



Capacity Statement

Orphans and Vulnerable Children¹

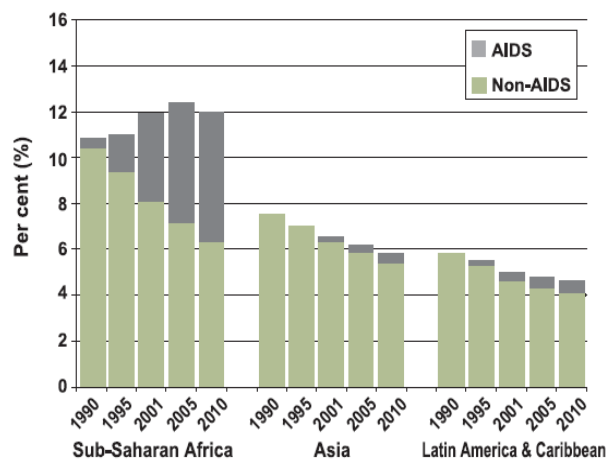
Global Overview

Over 145 million children in the developing world have lost one or both parents and are considered orphans.² Hundreds of million more children are considered highly vulnerable. While there is no consensus on the definition of vulnerability, these children overwhelmingly live in difficult circumstances, which require specific and immediate responses.

Orphans and vulnerable children (OVC) are confronted with a wide range of challenges in their everyday lives. These include the loss of their primary caregiver and their home; lack of money for food and basic needs; having to drop out of school or begin working at an early age to cope with family responsibilities; poor nutrition and limited access to quality health care; discrimination, stigma and possible abuse; and a lack of emotional support. These highly vulnerable children include street children, children affected by conflict, disabled children, and children affected by HIV and AIDS, among others. In general, OVC are mainly supported by their extended families and communities; therefore, it is critical to strengthen these entities and ensure their capacity to continue providing care, protection, and assistance for these children.³

While HIV and AIDS is only one factor contributing to the global orphan crisis, as illustrated in the diagram at right, it is a significant cause, particularly in sub-Saharan Africa where the number of orphans is increasing due to the epidemic. Approximately 15 million children under the age of 18, 12 million of whom are in sub-Saharan Africa, have lost one or both parents to HIV and AIDS.⁴ Although the total number of orphans from all causes in Asia, Latin America,

Per cent of children under age of 15 that are orphans by year, region and cause, 1990-2010



Source : *Children on the Brink*, 2002

¹ Prepared by Eric Tyler, Ryan Lander and Tariq Bhanjee in November 2009

² Children and AIDS Third Stocktaking Report. UNICEF 2008.

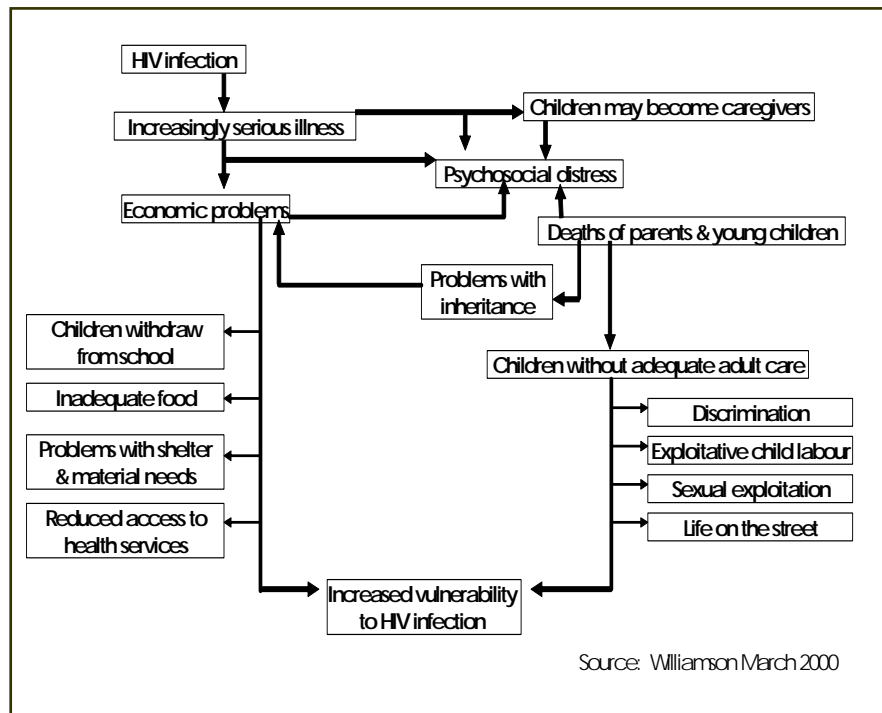
³ The Convention on the Rights of the Child sets out the rights that must be realized for children to develop their full potential, free from hunger and want, neglect and abuse.

⁴ Focus Africa, Building Resilience: A rights-based approach to children and HIV and AIDS in Africa. 2006

and the Caribbean has been decreasing since 1990, the number of orphans in sub-Saharan Africa has risen by more than 50% over the same time period; in this region, an estimated 12% of all children are orphans.

Clearly, the AIDS epidemic has put children at risk physically, emotionally, and economically. All children are indirectly affected when their communities are strained by the consequences of the epidemic, which is itself associated with extreme poverty. In communities gripped by the epidemic, children are directly affected in a number of ways including: facing pressures from volatile household economies; deaths of parents or caregivers; and being forced to drop out of school or work. Such factors lead these children to face increased stigma, discrimination, exploitation and greater risk of contracting HIV, thereby perpetuating the HIV-vulnerability cycle (see diagram below). Despite the work of many organizations, UNICEF estimates that less than 10% of children orphaned and made vulnerable by AIDS are receiving any type of support.⁵

Impact on Children affected by HIV and AIDS



Plan's Response and Capacity

While Plan seeks to respond to the needs of all children, it is necessary to have some targeted interventions for OVC. Plan recognizes the diversity of the HIV epidemic and works to provide essential services specific to the needs of affected children, but Plan also executes a continuum of programs to provide direct support to OVC including: ensuring access to essential services (education, health care, food, etc.); strengthening the capacity of families to protect and care for OVC; mobilizing and supporting community-based responses; raising awareness to create a

⁵ UNICEF, Press release, Children: The missing face of AIDS, 2005.

supportive environment for OVC; and ensuring that governments protect the most vulnerable children through improved policy and legislation. In 2008, Plan implemented programs that supported OVC in 35 countries around the world.

Furthermore, Plan has excelled in responding to the needs of OVC through strategic partnerships. The Hope for African Children Initiative (HACI) spearheaded by Plan International USA was a pan-African initiative spanning nine countries in Africa, and benefiting over 2 million children. As a follow-on to HACI, in 2005, Plan, in partnership with Save the Children, the Inter Religious Council of Uganda, and a number of local partners, initiated the Breaking Barriers (BB) project. This four-year, \$8 million project funded by USAID and PEPFAR is working to improve education, provide psychosocial support, and extend community-based care for children and families affected by HIV and AIDS in Kenya, Uganda and Zambia. To date, the BB program has reached more than 138,000 OVC and trained 13,038 service providers and caregivers to support OVC.

Case Study- The Hope for African Children Initiative (HACI, 2000-2007)

BACKGROUND: HACI was launched in 2000 as an unprecedented partnership of seven international and pan-African NGOs working in the areas of HIV and AIDS and child programming. The HACI consortium was led by Plan and included CARE, Save the Children, World Vision, Society for Women and AIDS in Africa, World Conference of Religions for Peace and the Network of African People Living with AIDS. Program activities were funded initially through a \$10 million seed grant from the Bill and Melinda Gates Foundation and were later supplemented by more than \$40 million from private and public sponsors, including USAID and several Scandinavian governments. HACI operated in nine African countries (Cameroon, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Senegal, Uganda and Zambia), with a primary goal of providing holistic programming for African children orphaned by the HIV pandemic. Its beneficiaries included OVC, people living with HIV (PLHIV) and communities impacted by the disease. HACI's diverse activities can be summarized into five categories:

Advocacy: HACI promoted national and international efforts to strengthen policy, reduce stigma and advocate for the rights and well-being of OVC and PLHIV.

Enhanced livelihoods: HACI supported a variety of training activities and services that support beneficiaries with long-term skills development. These include income-generating activities, vocational training, and community savings and loans programs.

Community interventions: Community programming provided services that addressed education, health, and the economic, psychosocial, and nutritional needs in order to improve the lives of thousands of children and families affected by HIV and AIDS.

Capacity building: HACI increased the number and capacity of local NGOs that can deliver quality services by providing resources, technical support, and training. This allowed for the replication and expansion of activities, thereby maximizing the program's impact.

Policy and partnerships: By cultivating extensive relationships with a broad array of major international NGOs, local NGOs, and community-based organizations (CBOs), HACI was able to expand its reach nationally and regionally, maximizing its influence with decision makers.

RESULTS: More than two million OVC and other beneficiaries have received direct assistance for their immediate needs. HACI worked with over 600 organizations and supported institutions such as schools, early childhood centers, and clinics. One of the key results is that children are enrolling and remaining in school, benefiting from early childhood development programs, and receiving expanded healthcare and psychosocial support. Additionally, there is increased government commitment to helping orphans through improved services at the district level. Stigma and discrimination against PLHIV and OVC has dramatically decreased, and more people are accessing services.

IMPACT: HACI continues to operate in Mozambique and Senegal, and several projects initiated through HACI are continuing in the other countries. HACI-initiated OVC activities and best practices continue in Plan through the USAID-funded Breaking Barriers project in Kenya, Uganda, and Zambia. National, regional, and international issues affecting children have come to the forefront, and governments are more responsive to addressing these issues.

Plan has been engaged in strengthening social safety nets and contributing to social protection programs. Social protection policies have proven to be effective tools for improving the outcomes of vulnerable children by providing support to families unable to earn their own livelihood due to illness, disability, discrimination or other debilitating factors, and can involve either economic or non-economic support. Children directly or indirectly benefit from these initiatives in a number of ways, including assistance for education, health, and nutrition. Social protection programs can also employ a wide range of implementation approaches, involving: school feeding programs, health insurance supplementation, direct cash transfers, child education, and skills strengthening among others. Plan has addressed the needs of OVC in the six thematic areas: food and nutrition, care, child protection, health, psychosocial support, and education and skills training. Each is detailed in the following sections.

I. Food and Nutrition

Malnutrition is a leading cause of morbidity and mortality among children in the developing world, contributing to more than half of all child deaths.⁶ In low and middle-income countries, 144 million children under the age of 5 are underweight;⁷ the situation is worst in South Asia where nearly half (46%) of children under the age of five are underweight.⁸ However, it is of particular concern that while the prevalence of malnutrition worldwide is generally decreasing, it is increasing in sub-Saharan Africa. One of the major reasons for the deteriorating conditions in Africa is the high prevalence of HIV/AIDS in the region.⁹ It is clear that the food security and nutritional status of HIV-affected children are interrelated; malnutrition can accelerate disease progression, and HIV worsens malnutrition by weakening the immune system and hindering nutrient intake, absorption, and storage. Orphans are also more likely to live in food insecure environments. In preliminary studies completed by UNICEF in Malawi and Jamaica, the percentage of *non*-orphans who were food insecure was 15%, compared to 39% among paternal and double orphans in the same region.¹⁰

Plan supports child-feeding centers for mothers of malnourished children, facilitates community and home gardens, and assists government health services in the distribution of vitamin A and zinc supplements. Education and training is also provided to communities concerning the importance of exclusive breastfeeding for six months, how to use locally available foods to prepare appropriate complementary foods for children (i.e., the Positive Deviance Hearth approach), and on the micronutrients necessary to meet children's nutritional needs. Two innovative programs addressing food and nutrition issues are highlighted below.

⁶ Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action, World Bank, 2006 <http://siteresources.worldbank.org/NUTRITION/Resources/281846-1131636806329/NutritionStrategy.pdf>

⁷ The State of the World's Children 2009, UNICEF, 2009.

⁸ UNICEF Press Release 2009

⁹ de Onis, M., Blössner, M., Borghi, E., Frongillo, E., & Morris, R. (2004). Estimates of global prevalence of childhood underweight in 1990 and 2015. *Journal of the American Medical Association*, 291(21) 2600-2606.

¹⁰ The Evidence Base for Programming for Children Affected by HIV and AIDS in Low Prevalence and Concentrated Epidemic Countries. UNICEF, 2008. http://www.unicef.org/aids/files/OVC_final.pdf

Case Study- Homa Bay, Kenya – Caring for Orphans

Plan Kenya and Heifer International are working with PLHIV and OVC to improve their nutrition and household income. Through the Pass-it-on Project, Plan trains communities in goat husbandry and management so that community members can establish sustainable income generating activities. Plan then supports the construction of goat pens in the poorest households. The first newborn goat born in each household is passed on to another household with orphans. This family, in turn, will give their first newborn goat to another household in the community, and so on. As goats frequently give birth within six to nine months, in a short period, many HIV-affected households are able to benefit. Furthermore, goats provide essential nutrition through their milk, which has been found to be more nutritious than cow's milk. Goats are also easier to care for, requiring less feed and grazing land than other livestock. It is expected that in the next phase of implementation, community groups should be able to care fully for the orphans by utilizing the income from the milk produced. Currently, the communities in Homa Bay are working on additional strategies, including gardening and rabbit keeping enhancing their nutrition and supplementing their income.

II. Care

In many developing countries, OVC are cared for by their extended families. In Sub-Saharan Africa, almost 95% of all orphans live with a caregiver from their extended family.¹¹ HIV and AIDS has a devastating economic impact on already over-stretched and poor households, particularly devastating for the 482 million children under the age of 14 living in households that earn less than \$1.25 per day.¹² Furthermore, in the developing world, there are an ever-increasing number of children and youth living and working in the streets, as well as child-headed households. Plan believes in keeping children within their communities and supports mechanisms to ensure that the rights and needs of these children are fulfilled. Plan has worked to provide programs to better serve households that have to take on additional OVC or deal with the burden of HIV and AIDS. Moreover, Plan also works with various support groups to address issues around children who are not taken care of by their families.

Case Study - Andhra Pradesh, India: Care and Support for Children in Difficult Circumstances

Care and support: Plan was able to mobilize resources through a coalition of partners to provide care and support for PLHIV and children living with HIV. The group worked to provide nutrition, medical and counseling support to people affected by HIV; about 2485 PLHIV received medical, nutritional and counseling services, and 90 OVC received community foster care.

Prevention of child trafficking and HIV and AIDS: In 300 communities located in 20 districts, 140 awareness raising and capacity building programs were implemented, covering issues related to HIV and trafficking. In addition, the prevention project focused on the formation and strengthening of 410 adolescent girls committees (11,482 girls), 319 adolescent boys' committees (7,268) and 406 child committees (11,104). This initiative has helped to enroll in school 7,289 children out of 13,989 identified dropouts and children who have never been to school.

Reintegration and rehabilitation of victims of commercial sexual exploitation: The coalition partners supported five childcare centers serving nearly 250 vulnerable children and two transit centers for rescued victims of trafficking. Over 200 rescued girls and women have been reintegrated with families after being provided with counseling support and vocational training.

Advocacy and lobbying: Workshops on the Immoral Trafficking Prevention Act were conducted to sensitize police, legal authorities, the public, and victims of commercial and sexual exploitation and trafficking (VOCSET). Approximately 447 VOCSET children (196 boys and 251 girls) were identified. Education was provided to 249 VOCSET children (131 boys and 118 girls), and recreation facilities were placed at the Motivation center in red light district areas. Several cluster level sessions were conducted for VOCSETS, and nearly 700 children attended.

¹¹ Joint Learning Initiative on Children and HIV/AIDS (JLICA), Home Truths: Facing the Facts on Children, AIDS, and Poverty, 2009 <http://www.jlica.org/protected/pdf-feb09/Final%20JLICA%20Report-final.pdf>

¹² World Bank. 2008. World Development Indicators Poverty Data Supplement.

III. Child Protection

Guided by the United Nations Convention on the Rights of the Child (CRC), Plan supports and advocates for child rights. Many highly vulnerable children are often subjected to verbal, physical, and sexual abuse, and are sometimes exploited through child labor and even trafficking. Plan has worked to tackle the root causes of these problems by facilitating the participation of children themselves in addressing the problems, along with promoting the widespread awareness of the rights of children. Child protection is also critical in areas of conflict and during humanitarian emergencies. Plan has also been instrumental in ensuring that inheritance rights are protected by training PLHIV on the importance of and how to draft a will to ensure the surviving members of their core family maintain their rights to the inheritance, as outlined in the case study from Uganda below. Combating child trafficking is another critical area that Plan has been engaged in, particularly in South Asia, and in other countries where Plan operates.

Case Study- Uganda: Legal Rights and Will Writing

Community members have become proactive in safeguarding the rights of PLHIV and their families. In an effort to alleviate discrimination and abuse, clan and community leaders have completed training in the handling of disputes involving PLHIV. Training was provided to local council officials, as they are mandated by law to protect the children within their communities.

Through a project of the Federation of Women's Lawyers (known as FIDA) in Kawempe, Uganda, community members have utilized their knowledge of their legal rights to draft wills, seek voluntary counseling and testing (VCT) services, legalize marriages, avoid or deter property grabbing, seek social counseling, resolve petty disputes at the community level, secure birth and death registrations, and seek legal redress in cases where their rights have been violated. Post Test Club members report that the increased knowledge of their legal rights has contributed to more acceptance of PLHIV.

FIDA believes that when people know about their rights, they are better able to protect their rights and those of others. Through the legal aid clinic and various outreach programs, abuse against women and children affected by HIV and AIDS has also been reduced.

Case Study-India: Children in Difficult Circumstances

CHEITNA, Dreams on Wheels project: The Dreams on Wheels project seeks to assist children who have been abandoned on railway platforms and stations along a busy railway corridor around New Delhi. This project has reached out to 978 children through 18 different locations.

Through contact tracing, Plan has repatriated more than 350 children to date. In addition, 489 children have been linked to non-formal education, 57 children have been linked to formal schooling, and 43 children have been linked to vocational training. In addition, education field trips have also been organized for the children.

Plan also addresses the needs and vulnerabilities of disabled children. In Luwero, Uganda, for example, Plan held workshops on methods of disability prevention, mitigation, and rehabilitation targeting local leaders, community volunteers, parents, teachers, and children. An outreach clinic was conducted and enabled the identification of 800 children with disabilities (CWDs), 35 of whom were supported to undergo physical rehabilitation at a children's home specializing in care for children with disabilities. Sixty special needs education teachers from 15 schools were trained and equipped with skills to improve the quality of education for CWDs in school, as well as to help identify more CWDs within schools. After the training, these teachers raised awareness about disabilities among fellow teachers and pupils in the school. The schools were also provided with an

assortment of educational materials to facilitate learning for CWDs. These interventions have all significantly increased children's access to community-based rehabilitation services.

IV. Health

Access to health care services continues to be a challenge for many children in developing countries. Each year, approximately 8.8 million children in low and middle-income countries die before reaching their fifth birthday.¹³ Most of these children live in developing countries concentrated in sub-Saharan Africa and Southern Asia, and die from a disease or combination of diseases that could have been easily prevented or treated. The five major causes of child mortality are diarrhea, pneumonia, malaria, measles, and malnutrition. Malnutrition contributes to half of these deaths; pneumonia kills more children than any other disease, accounting for nearly one in five child deaths globally; and diarrheal diseases make up 18% of deaths among under-five children.¹⁴ Malaria causes the death of at least two million people annually,¹⁵ with 90% percent of mortalities occurring in children under the age of five.¹⁶

Despite these grim statistics, immunizations have saved over 20 million lives in the last two decades, as coverage for the six major vaccine-preventable diseases—pertussis, childhood tuberculosis, tetanus, polio, measles and diphtheria—has risen from less than 5% to 79% of children since 1974.¹⁷ However, a huge disparity in the health status and care of highly vulnerable children remains.

In Ghana, Plan supports health insurance schemes for OVC (see case study below). In other areas, Plan advocates for, facilitates, and subsidizes costs for transportation to ensure that vulnerable children are able to receive medical attention when needed.

Case Study – Ghana: Better Health for All Children

THE PROJECT: Plan Ghana paid the premiums of a number of poor families to register with the National Health Insurance Scheme (NHIS). Two hundred girls selected from Girls' Football Clubs and their families were supported by Plan Ghana to participate in the scheme.

THE RESULTS: The project has encouraged people to visit the clinic for proper health care when they are sick. Growth promotion activities in the intervention areas also continue to make positive gains. In Asesewa, over 70% of 867 registered children who attended growth promotion sessions gained adequate weight. To ensure that mothers and caregivers adopt good childcare practices, food preparation demonstrations were carried out in collaboration with the Ghana health service.

Furthermore, Plan Ghana supported training of health professionals in home-based care and management of malaria to reduce the risk of child morbidity and mortality. Distribution of insecticide-treated nets and health education on malaria control measures also continued in the communities. Plan Ghana supported health education on HIV, STIs, family planning, adolescent-friendly reproductive health services, and other child survival interventions. Finally, Plan Ghana also facilitated capacity-building programs for community health committees and volunteers for sustained health care delivery in the communities.

¹³ UNICEF, State of the World's Children 2009.

¹⁴ Childinfo, UNICEF. Available at <http://www.childinfo.org/index.html>.

¹⁵ Harvard Malaria Initiative. Available online at <http://www.hsph.harvard.edu/research/hmi/about-hmi/malaria-information/index.html> (accessed on 21 August 2009)

¹⁶ President's Malaria Initiative.

¹⁷ Childinfo, UNICEF. Available at <http://www.childinfo.org/index.html>.

V. Psychosocial Support

Children's needs go beyond the physical and material, and in recognition, Plan focuses on supporting children's psychological and social development. The effects of events including conflict and HIV can be traumatizing and can lead to anger, sorrow, distress, grief, and feelings of helplessness. These feelings can foster a low self-esteem and a poor sense of identity, and can manifest in behavioral problems that exacerbate social exclusion. Plan has responded through counseling, providing training in psychological support, and succession planning for children living with a parent dying of AIDS. Plan has provided teachers with training to allow them to identify children in need of psychosocial support and to secure the necessary support mechanisms within families and communities for responding to the emotional and psychosocial needs of children.

Between January 2007 and June 2008, Plan, in collaboration with the USAID-funded AWARE HIV and AIDS project of Family Health International, spoke to more than 1,000 children and adolescents aged 8 to 18 years living in communities severely affected by war, child trafficking, or high HIV mortality—communities in which the social safety net had been severely disrupted. Despite children being the most resilient group in society (i.e., they are most likely to recover from physical and mental shocks), Plan identified a loss of their resilience as one key commonality among all children at risk for HIV infection. Resilience plays a crucial role in protecting children from exposure to HIV, but it is easily eroded by trauma and abuse. Plan has therefore worked to strengthen children's resilience. Strengthening resilience is achieved by alleviating the psychological effects of trauma and suffering while meeting physical and social needs. Where these needs are not met by families, a holistic service program is required and includes counseling, trauma healing, suicide prevention, psycho-education and therapy, and traditional rituals for healing and protection. Plan has worked to support psychosocial support primarily in Sub-Saharan Africa, and a novel program in Zimbabwe is highlighted below as a case study. In some Plan programs in Uganda, Kenya, India and Thailand, where children are living with HIV, Plan uses art and play therapy, among other methods, to respond to the needs of affected children.

Case Study- Breaking Barriers Project in Uganda

THE PROJECT: Through the Breaking Barriers Project in Uganda, Plan is collaborating with the Inter-Religious Council of Uganda (IRCU) to respond to the needs of OVC through psychosocial support (PSS) interventions carried out by religious leaders. Religious leaders are trained in the provision of PSS and home-based care and provide referrals for OVC and their guardians during their pastoral/home visits and other church/mosque related activities.

Religious leaders link OVC from communities with support services for OVC while at school. Religious leaders have integrated OVC issues and HIV and AIDS stigma reduction into their sermons during prayer days and other church functions.

THE RESULTS: IRCU has trained 528 local religious leaders in three districts to provide PSS and home-based care. These leaders have reached 5000 OVC with one or more essential services including counseling, education, and referrals for health services. Social support skills are combined to provide more effective care and support to the most vulnerable members of society.

Religious leaders have also provided OVC kits, which include scholastic materials, blankets, basins and water storage containers, and have reached 1980 OVC households during their pastoral visits in the communities. This has increased the enrollment and retention of OVC in schools. Religious leaders have also contributed to reducing HIV-associated stigma and increasing the acceptance of PLHIV in communities.

VI. Education and Skills Training

Around the world, approximately 120 million primary school-aged children are out of school.¹⁸ In developing countries, this amounts to more than one in five children who do not attend primary school and more than one half who do not attend secondary school.¹⁹ If all children received primary education, an estimated 700,000 new cases of HIV could be prevented each year.²⁰ Vulnerable children specifically have struggled to attend school and prosper academically. For example, in the Democratic Republic of Congo, UNICEF studied the enrollment rates of OVC in six different primary schools and found that enrollment rates for double orphans were estimated at 48%, for single orphans at 58%, and other non-orphan children at 68%.²¹

Providing equal access to education opportunities, retention and completion is a central goal of Plan; however, the end objective is to ensure that all children and young people receive quality education – knowledge, skills and positive values relevant to their wellbeing and development. In 2008, Plan allocated approximately \$79 million to support education programs worldwide. In particular, Plan has focused on implementing programs that target highly vulnerable children. Through the Breaking Barriers Project implemented in Uganda, Kenya, and Zambia, last year alone, Plan provided direct education support for approximately 13,000 children to attend school or vocational training through provision of fees, scholastic materials, uniforms and through rehabilitation of school infrastructure. Plan partnered with Rangala Family Development Program as part of its Breaking Barriers Project to expand the educational opportunities for orphaned children. Many children did not have enough to eat which influenced their performance. Through the Rangala Project, over 2000 students in 25 primary schools were provided with lunch-time meals which encouraged students to continue schooling. After learning how many girls dropped out of school due to hygiene issues, sanitary pads were provided to over 200 girls in 11 schools. Furthermore, Plan also supports life skills training and education on sexual and reproductive health through school-based clubs.

¹⁸ UNICEF, Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS, 2006

¹⁹ Plan USA Technical Brief, 2008

²⁰ Global Campaign for Education

²¹ UNICEF, The Evidence Base for Programming for Children Affected by HIV and AIDS in Low Prevalence and Concentrated Epidemic Countries, 2008