

what difference does a decade make?



In 2001, the UN General Assembly Special Session (UNGASS) on HIV and AIDS culminated in the first truly global commitment to action for Orphans and Vulnerable Children (OVC). This Declaration of Commitment on HIV/AIDS, which contains over 100 articles to guide efforts at national, regional and international levels, makes specific reference to children orphaned and made vulnerable by HIV and AIDS and sets a benchmark for success in tackling the many issues they face.

In 2005, World Vision published its *More than Words?* report. This qualitative investigation found that children orphaned and made vulnerable by HIV and AIDS were most likely to be missing out in terms of education, health, nutrition and other basic needs.

Now, in the midst of a global financial and economic crisis and a decade since the Declaration of Commitment was agreed, world leaders will be meeting in June to review what progress has been achieved. In preparation for this High Level HIV and AIDS meeting, World Vision has produced a follow-up report entitled *What Difference does a Decade Make?* Using the same indicators as before, this report provides a further review of how far the rights and needs of orphans and vulnerable children are being met and makes informed recommendations for action.

The research focuses on orphans and vulnerable children in four of the worst-affected countries in sub-Saharan Africa. Based on surveys and focus group discussions with children, parents, caregivers and officials in Ethiopia, Mozambique, Uganda and Zambia, it provides a useful review of the UNGASS commitments and how much difference a decade of action has made.

Summary of key findings

Education - Orphans and vulnerable children are less likely to attend school

The overall picture across all four countries in this study is that the most vulnerable children are still the least likely to be receiving an education. The situation is most pronounced in Zambia where orphans and vulnerable children, and particularly girls, are much less likely to be in school compared to other children.

Health - Orphans and vulnerable children are less likely to have access to healthcare

There was some variation across the four countries in terms of the proportion of children receiving medical treatment when sick. However, as in 2005, the most vulnerable children are, overall, the least likely to access healthcare.

Nutrition - Orphans and vulnerable children are less likely to receive normal meals

As in 2005, food security continues to be a severe challenge for households and communities across all four countries. Although vulnerable children now appear as likely to receive normal meals

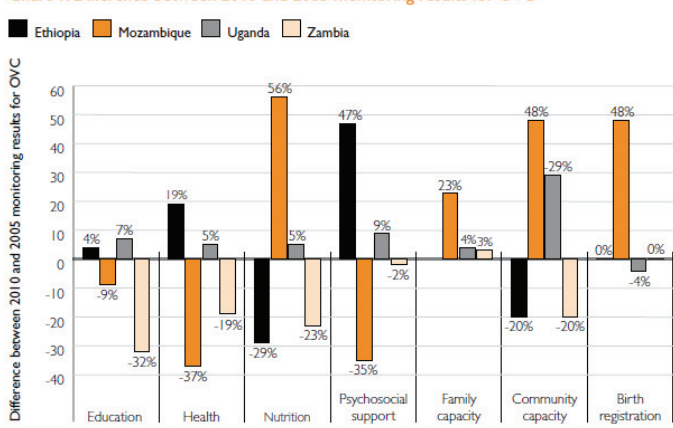


as other children in Uganda, the contrast in Ethiopia, Mozambique and Zambia remains stark.

Psychosocial support - Most orphans and vulnerable children are not receiving psychosocial support

Despite widespread recognition of the importance of psychosocial support in promoting the healthy social and psychological development of vulnerable children, the provision of appropriate counselling and other psychosocial activities at community level remains a significant challenge.

Chart 1: Difference between 2010 and 2005 monitoring results for OVC



programmes take a central role. Yet, in many communities very little, if any, external provision is being made to ensure the care and protection of the most vulnerable children.

Birth registration - *Most orphans and vulnerable children do not have their births registered*

As in 2005, the proportion of children having their births registered varied between the four countries. Mozambique has seen an encouraging rise in registration, but the situation in Ethiopia and Zambia is very different. Even in Uganda, where the Government and NGOs have been active in promoting registration, only one third of orphans and vulnerable children were reported to have had their births registered.

Land and property grabbing - *Property grabbing is common*

Although efforts have been made in all four countries to deal with property grabbing, the practice is still fairly common and much more work is needed to protect the inheritance rights of widows and orphans.

Given these findings and the many challenges that remain, it is crucial that there is a renewed energy for action and a refocusing of efforts to address the shortcomings of the last decade. The care and support of the most vulnerable children must form an integral part of national and international responses to HIV and AIDS.

Family capacity - *Orphans and vulnerable children are less likely to have their basic needs met*

As in 2005, an appropriate standard of living has been defined in terms of the basic material needs identified by communities. These needs range from food and clothing through to bedding, shelter and life skills. Survey results are mixed across the four countries, but in all four countries, the most vulnerable children are least likely to have their needs met.

Community capacity - *Most OVC households do not receive external support*

The nature and extent of external support for households caring for orphans and vulnerable children continues to vary widely. In some cases, community initiatives are successful in identifying and responding to need, and in others government or non-governmental

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key recommendations

1. Fully implement Articles 65-67 of the 2001 UNGASS Declaration of Commitment on HIV/AIDS and Article 34 of the 2006 UN Political Declaration on HIV/AIDS to address as a priority the vulnerabilities faced by children affected by and living with HIV.
2. Integrate a multi-sectoral response for children affected by HIV and AIDS into development instruments, including Poverty Reduction Strategy Papers, national development plans, National AIDS Strategies, National HIV Frameworks and other relevant sectoral plans.
3. Encourage mechanisms for flexible funding which meet community needs with funds being provided in small quantities over the long-term (i.e. drip-fed) and at predictable times to enable them to be better utilized by community based organisations as part of community systems strengthening mitigation approaches.
4. Governments should commit to ensure that 80% of eligible vulnerable households have received economic support in the last 3 months.
5. Support governments in highly affected countries to ensure equitable access to a comprehensive package of treatment services integrated into Maternal Newborn Child Health services including: scale up the prevention of mother to child transmission plus (PMTCT-Plus), point of care diagnostics for early infant diagnosis, provision of cotrimoxazole preventative services to all children known to be HIV positive and to those born to positive mothers until HIV status is determined; and ensure children are explicitly included in national HIV treatment targets.
6. Support the implementation of national social protection policies and plans to strengthen the capacity of national social welfare systems with adequate budgetary allocations to ensure the care and protection of children, including the provision of social cash transfers to vulnerable households for economic strengthening, as well as increased access to services and address social exclusion and promote social justice.