adult supportt (e.g. in a household with chronically ill parents, a household that has experienced a recent death from chronic illness, a household headed by a grandparent and/or a household headed by a child), iii) lives outside of family care (e.g in residential care or on the streets), iv) is marginalized or discriminated against (PEPFAR, 2006).*

These two types of definitions (international and PEPFAR definition) are somewhat restrictive and seem more relevant for high prevalence areas. However, some flexibility was accepted, especially in the formulation of national action plans, for wider and more inclusive definitions of the vulnerability of children. This was done to pay more attention to the realities on the ground and to come up with more country-specific policies and programmes. Consequently, many countries, including the countries of WCAR, have included factors other than HIV, such as socio-economic, cultural and political realities, to define their groups of vulnerable children, including those vulnerable to HIV. Their definition of vulnerable children includes children affected by HIV, abandoned children, poor children, children victims of trafficking, sexual abuse or forced prostitution, street children (cf. Table of definitions of OVC in Annex 1).

Despite this flexibility, the programming was guided by a more restrictive definition of children affected by HIV and AIDS, this approach has been proven more effective for the mobilisation of resources for the children. Unfortunately, this orientation at the international level has reduced the relevance and importance of this issue for low prevalence countries confronted with many other competing priorities. It also may have prevented low prevalence countries to give prominence to OVC in their national development agendas. In the same line of thinking, no interest at international level has been found in developing providing tools for specifically programming on OVC in low prevalence settings.

## 1.2 Programming gaps

Both at the international and national levels, programming for OVC and children affected by HIV and AIDS have to date, been designed and implemented using models developed for high prevalence countries. The strategic framework defined at the international level is applied to all continents without factoring in the diversity of the epidemics and the different socio-economic and political contexts (UNICEF, UNAIDS, 2004). In the area of OVC programming, countries in the region have placed greater emphasis on specific and punctual responses, mainly focused on the distribution of food and school supplies. Activities geared towards creating a conducive legislative environment and establishing social protection systems are limited, if not inexistent.

### 1.2.1. The dilemma in the selection of potential beneficiaries

Based on the definitions of OVC in the action plans of low prevalence countries, and through the literature on children and HIV, one can distinguish, two major categories of OVC:

#### **Children affected by HIV and AIDS**

- These are children: orphans (due to all causes), children made vulnerable by HIV, all children living in foster families for orphans, children with one infected parent. Because of the low HIV prevalence rate in the WCA countries, the number of children affected by HIV and AIDS in a given area is limited. It is therefore not advisable to limit the response for OVC solely to children affected by AIDS. Such approach would have limitations in terms of effectiveness and opportunities because it would lead to stigma and discrimination, and incur exorbitant unit costs, thus limiting the potential of the interventions to benefit many vulnerable children

#### **Other vulnerable children**

- These are children who are at a greater risk of infection because of their socio-economic, educational and family status, and the political climate of the country in which these children live. The data available in the literature on the number of vulnerable children are often presented in a rather vague manner, as « several hundred or hundreds of thousands of children» or « many children». These gaps in the data make it impossible to gauge the magnitude of the problem and are constraints in the development of evidence-based arguments for advocacy and resource mobilisation.

### 1.2.2. Adopting a two-prong strategy

For operational and programming reasons, it is not advisable to separate these two categories of vulnerable children. In effect, children affected by HIV and vulnerable ones often come from the poorest families, the street or camps for the internally displaced in conflict zones. Some of these children are affected by HIV, most of them are not but run



a greater risk of being infected and affected if they do not get the proper support. So it was suggested that since children in low prevalence countries are not often affected by HIV and AIDS, the limited resources available be allocated to HIV vulnerability (but without targeting all vulnerable children) (Gulaid, 2007). However, the absence of accurate statistics on these groups in the WCA countries makes such a distinction difficult. To date, countries seem to have found it difficult to effectively mainstream vulnerability to infection dimension in their programming for OVC or children affected by HIV. In some countries, within the same institution and the same department, one can find programmes which make a clear distinction in the discourse and programming between « AIDS/OVC » and « non AIDS/OVC» and addressing, at different times, the same questions within these different groups. For example, the elaboration of the OVC/CABA policy will be completely dissociated from the elaboration of the policy for the protection and social protection of the child even though the two processes are carried out by one and the same structure within the Ministry.

Thus, for the West and Central African countries, the burning issue is not about choosing one group over another one. This dilemma can be overcome if we consider the issue of children affected by HIV as an entry point to look into the vulnerability of children in the region as a whole, define policies and interventions that will ensure that the most vulnerable are reached, and mobilise the necessary resources for their implementation. However, to ensure that children affected by HIV are not involuntarily excluded from the programmes, this strategy should be linked to a deliberate focus on zones or groups with high HIV prevalence and the development of partnerships with the PMTCT programmes, the associations of People Living With HIV/AIDS (PLWHA), and HIV screening centres RIATT/CABA-WCAR, 2008).

## **II. RELEVANCE OF THE OVC ISSUE IN THE CONTEXT OF WCA**

### **2.1 The WCA context**

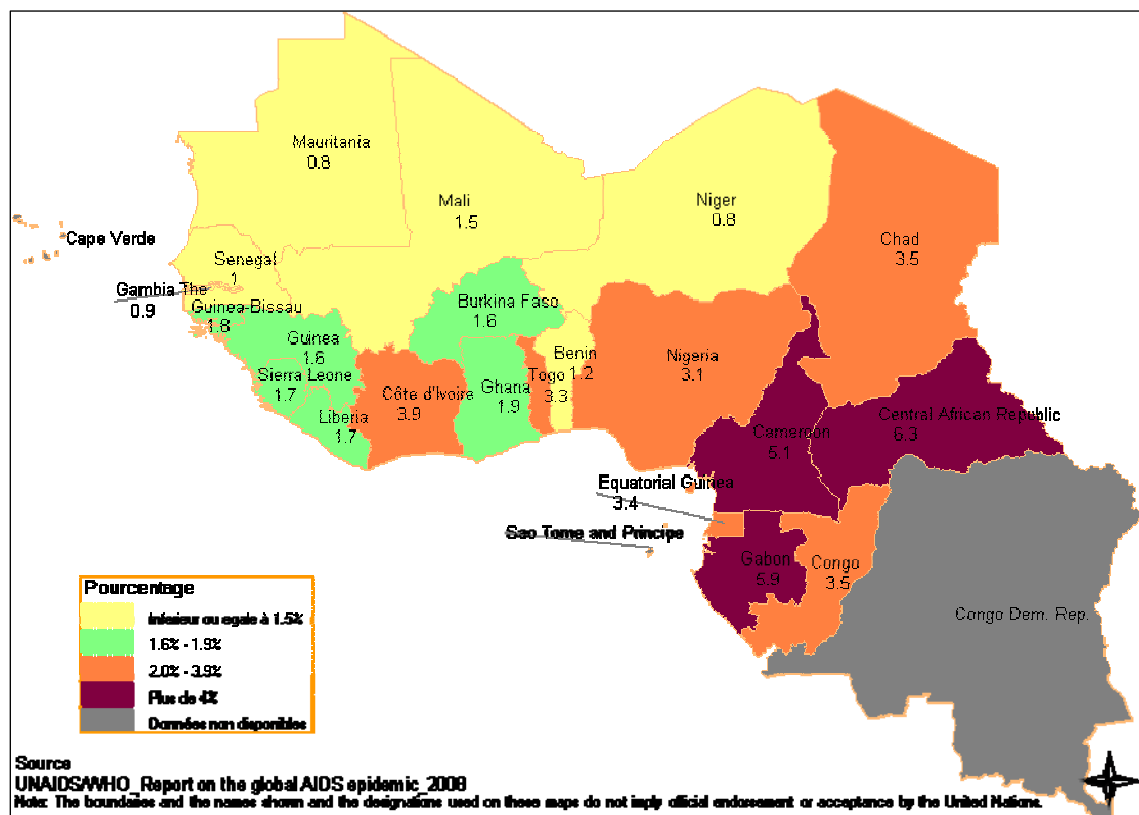
The WCA context is characterised by a low generalized epidemic, acute poverty, poor performance in the area of education, health and nutrition, conflict and post-conflict situations affecting different countries in the region and very weak systems. All factors which increase children vulnerability (including their vulnerability to the infection), and limit the capacity of the country to adequately meet the needs of millions of vulnerable children including children affected by HIV and AIDS.

#### **2.1.1 Epidemiological situation**

According to the last World Report on the Epidemic, (UNAIDS, 2008), Sub Saharan Africa (SSA) remains the hardest hit region and accounts for 2/3 of the persons living with HIV worldwide, that is 22 million and 75% of all deaths due to AIDS worldwide in 2007. If one were to separate the number of infected persons in WCA from the number of infected persons from East and South Africa, WCA would become the 2<sup>nd</sup> most affected region of the world after East Asia. (UNAIDS, 2008). This situation in WCA masks some very marked disparities between countries and within the same country, between regions and categories of population and is characterised by a generalized epidemic with pockets of concentration in some areas or groups of population. At the

national level, HIV prevalence rates among 15-49 years old vary by less than 1% to 6.3% (UNAIDS/WHO, 2008). Of the 24 countries covered by UNICEF WCA, about 10 have prevalence rates of 3% to 6.3% (cf. chart 1). There are also disparities in the size of the countries' population, ranging from population below 500 000 inhabitants such as Cape Verde, Equatorial Guinea to population of about or exceeding 100 million such as DRC (60 million inhabitants) and Nigeria (144 720 000 inhabitants). For example Nigeria, with an estimated prevalence of 3.1% among adults, has a population of 2.6 million people living with HIV. This number puts it second in the world after South Africa (5.7 millions) and before India (2.4 millions) (UNICEF, 2007).

**Diagram 1. HIV Prevalence Rates among Adults (15-49) in West and Central Africa, 2007-**



As regards OVC specifically, statistics only cover orphans. In 2006, the region accounted for 22 millions orphans due to all causes. The data shows for 2008, 3 millions of orphans due to AIDS. In general the orphans benefit from little external support and have less access to education compared to other children in some countries. (cf. table 1).

**Table 1. Statistics on key indicators relating to OVC:**

Orphans	Total number of Orphans (0-17)*	Orphans (0-17) from AIDS	Ratio Orphans-non Orphans who attend school (2004-2006*)**	% of children whose families have received external support (2004-2006*)***

Benin	370,000	29,000	0.90	-
Burkina Faso	710,000	100,000	0.71	7.0
Cameroon	1,000 000	300,000	0.89	9.3
Cape Verde	-	-	-	-
Central African Republic	330,000	72,000	0.96	7.4
Chad	600,000	85,000	1.05	-
Congo	270,000	69,000	0.88	2.0
Congo, Democratic Republic of the	4, 200 000	680, 000*	0.72	9.2
Côte d'Ivoire	1,400 000	420,000	0.79	9.3
Equatorial Guinea	29,000	5,000	0.95	-
Gabon	65,000	18,000	0.98	-
Gambia	64,000	3,000	0.87	-
Ghana	1,000 000	160,000	0.90	-
Guinea	370,000	25,000	0.73	-
Guinea Bissau	100,000	6,000	0.97	7.5
Liberia	250,000	15,000	-	-
Mali	710,000	44,000	1.04	-
Mauritania	170,000	3,000	-	-
Niger	800,000	25,000	0.67	-
Nigeria	8,600 000	1,200 000	0.64	-
Sao Tome and Principe	-	-	1.09	4.3
Senegal	560,000	8,000	0.83	-
Sierra Leone	340,000	16,000	0.83	1.3
Togo	280,000	68,000	0.94	6.0
<b>Total</b>	<b>22 218 000</b>	<b>3 351 000</b>		

#### MAIN SOURCES OF DATA

**Total number of orphans** – UNAIDS and UNICEF, 2006

**Children orphaned by AIDS** – UNAIDS, Report on the Global AIDS Epidemic, 2008.

**Orphan school attendance ratio:** UNICEF, The State of the World's Children 2008.

Percentage of children whose households received external support: *AIS, DHS and MICS (2004–2006)*

\*RDC: UNICEF/UNAIDS/PEPFAR: Africa Orphaned and Vulnerable Generations: Children Affected By AIDS – 2006

Using orphans as the sole indicator for OVC, underestimates the magnitude of the direct and indirect impact of HIV on children as most of the orphans live in foster families which are also hosting other children. These children thus become children made vulnerable by HIV AIDS. The absence of data on the group of children that can be considered as children at high risk of HIV infection (street children, children involved in prostitution, street vendors, and domestic help...), makes it difficult to ascertain their actual vulnerability to infection.

## 2.1.2. Socio-economic Context

### 2.1.2.1 Generalised poverty and vulnerability of children

Most countries have a large percentage of individuals (children and adults) living under the poverty threshold line (that is less than a dollar a day): 38% in CI, between 40 and 50% in Cameroon, Burkina-Faso, Guinea, Ghana, Mali, over 55% in The Gambia and about 71 % in DRC (AfDB, 2008). This rampant poverty is reflected in the ranking of the countries in the area of human development, their poor performance in the area of education and household food insecurity and has repercussions on the survival of the children.

### **2.1.2.2. Poor ranking on the Human Development Index (HDI)**

The region has the lowest ranking on the human development index especially for the indicators relating to children. Of the 22 countries classified by the UNDP in the category of countries with a low HDI, 13 countries are from the WCA region : Senegal, Nigeria, Guinea, Côte-D'Ivoire, Democratic Republic of Congo (DRC), Chad, the Central African Republic (RCA), Mali, Niger, Guinea-Bissau and Sierra-Leone) (UNDP, 2008.). Among these 13 countries, 9 countries are in conflict or post conflicts situations or hosting more or less strong pockets of rebellion.

### **2.1.2.3. Poor access to Education**

In countries with low prevalence as well as high prevalence, poverty, more than the status of being an orphan, has explained differences between children who attend school and those who do not. In most studies, poverty is recognised as one of the determinants in poor access to education. Thus WCA countries are characterised in general by low enrolment, attendance and success rates (UNESCO, 2006), with however:

- significant disparities between countries at the primary level (96% in Sao Tome and Principe, 64% in Ghana, and 46% in CAR),
- a high drop-out rate at the secondary level (39% Ghana, less than 20% in Mali and in Senegal, 12% in Burkina-Faso)
- huge gender disparities (the highest in the world).

The literature on youth Reproductive health often shows that out of school children are more likely to have risky sexual behaviours, run a greater risk of infection, and are victims of early marriages or unwanted pregnancies.

### **2.1.2.4. Food and nutrition insecurity**

Several countries within the region are also experiencing food insecurity, with prevalence rates for malnutrition exceeding 30% in countries such as Senegal, Guinea-Bissau, Liberia, Sierra-Leone, Mali, Niger and Chad. High proportions of children under 5 years old (about 40% in the Sahel countries) suffer from chronic or acute malnutrition (WFP, 2006). In West Africa, food insecurity forces families to eat less, withdraw their children from school and fuels migration of farmers to the cities (Oxfam, 2008). Similarly, large numbers of street children point to the poverty of their parents and to hunger as the main causes which pushed them to leave their homes and/or to work or live in the streets.

### **2.1.3. Political Context**

The political context is characterized in many countries by a situation of conflict or post conflict. Over half of the 24 countries of the region face political crisis that tend to weaken the State structures and systems and compromise development programmes. Several countries in the region are more or less in open or recurring conflict situations (DRC, CAR, and Chad). Others such as Côte d'Ivoire, Liberia, and Sierra-Leone are at different levels in post conflict situations. Other countries such as Guinea, Guinea-Bissau and Togo are in the grips of political instability which, at any time, can degenerate into serious crises. In some other countries, there are open or underground pockets of

rebellion (Niger, Mali, and Senegal). Countries which are relatively spared such as Burkina-Faso, Ghana, and Benin are host or have been host in the recent past to refugee populations, as a result of the crisis in the neighbouring countries. The impact of this crisis on children has been disastrous: separation from families, death or traumatic experiences of parents, violence, enrolment into armies or rebellion as child soldiers or sex slaves, destruction of health structures, education.

## 2.2 The impact of these realities on the vulnerability of children to HIV

Families and communities in the WCA region subsist under economically and socio-politically precarious conditions which also boost the number of vulnerable children. These children (including children affected by HIV and AIDS) run a high risk of HIV infection. Furthermore, their short and medium term development is compromised. In such a case, they need assistance from social protection services. HIV can constitute an entry point to better identify vulnerable children and to mobilise the requisite resources for their development. But HIV should not be the only determining factor for the vulnerability of children nor the sole concern for OVC programming. Box n° 1 below identifies the categories of children that can serve as entry points with regard to HIV to strengthen systems for the greater good of more vulnerable children.

### Box 1. VULNERABILITY OF WCA CHILDREN IN A CONTEXT AFFECTED BY HIV -

Vulnerable children can be identified among the following category of children. The question is whether we should work specifically and individually on these groups or on the related topics or whether we should rather set a system which addresses all these issues as a whole.

#### ➤ **Children affected by HIV**

International definitions (cf. definitions of vulnerability 1.1) are used in this case. Vulnerable children may be identified through PMTCT, Associations of People Living With HIV (PLWHA). For the purposes of programming and to avoid the risk of discrimination, programmes should not only target these categories of children. Other vulnerable children should be considered and a special focus should be made in targeting areas that are most affected by the epidemic.

#### ➤ **Child labour :**

In a context of general poverty, child labour is used by poorer families as a survival strategy. The proportion of children at work in the region is 42%<sup>3</sup>. At the national level, in Burkina-Faso, Central African Republic, Sierra-Leone and Chad, child labour rates are as high as 50% (UNICEF 2007a). Apart from poverty, other factors promoting child labour are: residence in an area with a strong tradition of immigration, family disruption as a result of divorce, death of parents, inability of the extended family to welcome other children and the need for some children to contribute at an early stage to the economic survival of the family and its social reproduction. Among children who work there are many orphans (Togo 30%), out of school children or from broken families (Cameroon, 60%), very poor children or children living in the rural areas. Children who work in West and Central Africa are vulnerable in most cases. They are often voluntary migrants and/or child victims of trafficking often from a tradition of migration (Bouju, APAD 27-28). They are often exploited by adults and are scantily or not even remunerated at all. They are therefore at greater risk of turning into concealed or open prostitution to subsist. (Human Rights Watch, 2003). This risk is particularly higher for girls who work as domestic maids or street vendors. (CCISD, 2005 ; Bouju, APAD 27-28). In some countries, some regions are particularly notorious as regions with a strong tradition of migration, including child migration, these regions are also regions with a relatively higher HIV rate. « Integrated » programmes for children affected by HIV and AIDS and OVC targeting especially these areas could be incorporated in this approach which consists of using HIV as entry points for response to vulnerable children.

#### ➤ **Domestic workers :**

Several studies on child labour have pointed to some types of activity children are engaged in such as domestic worker, and street vendors as facades for concealed or disguised prostitution. ((Bouju, APAD 27-28). For instance in Mali, HIV prevalence rate among domestic has increased from 1.7% in 2003 to 2.2% in 2006 (HCNLS, Mali 2008). One of the reasons for this higher prevalence rate is that girls have little information and are a vulnerable group as they are exposed to sexual aggression and rape. (Essor Mali, 12 Sept 2008).

#### ➤ **Street vendors:**

Among the groups of street vendors there is a high proportion of girls aged under 18 years (Benin, Togo, Burkina-Faso...). In Benin, the clandestine prostitution among children and youth at the main market was denounced (Houssou, 2006). Street vendors are extremely vulnerable to HIV infection. For example, in a study on 126 female street vendors in Nigeria below 18 years, 79,4 % were sexually active, 62,6% had started having intercourse at 11 years old or less and only 7. 1 % used condoms. (Oyefara, 2005). According to the ISBS 2003 study on high risk groups, street vendors are highly exposed to AIDS 4,6% of them are HIV positive (as opposed to 1.3% in the general population). In 2006 this rate increased to 5.9% (UNDP, 2007).

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<sup>3</sup> According to the definition used in the « State of the World's Children », 2007 report.

### ➤ **Children victims of trafficking**

Child labour is one facet of the child trafficking problem. This is a serious problem which affects several countries in the region. Countries such as Togo, Benin, Mali, Nigeria and Burkina Faso are poor countries (33 to 73% of the population subsists with less than 1 dollar per day) and also “providers” or “receivers” of trafficked children. A study on child trafficking in Togo estimates that the number of girls working in different West African countries runs into the thousands. Child victims of trafficking also run a great risk of contracting HIV: when they are abandoned by traffickers, raped in the families they work for, or when they are forced to run away, live on the streets or engaged in prostitution to survive (Human Rights Watch, 2003, UNICEF, 2005b ).

### ➤ **Street Children**

Poverty and wars have also led to an alarming increase in the number of street children. In many National Action Plans, street children are believed to be a particularly vulnerable group. This concept covers different situations and status of street children in relation to a family or a household. These children have lost all or some contact with their family. They are often unemployed and are on the street to carry out an activity (porter, car washers..). Poverty, death of parents, excessively high school fees in some countries, difficulties within the family and hunger are the main causes of this situation. Generally this group consists mainly of boys, but surveys are showing an increase in the number of girls (Diop, 2002; Human Rights Watch, 2006,).

### ➤ **Children involved in prostitution**

There are no specific statistics on the issue but increasingly countries of the West and Central African Region such as Mali, Burkina Faso, Togo, Ghana, and DRC such as Mali, Burkina-Faso, Togo, Ghana, DRC, are reporting of an increase in the number of minors working in the sex trade (CCISD, 2005 ; Mehl, 2006, Bouju, APAD 27-28). Most of them are girls separated from their families, others are abandoned and most of them are illiterate. This child prostitution is often disguised behind some economic activity (street vendor, maid). However, there are children who are absorbed into the formal prostitution rings. In Ghana out of 160 sex workers, 60 (37,5%) were less than 16 years old. Areas where child prostitution is rife are generally well known: poor suburban or peri-urban neighbourhoods, bars, main roads, train stations, markets, and around cinema halls. In Lomé, at DEVISSIME literally meaning « children’s market», there are children as young as 9 to 15 years involved in prostitution. (IRIN news, 2004). The risks for young prostitutes to be infected are high because they are very young, and only very few of them use condoms. Many accept non protected sex for a higher fee.

### ➤ **Child victims of war and conflicts**

Wars, conflicts and political instability have had negative repercussions on States and families. There are thousands of War orphans and child victims of sexual abuse, violence, psychological trauma, and stigma in the WCA regions. A recent study conducted in Sierra Leone and Liberia shows that 10 years after the war, children victims of violence were still reeling from the sequels of exactions during the war. (Plan International, 2008). For example, girls enrolled as sex slaves are more likely to be involved in prostitution at the end of the war. In Casamance, Senegal, on 445 girls displaced due to the rebellion, 103 are young mothers, and 85% of them said they had not had any ante-natal treatment during pregnancy. (Walfadjiri, 22 Sept. 2005 ).

### III. OVC PROGRAMMING IN WCA

#### 3.1 Analysis of national responses

Important strides have been made in OVC programming both in high and low prevalence countries. In low prevalence countries the key questions are:

- Is the current OVC programming relevant?
- How to ensure that the drive to establish social protection systems for children in response to the situation of children in relation to HIV in high prevalence areas will also be extended to low prevalence areas.

##### 3.1.1 Evaluation of the national efforts in the response to OVC (section extracted from the OPPEI<sup>4</sup> 2008 report)

In 2004 and 2007, Sub Saharan Africa benefitted from an exercise aimed at assessing the national responses to OVC, called OPPEI and developed by UNICEF, USAID and Futures Group. This index is one of the ten core indicators recommended to countries by UNAIDS to monitor the implementation of their national response for OVC (UNICEF, 2005). More specifically, the index assesses how countries are progressing with the implementation of eight components that are required to create an enabling environment for an appropriate scaled up response at country level. These eight components of the response are national situation analysis of OVC, consultative processes, coordinating mechanisms, national action plans, policies, legislative review, monitoring and evaluation and resources.

The index was first administered in 2004<sup>5</sup> to 36 sub-Saharan countries and more recently in 35 countries in 2007.

**Table 2. Countries of the WCA which participated in the 2007 cycle**

Region	Countries
West Africa	Burkina Faso, Cap Verde, Côte D'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Senegal, Sierra Leone
Central Africa	Cameroun, CAR, Chad, Congo, DRC, Gabon

Overall, the OPP Effort Index shows that progress is evident since 2004 in national responses to OVC across every region and across every component, reflecting a return on the investments in financial and technical resources made to date (See details in the attached table, annex 2). However the progress is uneven and there remains considerable room for improvement across all components. Among the countries which made remarkable progress were: Mali, Senegal, Mauritania, Guinea Bissau and Cape Verde. In contrast, Gambia, Ghana and Liberia have registered a decline in

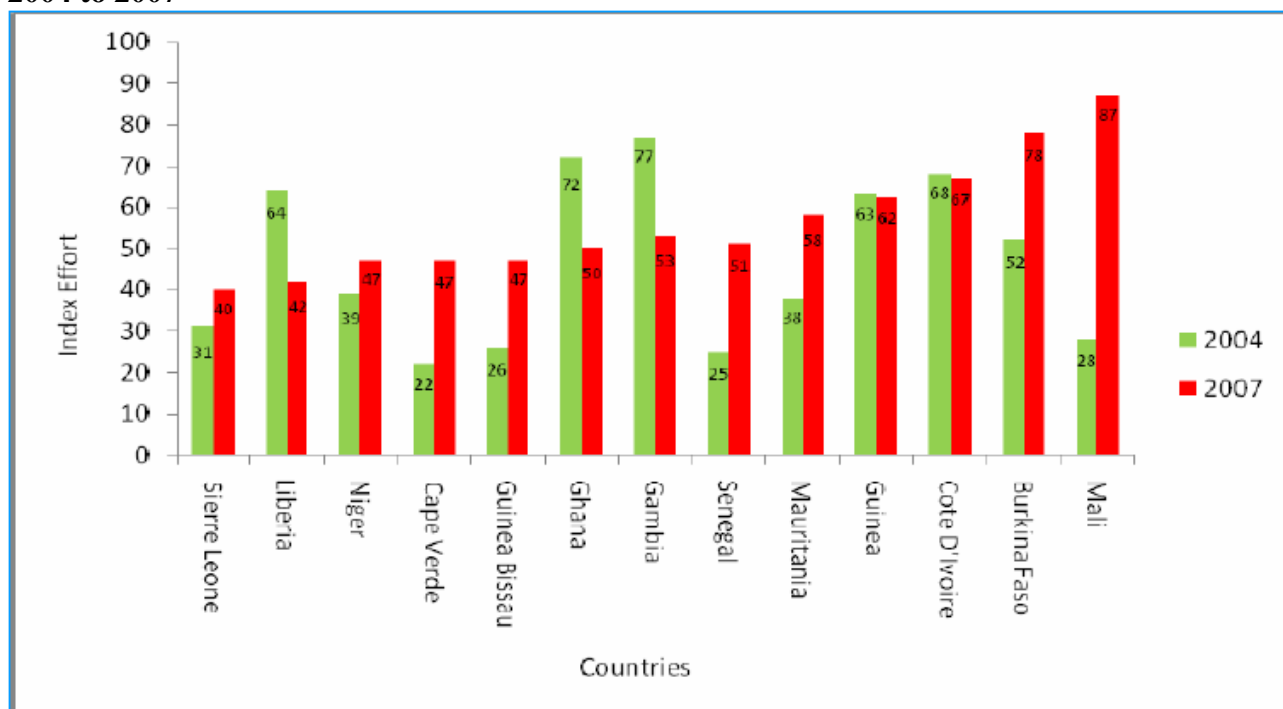
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<sup>4</sup> OPPEI correspond to the acronym in English for the Policies and Planning Effort Index : « OVC Policy and Planning Effort Index » - ESARO working paper 2008

<sup>5</sup> Countries in the 2004 cycle : Benin, Burkina Faso, Burundi, Cameroun, Central African Republic (CAR), Chad, Congo, Côte D'Ivoire, RDC, Ethiopia, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Lesotho, Liberia, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Swaziland, Uganda, Togo, Tanzania, Zambia and Zimbabwe,

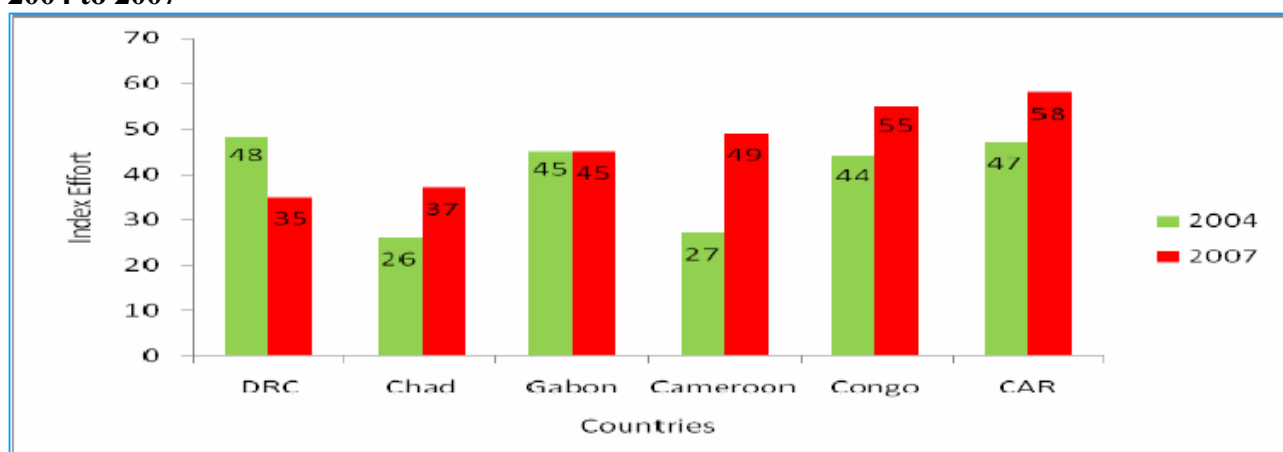


effort scores<sup>6</sup>. Such decline also applies to the Democratic Republic of Congo. Gabon's scores were unchanged.<sup>7</sup> In general, West and Central Africa scored below the average of sub-Saharan Africa (respectively 56 and 47%). In general, for the different regions of Africa, laws protecting children is the area which has least improved between 2004 and 2007.

**Figure 2 : Total OPPEI scores in the countries of the West African zone from 2004 to 2007**



**Table 3 : Total OPPEI scores in the countries of the Central African region from 2004 to 2007**



<sup>6</sup>The regression noted in The Gambia, Ghana and Liberia was primarily due to changes in the methodology used to calculate the index in 2007 rather than changes in the scores.

<sup>7</sup>The drop in the case of DRC was due to a change in methodology at the time of the index was being administered in 2007 rather than changes in the score

### 3.1.2 Situation Analysis of OVC

More specifically, ten countries in the region have carried out country situation analysis on OVC (Benin, Burkina-Faso, Gambia, Liberia, Mali, Mauritania, RCA, Sierra –Leone, Ghana and Togo). These analysis were focused primarily on comparisons between orphans and non-orphans. Such analysis do not provide information on the diversity, number, and characteristics of the vulnerable children. In some few cases such as in Senegal, the analyses focused exclusively on children affected by HIV and AIDS, despite the low prevalence rate of HIV in the country. Countries such as Liberia, Sierra Leone and Ghana, included to some extent vulnerable children such as street children.

### 3.1.3. National Action Plan

Twelve countries in the region have formulated national action plans for Orphans and Vulnerable Children<sup>8</sup>. These national action plans incorporate the five strategies of the strategic framework drawn up at the international level. (UNICEF and others, 2004).

**Box 2. Framework for the Protection, care and support for Orphans and Vulnerable Children living in a world affected by HIV and AIDS – July 2004 - UNICEF, UNAIDS, DFID, FHI, Save the Children, CARE, USAID, PAM, World Vision The Global Fund, Global AIDS Alliance..**

**Strategy 1.** Build the capacity of families to protect and bring up orphans and vulnerable children by extending the lives of their parents and providing economic and psychosocial support.

**Strategy 2.** Mobilise and support community initiatives

**Strategy 3.** Guarantee access for orphans and vulnerable children to essential services namely, education, medical services, registration of births .....

**Strategy 4.** Ensure that the Government protects the most vulnerable children by reinforcing policies and laws and allocating resources to families and communities.

**Strategy 5.** Arouse awareness of the problem at all levels through sensitisation and social mobilisation in order to create a supportive milieu for children and families affected by HIV/AIDS.

The action plans are considered by countries as an indispensable programming tool. These plans were developed within the framework of the RAAAP («Rapid Country Assessment, Analysis, and Action Planning » (RAAAP) (Haggard, 2006), a highly participatory planning process which influenced the establishment and revitalisation of OVC National Committees, but which was deemed too long and costly by countries which had tried it. (UNICEF, 2007). Six countries in the region conducted the RAAAP (Côte-D'Ivoire, Nigeria, RCA, Burkina-Faso, Mali, and DRC (on-going). The action plans are not explicitly used by countries for resource mobilisation. Hence very few countries are in a position to state the level of execution of their plan of action and the budget spent.

### 3.1.4. Integration of OVC in the national development instruments -PRSP

Nineteen countries in the region announced that they had incorporated OVC in the National HIV/AIDS Strategic Plans, but only 9<sup>9</sup> have mainstreamed OVC into the

<sup>8</sup> The twelve countries with OVC National Action Plans are: Benin, Burkina-Faso, Cote-D'Ivoire, Gambia, Ghana, Liberia, Mali, Nigeria, RCA, RDC, Sierra-Leone, Senegal.

<sup>9</sup> Countries which have mainstreamed OVC into the PRSP : Benin, Burkina-Faso, Cote-D' Ivoire, Mali, RCA, RDC, Senegal, Chad, Togo.

Poverty Reduction Strategy Papers (PRSP). This integration in terms of sectors is more or less complete depending on the countries (integration completed in Chad and DRC and partial mainstreaming, in Benin and Togo.) (cf. table 3) (Meité 2008). Such integration should be encouraged because it could ensure continuity and sustainability of resources for OVC and guarantee social protection for the most vulnerable children.

**Table 3: Mainstreaming OVC Strategies in the Poverty Reduction Strategy Paper (PRSP)**

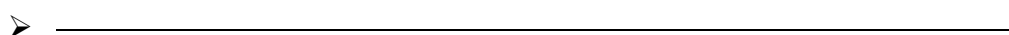
Countries	Areas taken into consideration in the PRSP (Education, Health, Protection, Nutrition, or comprehensive care and support)	Sectors taken into consideration
<b>Togo</b> (p. 43 DSRP Togo June 2007)	Strengthening support targeting OVC	Protection
<b>DRC</b> (paragr1p.90 PRSP/CRC. « Juillet 2006 »)	Provide comprehensive Support to orphans and vulnerable (schooling, medical care and food supplements) ; support to fostering families, orphans and vulnerable children (Socio-economic support )	Education, Health nutrition Protection
<b>Chad</b> (p102 PRSP/Chad)	- Creation and management of an information system on orphans and children made vulnerable by HIV/AIDS. - Comprehensive care and support to at least 50.000 OVC (children orphaned by HIV/AIDS)	Comprehensive treatment
<b>Benin</b> (p 52 à 59 PRSP Benin)	- Stabilisation of the number of children orphaned by AIDS by 2015; - Encouragement of boarding schools and high schools for young girls and orphans ; - primary prevention (especially among the youth), treatment and care (especially within the framework of mother to child transmission and paediatric care, as well as support for children orphaned by AIDS); - capacity building for institutions responsible for the promotion of families and fostering families of orphans and vulnerable children	Health Protection Education
<b>CAR PRSP</b> (2008-2010)	Assistance to coordinating structures and as well as care and support to people affected (OVC and widows.).	Health Protection

### 3.1.5. The institutional framework of the response.

In WCA countries, there are many actors and institutions involved in OVC issues. The institutional framework is more or less well-structured depending on the countries but in general characterised by:

#### 3.1.5.1. Gaps between the central and decentralised levels

At national level, OVC matters have been placed under the leadership of the Ministry for Social, Family or Gender Affairs. These Ministries are primarily responsible for coordination, quality assurance, and monitoring of the programme at the national level. They are also responsible for resource mobilisation and for the implementation of the programme. Unfortunately, these Ministries are often understaffed and underfunded and are unable to fully assume their responsibility to the full, especially in terms of coordination. This weakness in the area of coordination at the central level is exacerbated by dysfunctional national committees and lack of decentralised



mechanisms (within the State or civil society) capable of organising and monitoring implementation of the national action plans.

### **3.1.5.2. The absence of social protection systems**

In most WCA countries, the social protection systems are very weak and cover only the public sector workforce, thus, leaving behind, the majority of the rural population and the informal sector. The right to protection and social security is important for a people living in poverty. Social protection should become a basic essential social service and be given priority just as investing in health, education for vulnerable children (IATT, 2007).

Fortunately, there are opportunities in the region to support informed debate on programming in social protection systems:

- A series of studies were conducted in 2008 and coordinated by the UNICEF Regional Office on poverty, social protection as well as on OVC mainstreaming in the PRSP.
- Similarly, the new orientation of the protection programmes focusing on systems strengthening constitutes an additional opportunity for defining an approach which integrates HIV, protection and social protection.
- Some experiences of social protection exist in the sub region and could serve as a basis for discussion for other countries: for example Ghana, Senegal through the Fund for the Care of Families and Children Living Under Difficult Circumstances. In Burkina Faso, a Solidarity Fund managed by the NAC (National AIDS Commission) for care and support of PLWHA and OVC. Health mutuels also constitute one of the most wide spread non formal social protection sectors in Senegal.
- Funding opportunities which exist for HIV, including the resources from the Global Fund could be better taken advantage of if part of these funds were allocated towards more integrated interventions, including social protection of children

However, several questions need to be addressed in order to improve programming at the regional level:

- Can we afford in weak economies to provide social protection for the most vulnerable individuals in the society? How?
- Are the arguments used for the establishment of social protection systems in high prevalence countries applicable to low prevalence countries too? Or, should specific arguments be formulated for the WCA region?
- What is the federative drive in low prevalence countries that could create political will, mobilise resources, formulate and implement social protection policies for the most vulnerable of children?

### **3.1.5.3 Poor utilisation of the potentials in community response**

Studies have shown that the region's civil society and religious organisations have a lot of potentials in terms of provision of services in relation to HIV, in general, and OVC, in particular, (Thairu, 2007). For countries in a conflict situation or with

weakened State structures, civil society can play an important role in the implementation of large scale projects. Specific examples include CARITAS intervention in DRC (Wilson and Findley, 2006). Civil Society Organizations can also be effective in the areas of coordination, capacity building, and monitoring at the community level. For example, a project is being piloted in Burkina Faso using intermediary level NGOs to support Community Based Organisations (CBOs) thus ensuring sound management of the programme and coordination of the data collection and transmission.

## 3.2 Organization of the support at the regional level

### 3.2.1. Forging partnerships at the regional level

Since 2006, the UNICEF Regional Office has facilitated the creation of a formal working group at the regional level on OVC. This regional initiative was launched to implement the recommendations of the 2006 Global Partners Forum for Children affected by HIV (DFID, UNICEF, UNAIDS 2006). This group called RIATT/CABA-WCAR (Regional inter-Agency Task Team on Children Affected By AIDS- West and Central Africa Region) is a consultation body meant to influence debate, programming and a coordinated approach to OVC in West and Central African Region. The RIATT/CABA-WCAR has 13 strategic partners at the regional level, as shown in Box 2. This group is functional and has formulated and implemented a work plan over the last three years.

#### Box 2 : Excerpts from the Terms of reference (TORs) of the RIATT/CABA-WCAR

##### Key functions of the RIATT/CABA-WCA

- Define and promote a vision for OVC programming (including children affected by HIV and AIDS) in West and Central Africa
- Facilitate at the regional level and within the countries, the development of a framework for priority interventions for OVC and children affected by HIV and AIDS
- Facilitate regional technical assistance to promote quality response, mobilisation and use of resources for vulnerable children, including children affected by HIV AIDS.
- Promote research, documentation and experience and knowledge sharing
- Promote a strategic partnership at the regional level and within the countries

##### Composition of the group – Regional Representations

- UNICEF-Regional Office for West and Central Africa (RIATT/CABA-WCAR Secretariat )
- Plan International
- World Food Programme (PAM/WFP)
- IFRC (International Federation of the Red Cross)
- Save the Children (Sweden)
- UNAIDS -
- USAID/Regional Office, West Africa
- AWARE-HIV/AIDS
- AfriCASO (African Council of AIDS Service Organizations)
- World Vision
- SCEAM – Symposium of Episcopal Conferences of Africa and Madagascar -

- Coordination of West and Central African Religious Networks
- RAP+AO (African Network of People Living with HIV/AIDS)

### 3.2.2 Regional Coordination of the response on OVC in WCA

With the establishment of RIATT/CABA-WCAR, a series of strategic activities were carried out, mainly:

- The fostering of a regional drive in support of the Global Fund and mainstreaming of OVC into this agenda. The level of interest is gaining ground among partners and in the countries to support these activities.
- The support for the organisation and strengthening of the response of the civil society and religious groups for OVC: A special partnership was also launched in the region with civil society and religious organisations. This partnership should contribute to the implementation of the “Dakar Call to Action for Children and AIDS” (UNICEF, 2007a) and the “Resolutions of the Religious Leaders and Organisations on Children and AIDS” (UNICEF, 2007b). These two response frameworks are meant to strengthen and support more coordinated actions in favour of the most vulnerable children including those affected by HIV AIDS.
- The formulation of the regional strategic framework for OVC programming in WCA: The regional group has forged, in collaboration with the countries of the region, a regional framework for programming for children affected by HIV and AIDS and OVC in West and Central Africa. A process has been set in motion for its validation and adoption by the respective partners and countries in 2009 (see Box 4).

#### Box 4 - Excerpt : Key items of the OVC Regional Strategic Framework –West and Central Africa (RIATT, 2008)

##### Definition of OVC

- At the regional level. Expand the definition of OVC to include all children in a vulnerable situation, including those affected by HIV and AIDS
- At the national level, Adapt and establish priorities based on the sectors and epidemiological, socio-economic and political contexts

##### Important criteria to be considered in the definition of vulnerability

- Poverty – Wealth analysis, property and access/satisfaction of basic primary needs;
- Prevalence of the infection (Take into account the geographical distribution at the regional and national levels;
- Food Security
- Conflict Situation (internally displaced persons, refugees)
- Family status of the child
- Educational Status
- Handicap

##### Targeting Strategies

- Find entry points to ensure that irrespective of the priority categories targeted, children affected by HIV and AIDS are taken into account:
  - Use and establish linkages with the PMTCT programmes, Tuberculosis, Association of Persons Living with HIV (PLWHA)
  - Use resources and initiatives linked to HIV to ensure that the most burning issues likely to increase the vulnerability of children, in general, and their vulnerability to HIV, in particular, are taken into account.
  - Give priority to areas where prevalence and infection are relatively higher
- Find entry points to identify other groups of most vulnerable children and determine the priority

areas for intervention linked to the contexts and criteria defined above ; other entry points include :

- Social centres, Care centres for children in difficulty, children in camps for the internally displaced and refugees
- Areas where the prevalence is relatively higher

## IV. CHALLENGES AND WAY FORWARD

### 4.1 Challenges

There are many challenges in OVC programming in West Africa, mainly:

#### 4.1.1. Lack of information and evidence-based data to guide programming

The region suffers from an acute dearth of data. Very few programmes and projects on OVC have been documented and evaluated. A study on evidence-based programming in low prevalence and concentrated epidemic settings concluded that evidence on effectiveness and efficiency of interventions in low prevalence countries and in concentrated epidemic zones is practically inexistent. (Quality Assurance, 2008). Such gap makes it impossible to assess coverage of interventions and the actual results on the most vulnerable children and families.

#### 4.1.2. Lack of tools to guide the programming :

Countries in the region implement OVC programmes on the basis of models designed in and for high prevalence areas. The relevance of the transposition of models was not discussed and specific tools have not been developed for the low prevalence areas. For instance, the current reflexions on social protection seem to be dominated by high HIV prevalence contexts. Specific discussions on low prevalence settings are yet to commence.

#### 4.1.3. Low capacity of the systems in the area of coordination

A multitude of actors intervene in the response for OVC. This multiplicity of actors can help achieve wider coverage. In the countries, the line Ministries for OVC are the least endowed with human and financial resources and find it hard to assume their leadership role of coordinating the national response. Without proper coordination, there is a duplication of interventions, fragmentation of results and the efficiency of interventions is thus compromised.

#### 4.1.4. Lack of interest in programming specific to low prevalence areas

This lack of interest is evident among actors at the international level and as well as in the countries where many other competing development priorities are at stake.

#### 4.1.5. Limited resources

The WCA region only receives one quarter of the resources allocated at the international level for HIV and AIDS. Among the different components of the HIV response, it is difficult to have an idea of the quantity of resources allocated to

response for children (Haggard, 2006). However, OVC constitutes a marginalised area in the response for children and one can guess that such a marginalisation also applies to the allocation of resources.

## 4.2. Food for thought

There are no ready-to-use magic solutions for OVC programming in low prevalence countries. However, the common denominator between the different groups of vulnerable children (children affected by AIDS and other vulnerable children), is the need to make systems and communities more effective. The following ideas are presented to elicit debate:

- Taking into account the diversity of children's conditions, generalised poverty and the multi-dimensional nature of response for OVC, it is important to adopt an approach which facilitates the mainstreaming of issues related to children affected by HIV and OVC into the major development frameworks including the protection of children rights.
- The establishment of social protection systems is of paramount importance to increase access for the most vulnerable children to basic social services and to ensure the sustainability of this support. It is therefore important to:
  - Invest in social protection programmes to enable families and the most vulnerable children to meet their basic needs.
  - Ensure that the present momentum at the international level for strengthening social security and social protection for children in the development process (PRSP), will also include low prevalence countries.
- The on-going formulation process of regional strategic framework provides the opportunity to effect veritable integration for the integration of emerging issues such as social protection.
- In order to formulate more strategic and effective OVC programmes, support should be intensified through the:
  - Development and implementation of strategies to reinforce all systems, including social protection systems
  - Forging of partnerships for experience sharing and capacity building in the area of social protection programme planning and implementation
  - Promote better linkages between the OVC issue, child protection and social policy issues
  - Capacity building of Ministries responsible for OVC and capacity building for the civil society organisations as well.
- Support of the improvement of monitoring and data collection issues. This is of paramount importance to ensure that all achievements are documented and shared.



## ANNEXES

### Annex 1: Definitions of 'Orphans and Vulnerable Children' by country ( West and Central Africa Region) -

<i>National level</i>	<i>Definition of</i>		
<i>Country</i>	<i>Orphan</i>	<i>Vulnerable Child</i>	<i>OVC</i>
Burkina Faso <sup>10</sup>	Children who have lost one or both parents.*	A child less than 18 years of age who needs selective or permanent social protection because they are at risk in the following areas: food, health, education, psychological, basic needs, legal and accommodation.	<ul style="list-style-type: none"> <li>-Orphans</li> <li>-Children living in the street</li> <li>-Children whose parents are infected with HIV</li> <li>-Children who are chronically ill</li> <li>-Children without protection, assistance or appropriate parental supervision</li> <li>-Children in trouble with the law</li> <li>-Children who are victims of all forms of exploitation</li> </ul>
Central African Republic <sup>11</sup>	A child who has lost his father, mother, or both. (0-18)	Children in need of special protection due to the vulnerable situation of their household.	<ul style="list-style-type: none"> <li>-Children whose parents (mother or father or both) have died</li> <li>-Children living with parents who are infected with HIV/AIDS (mother or father or both)</li> <li>-Children infected with HIV</li> <li>-Children living in poor households that have taken in orphans</li> <li>-Children living outside of family care</li> </ul>
Côte d'Ivoire <sup>12</sup>	A child under age 18 who has lost one or both parents.	All children under age 18 who are in a precarious situation as a result of certain socio-economic or cultural situations.	<ul style="list-style-type: none"> <li>-Orphans due to HIV/AIDS (infected with HIV or not)</li> <li>-Children who are not orphans but are affected or made vulnerable due to HIV/AIDS</li> <li>All children having lost one or both parents and all children in vulnerable situations</li> </ul>
Democratic Republic of Congo <sup>13</sup>			Children below the age of 18 who have lost one or both parents, children living in households that have experienced an adult death in the past 12 months and children living outside of family care.
Ghana <sup>14</sup>	Any person below the age of 18 who has lost either or both parents or guardian.	A child who, on the basis of a set of criteria when compared to other children, bears a substantial risk of suffering significant physical, emotional or mental harm.	

<sup>10</sup> Programme National de Prise en Charge des Orphelins et Autres Enfants Vulnérables (OEV) 2006-2010, Ministère de l'Action Sociale et de la Solidarité Nationale (MASSN)

<sup>11</sup> Final Country Report on RAAAP for Orphans and other Children Made Vulnerable by HIV/AIDS: Central African Republic

<sup>12</sup> OVC Policy and OVC Situation Analysis (2002)

<sup>13</sup> Coverage of selected services for HIV/AIDS prevention, care and support in low income countries in 2003. USAID, UNAIDS, WHO, UNICEF, and the POLICY Project, 2004.

<sup>14</sup> National OVC Policy Guidelines

<i>National level</i>	<i>Definition of</i>		
<i>Country</i>	<i>Orphan</i>	<i>Vulnerable Child</i>	<i>OVC</i>
Mali <sup>15</sup>	“An upright Malian does not define a child orphan in a specific way”	<ul style="list-style-type: none"> <li>-Children affected and infected by HIV orphans</li> <li>-Children in/of the street</li> <li>-Children with mental/physical handicap</li> <li>-Children who are victims of sexual abuse</li> <li>-Children in conflict with the law</li> <li>-Migrant children</li> <li>-Children who are trafficked or exploited</li> <li>-Refugee children</li> <li>-Child soldiers</li> </ul>	<ul style="list-style-type: none"> <li>-Orphans</li> <li>-Children affected and infected by HIV</li> <li>-Children in/of the street</li> <li>-Children with mental/physical handicap</li> <li>-Children who are victims of sexual abuse</li> <li>-Children in conflict with the law</li> <li>-Migrant children</li> <li>-Children who are trafficked or exploited</li> <li>-Refugee children</li> <li>-Child soldiers</li> </ul>
Nigeria <sup>16</sup>	<p>A child under age 18 years who has lost either one or both parents, irrespective of the cause of death.</p> <p>However, in some communities, a child is not considered an orphan when the father is alive.</p>	<p>Orphans with inadequate access to educational, health and other social support, and any other person below the age of 18 who:</p> <ul style="list-style-type: none"> <li>Has a chronically ill parent,</li> <li>Lives in a household where in the past 12 months at least one adult died and was sick for 3 of the 12 months before he/she died,</li> <li>Lives in a household where at least one adult was seriously ill for at least 3 months in the past 12 months,</li> <li>Lives outside of family care, or</li> <li>Is infected with HIV/AIDS.</li> </ul> <p>Other categories of vulnerable children include:</p> <p>Abandoned children; children in child-headed homes; children on/of the street (including child hawkers); child</p>	All children under 18 years who are either orphans or vulnerable

<sup>15</sup> Les Enfants Orphelins et Vulnérables du Mali face au VIH/SIDA: Analyse de Situation et Stratégie d'Intervention

<sup>16</sup> Nigeria OVC National Plan of Action 2006-2010

<i>National level</i>	<i>Definition of</i>		
<i>Country</i>	<i>Orphan</i>	<i>Vulnerable Child</i>	<i>OVC</i>
		<p> beggars, destitute children and scavengers; exploited “almajiris”; internally displaced/ separated children; children living with terminally or chronically ill parent (s); children living with old/ frail grandparent (s); children, especially girls, who get married before maturity; child domestic workers; children in exploitative labor; child sex workers; children with disabilities; trafficked children; children in conflict with the law; and children of migrant workers e.g. fishermen, nomads. </p>	

## Annexe 2. Details of the scores of the OVC Effort Index by country 2004-2007

Country	NSA		CP		CM		NPA		Policy		Legislation		M & E		Resources		Total index score	
	2004	2007	2004	2007	2004	2007	2004	2007	2004	2007	2004	2007	2004	2007	2004	2007	2004	2007
Benin	55		73		0		46		13		20		7		68		35	
Burkina Faso	86	90	66	90	69	60	49	87	34	87	20	72	49	82	45	56	52	78
Cape Verde	0	75	55	35	0	30	46	60	8	65	0	40	7	36	58	36	22	47
Cote D'Ivoire	90	80	100	80	100	70	100	75	13	71	68	43	14	70	60	46	68	67
Gambia	86	86	80	80	84	40	49	57	90	8	78	30	78	71	70	51	77	53
Ghana	86	57	100	37	100	60	49	76	13	33	78	59	93	62	58	20	72	50
Guinea	82	76	86	85	80	70	49	61	53	44	40	55	51	60	68	46	63	62
Guinea Bissau	20	33	55	63	10	80	23	50	33	25	0	30	2	47	68	48	26	47
Liberia	49	90	78	80	90	45	48	47	80	42	57	0	54	5	58	25	64	42
Mali	33	100	68	90	20	90	26	97	4	90	24	73	5	77	45	78	28	87
Mauritania	53	65	53	40	20	90	46	75	43	25	10	63	12	55	65	51	38	58
Niger	17	58	63	53	69	55	84	80	13	33	0	33	12	14	55	46	39	47
Nigeria	14		86		79		66		0		47		7		68		46	
Senegal	28	78	0	80	59	20	42	63	28	42	10	30	25	36	10	59	25	51
Sierra Leone	0	30	38	17	0	60	33	43	38	17	30	63	40	48	65	44	31	40
Togo	70		90		54		49		13		32		2		10		40	
<b>West Africa</b>	<b>48</b>	<b>71</b>	<b>68</b>	<b>64</b>	<b>52</b>	<b>59</b>	<b>50</b>	<b>67</b>	<b>30</b>	<b>45</b>	<b>32</b>	<b>45</b>	<b>29</b>	<b>51</b>	<b>54</b>	<b>47</b>	<b>45</b>	<b>56</b>
Cameroon	33	68	28	45	60	65	36	30	8	25	18	30	5	77	25	54	27	49
CAR	8	75	68	75	20	80	97	59	68	33	30	68	14	36	70	38	47	58
Chad	86	86	28	28	0	0	26	26	24	63	0	55	0	18	48	20	26	37
Congo	13	86	51	37	84	50	65	75	73	65	0	20	17	63	48	41	44	55
DRC	59	45	72	70	20	50	59	38	58	25	20	20	46	18	48	17	48	35
Equatorial Guinea	8		0		0		10		24		10		7		53		14	
Gabon	82	78	78	65	30	20	81	64	13	52	0	49	24	5	55	29	45	45
<b>Central Africa</b>	<b>41</b>	<b>73</b>	<b>46</b>	<b>53</b>	<b>31</b>	<b>44</b>	<b>53</b>	<b>49</b>	<b>34</b>	<b>44</b>	<b>11</b>	<b>40</b>	<b>16</b>	<b>36</b>	<b>49</b>	<b>33</b>	<b>35</b>	<b>47</b>
Burundi	38	75	48	75	69	75	75	95	34	65	68	20	59	72	78	44	59	65
Ethiopia	59	62	72	85	59	85	72	53	30	17	61	66	12	27	90	53	57	56
Kenya		65		55		70		73		65		30		35		44		55
Rwanda	46	82	96	75	73	50	97	84	86	78	85	65	93	40	60	55	79	66
Tanzania	82	86	63	70	69	85	69	77	43	17	30	65	40	62	45	60	55	65
Uganda	90	90	90	85	73	90	90	85	78	87	30	80	37	62	35	40	65	77

➤ **NSA:** national situation analysis of OVC; **CP:** consultative processes; **CM:** coordinating mechanism; **NPA:** National Plan of Action; **Policy ; Legislation ; M & E:** monitoring & evaluation

Country	NSA		CP		CM		NPA		Policy		Legislation		M & E		Resources		Total index score	
	2004	2007	2004	2007	2004	2007	2004	2007	2004	2007	2004	2007	2004	2007	2004	2007	2004	2007
<b>East Africa</b>	<b>63</b>	<b>77</b>	<b>74</b>	<b>74</b>	<b>69</b>	<b>76</b>	<b>81</b>	<b>78</b>	<b>54</b>	<b>55</b>	<b>55</b>	<b>54</b>	<b>48</b>	<b>49</b>	<b>62</b>	<b>49</b>	<b>63</b>	<b>64</b>
Botswana		63		30		20		88		33		30		71		70		51
Lesotho	73	86	72	75	38	70	46	69	4	87	20	20	10	53	45	55	38	65
Malawi	8	76	59	47	73	70	26	72	73	81	30	20	66	62	55	70	49	62
Mozambique	53	86	49	60	64	75	59	77	4	55	10	72	43	40	48	60	41	65
Namibia	76	86	90	80	84	75	91	87	82	84	65	68	42	70	55	59	73	76
South Africa	72	72	80	90	59	70	94	84	38	90	71	96	61	60	80	83	69	81
Swaziland	90	82	90	90	73	85	90	87	43	62	45	30	78	75	65	75	72	73
Zambia	17	100	0	90	64	85	36	80	13	90	24	65	19	65	60	60	29	79
Zimbabwe	70	86	59	82	63	80	80	84	66	72	47	72	49	80	70	49	63	76
Angola		72		80		90		73		28		30		47		44		58
<b>Southern Africa</b>	<b>57</b>	<b>81</b>	<b>62</b>	<b>72</b>	<b>65</b>	<b>72</b>	<b>65</b>	<b>80</b>	<b>40</b>	<b>68</b>	<b>39</b>	<b>50</b>	<b>46</b>	<b>62</b>	<b>50</b>	<b>63</b>	<b>54</b>	<b>69</b>
<b>Sub-Saharan Africa</b>	<b>52</b>	<b>75</b>	<b>63</b>	<b>66</b>	<b>54</b>	<b>63</b>	<b>62</b>	<b>68</b>	<b>40</b>	<b>53</b>	<b>34</b>	<b>48</b>	<b>35</b>	<b>50</b>	<b>54</b>			

➤ **NSA:** national situation analysis of OVC; **CP:** consultative processes; **CM:** coordinating mechanism; **NPA:** National Plan of Action; **Policy ; Legislation ; M & E:** monitoring & evaluation

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