

Community of Practice: Promotion of Social Inclusion of Orphans and Vulnerable Children (OVCs) in the Millennium Development Goals (MDGs)

CONTRIBUTIONS

Hello everyone,

It is a really sad situation!

Mr. Gérard Muringa
General Director of Development and Reconstruction Programmes
Ministry of Planning, Development and National Reconstruction
Bujumbura, Burundi

[Note from the facilitator: Participant is referring to the message on the magnitude of OVCs in Africa]

Hello,

I quickly read through the report and found that the numbers cited were extremely alarming.

I was most stricken by the comments made by the Kenyan widow, which was quoted on the first page. African orphans are becoming increasingly numerous, while the persons that are suppose to take care of them are also increasingly dying. Our streets are full of orphans who have to resort to pick pocketing and other small crimes in order to survive.

Chad is not free of such problems either and this situation may be further aggravated and become uncontrollable as countries, such as ours, increasingly focus their attention on conflicts instead of on the protection of children.

Thank you for the attached report.

Mr. Theodore Mbainaissem
Environment and Community Development Advisor
Ministry of Social Action and Family

N'Djamena, Chad

Hello,

Having just finished reading the report, I have to admit that I was not truly surprised by the situation it revealed, which I am sure, and as usual, may be even worse than described in some parts of Africa.

I feel that we have let this situation go on for much too long, but unfortunately, to this day we do not have the type of *leaders* and *state officials* who are worthy and manage our countries in a transparent manner.

I don't see how this situation can be solved without having developed an action plan that takes into account our will and determination in relation to the situation and to participate in a manner that will provoke a chain reaction which in turn would truly sensitize, propose solutions and predetermine systems of social rehabilitation.

In any case, I agree to participate in specific and long-term action.

Mamadou Fakoly Doumbouya
Author,
Secretary General, *SDTR*
Secretary in charge of *CSA*
Trade Unions/PSRPs Follow-up Committee Coordinator
Dakar, Senegal

Hello everyone,

First of all, I would like to congratulate you [ECA team] for the extremely important and detailed report you have professionally produced. It proves that the ideas that came out of discussions and exchanges were taken into account, and synthesized in a concrete manner in a report. Once again, cheers to the entire team.

I apologize that due to personal reasons, I have not been able to contribute so far on the discussion **‘Promotion of Social Inclusion of Orphans and Vulnerable Children in the MDGs’** and on the situation of OVCs on our continent.

Let me take advantage of the occasion to say that the phenomenon of street children is the most alarming warning a human society in crisis can emit. It is criminally and dangerously irresponsible to let entire segments of humanity sink into oblivion, particularly when it’s children, when interventions programmes require so little.

Personally, I blame the phenomenon of street children directly on our leaders and their lack of interest in the problem. I hold them responsible at all levels and degrees. If not, how can we for example explain that a country like mine, which has a population that does not exceed 3 million and that possesses vast amounts of wealth and natural resources (700km of coastline on the Atlantic Ocean proven to be full of fish / number 1 producer of iron / oil / copper / rare precious stones / etc...) can after 50 years of independences and vast amounts of aid assistance has more that 5% of its children be vulnerable (in the streets, as beggars, on drugs, as prostitution, thieving, involved in violence of all kinds, living with AIDS and death...). It is the case almost everywhere else in Africa, which has leaders that are billionaires, who drain the local economy and without a thought about indebting their countries. Africa has what it needs to meet the needs of all her children, BUT lacks proper governance!

As for the policies used by African governments to solve the problem of OVCs, as I have mentioned above, these must be simplistically similar, as much is not done.

In fact, if our leaders were to return what they have stolen from the people over the years, the problem would be solved!

This would allow for the creation of specialized centers and other spaces where the poor victims of economic and political crimes can be rehabilitated and integrate mainstream society.

In order for this to happen, Africa needs to continue its fight against dictatorship, corruption..... Working in such networks is thus very important as it multiplies the opportunities for denunciation, punishment as it involves the awakening and involvement of the citizenry.

My mother Africa, how I pity thee!!

Mrs. Fatma Mint Elkory
NTIC et Citoyenneté
Nouakchott, Mauritania
Website: <http://www.maurifemme.mr>

Hello everyone!

I am really excited to be a member of this roundtable on Orphans and Vulnerable Children (OVCs). The subject of our roundtable is important because it addresses a topic that if not seriously dealt with will handicap the entire society in the near future. The report on the orphaned generation describes the situation rather well.

Congo has a total population of 3,550,500 inhabitants (according to the Congolese households census of 2005) of which 48,47% are children of less than 18 years. In addressing the concept of OVCs, Congo first defined the conditions that determine vulnerability and then the concept of OVCs.

Thus, vulnerability is defined as a fragile state of being, which can according to the circumstances affect various individuals and social groups (youth, elderly, women, children, disabled, national minorities, unemployed, PLWHA, homeless, etc....). ***All children (0 to 18 years old) are naturally included in this category, because their status in life and their dependency on their parents.*** Unfortunately, many children find themselves in particular situations that may increase their vulnerability, compromise their future and even their lives. This is why, they must benefit from special attention. They are called OVCs.

The national strategic framework for vulnerable children has defined thirty four (34) categories of vulnerable groups, among which is ***the orphan child***, who is none other than a child who has lost at least one of his two biological parents.

According to the Congolese Household Census, Congo has 137,385 fatherless orphans, 69,025 motherless orphans and 23,091 completely orphaned children. But with regards to other vulnerable children, as the category are many and broad (33), a national social investigation was not carried out. According to the National Action Plan for 2007 of the Permanent Executive Secretariat of the National Council for the Fight against AIDS (PES/NCFA), and estimated 4% of all children are OVCs, an estimate which may not describe the full picture as it is based on compartmental investigations of households.

Thus, even though the number of orphans is known, the number for all other vulnerable children remains unknown. However, through experience and households censuses, it is clear that the number of vulnerable children is dependent on circumstantial and structural forces.

- Circumstantial factors are:

The situation with the parents: violence, negligence, lack of affection, refusal to dialogue with children, rejecting the children's request, separation of parents, deaths of the parents or instability within the families. The influence of the parents is also recognized as a factor of great importance in the control of the physiological impulses of puberty, to shortcuts gain money and the exhibitionism of the neighbors' riches.

- Structural factors are:

Household poverty, absence or weakness of the State's social policies, in particular with regards to legal protection measures legal for children, the disintegration of traditional family relations of solidarity,

These irrefutable facts lead to the exclusion of children in the following areas:

- of social protection;
- in accessing to basic social services (education, health, professional training, nutrition)

In order to address the sad reality of social exclusion in which a significant portion of future adults find themselves living with, Congo has prepared a National Plan for Social Development outlining the national vision on childhood. This Plan is accompanied by a National Strategic Framework, which addresses the issue of vulnerability in childhood (2005) and OVCs. Even better, the 2008 Poverty Reduction Strategy document has clearly explained the reasons why there is a need to take the situation of OVCs into account and has proposed corrective strategies. Moreover, the national policy towards the fight against the HIV/AIDS, the policy on professional integration and the policy on rehabilitation after war-related trauma contain provisions for OVCs.

All in all, the **general vision** of this social action plan is to contribute to the creation of an interdependent Congolese society wherein the entire citizenry, including the children, benefit from economic growth, take part in the country's development. For this to happen, Congo's vulnerable children must regain their rightful place in society. The **mission** of this social action plan is thus "to promote the autonomy of the populations living in precarious situations, through their

active participation, towards their integration in the development process”. **Taking into account the greater interest of the child, his active participation in decision-making processes** must be an integral part of all programmes, projects and services aimed at OVCs that are being developed at the individual, community or national levels. Programmes and projects, which want to bring about sustainable improvements for the children, must consider the family as the central to the reintegration and the blossoming of the child.

In terms of institutions, with the exception, which is the institutional base of any policy geared towards OVCs, other institutions which may support the implementation of such policies are:

- the state (Ministry for the Social Security, Ministry for the Social Affairs,..., the National Fund for Social Security, the Pension Fund of the Civil Servants),
- the community (mutual insurance companies, NGOs, private companies,... etc),
- the development partners who contribute 20% of project and programmes resources and complement the state’s resources.

Good wishes to all and so long!

Etaki Wa Dzon
Charged with Monitoring and Evaluating DPRS/MDGs
Brazzaville, Congo

Dear Members,

As Tsega mentioned even though the focus of the third week of discussion is on exchanging country experiences and sharing knowledge, it is still possible to comment on the prevalence and magnitude of OVCs within African countries and on existing policies on OVCs. My contribution on behalf of the HelpAge International African Regional Development Centre focuses mainly on the latter issues, particularly related to OVCs and HIV and AIDS.

We strongly believe that a comprehensive approach when addressing the promotion of social inclusion of orphans and vulnerable children in the MDGs must also include the caregivers of OVC and vulnerable children. The majority of OVCs and vulnerable children do not grow up and develop in a vacuum. They are being cared for by someone, and it is critical that the caregiver is being supported

in this vital role. Even though the data is limited it is recognized that at least 40-50% of OVC are in the care of older caregivers, mainly older women. This then is an issue of scale regarding the number of older people who are trying their level best to care for OVCs. For example, there are approximately 12 million OVCs affected by HIV and AIDS in Eastern and Southern Africa, and, if 40% are being cared for by older carers, this works out to 4,800,000 OVCs under the care of older people. Our data indicates that each older caregiver is caring for an average of 3 OVCs, thus, the approximate number of older carers of OVCs is 1,600,000 in Eastern and Southern Africa. We also find that the gender balance is 80% older women carers and 20% older men carers.

What is the situation of older carers?

- They lack regular income support
- They struggle to ensure that their grandchildren receive an education
- They also struggle in providing the necessary parenting skills for their grandchildren
- They are not receiving adequate information to:
 - access their rights and entitlements and
 - support and protect themselves in their critical care giving role
- They are very challenged to maintain their health and that of those under their care.

What can be done to ensure the social inclusion of OVCs and their older caregivers?

Value the role and work of older carers

- Public recognition of the value, contribution, rights of older carers is vital to overcoming stigma and discrimination and generating the resources and support they need

Develop policies that support and assist older carers

- All home-based care policies and programmes including standards of care guidelines must address the specific economic, health, psychosocial and palliative care needs of older carers.

Provide more resources to older carers as part of a social protection system

- Older carers must be provided with economic support, e.g., social pension, cash transfers to help with the costs of care, avoid distress sales and compensate them for time taken away from income earning activities and for their vital caregiving role

- Older women carers' rights to land, inheritance, equal recognition before the law must be realized. Social protection systems must protect these rights. Denial exacerbates psychosocial trauma affecting their well-being and those in their care
- Older carers must be provided with necessary support including legal advice, literacy programmes, in obtaining documentation needed to access social protection entitlements for themselves and those in their care.

Provide more HIV prevention, care-giving knowledge to older carers and ensure their access to health care services

- Older carers have an equal right to information on HIV prevention, transmission, care and treatment which is age-appropriate and accessible, in order to protect and care for themselves and their dependents, particularly for OVC who are living with HIV and AIDS.
- OVC and people living with HIV are only as strong and healthy as their caregivers who must have access to health services as a form of social protection.

Supplementary MDGs

Another crucial action to ensure the social inclusion of older people, particularly older carers, will be amending the MDGs as recommended at the ECA Ad Hoc Expert Group Meeting in May. The specific recommendations were:

Goal 1: Eradicating extreme poverty and hunger

- Percentage of older people/PWD-headed households living in extreme poverty
- Percentage of older people/PWD/PLWHA/OVC suffering from hunger
- Proportion of older people/PWHHA/OVC who have access to poverty reduction programmes

Goal 2: Achieve universal primary education

- Percentage of older persons who access adult literacy services/programmes

Goal 6: HIV/AIDS, malaria and other diseases

- HIV prevalence amongst older people/PWD and different age groups
- Percentage of older carers of OVC and PLWHA receiving support in their role as caregivers
- Percentage of older persons/PWD with access to VCT services

UNGASS Core Indicators

None of the 25 UNGASS core indicators assess the impact of HIV and AIDS on older people. A number of indicators monitor a specified age bracket, i.e., the 15-24 year age group or those aged 15-49. This means that the indicators actively exclude people aged 50 and over. This is despite the crucial role of older people as carers, and the social, economic and psychological burden of the pandemic on their lives.

The core indicators also neglect older people in their role as carers. None of the indicators addresses who is providing care to the millions of OVCs and PLWHA and what support they are receiving. As was recommended for MDG Goal 6, HelpAge International is strongly recommending to UNAIDS and the Monitoring and Evaluation Reference Group (MERG) to expand UNGASS indicator 10: *Percentage of orphaned and vulnerable children aged 0-17 whose households received free basic external support in caring for the child* to collect data on who is providing care to OVC and PLWHA, and, crucially what support is being provided to these carers.

We are also recommending that the UNGASS indicators are expanded to include the age group 50 and above.

We are seeking your support in this advocacy initiative and please contact me if you are interested in helping us influence UNAIDS and the MERG in revising the UNGASS indicators to be inclusive of older people. Also, please contact me if you would like to receive more information on policies and programme interventions to support older carers of OVC and PLWHA.

With best wishes,

Dr Douglas Lackey
Regional Advocacy Manager
HelpAge International, Africa Regional Development Centre
Website: www.helpage.org

Hello everyone,

I am also excited to be a part of this roundtable discussion on OVCs. The issue of OVCs and its implications for our continent's development cannot be

overemphasized. Below are some of the interventions Ghana is undertaking with respect to OVCs.

Operational Terms to Dealing with OVCs in Ghana

The national constitution in Ghana provides for the protection and development of the child in article 28. It declares that parliament shall enact laws necessary to ensue every child has the right to the same measure of special care, assistance and maintenance necessary for the development of the child from the natural parents except for those parents that have effectively surrendered their right and responsibilities in respect to the child in accordance with the law; the protection of the family as the unit of society is also safeguarded in the promotion of the interest of children.

The children's act, act 560 also defines the child who needs care and protection in Ghanaian society with specific reference to the orphan as a child who needs protection and care. The Act also defines who qualifies to be fostered and who a foster parent is and explains placement and procedures for adoption.

The early childhood care and development policy also seeks among others to reduce poverty in the country in order to enhance the welfare of children.

The national HIV/AIDS and STI Policy also focuses on the reduction of infection in all vulnerable persons and groups. The draft policy mentions preventive programmes against HIV/AIDs/STIs, care and support of orphans and young people whose parents are HIV positive.

Specific Interventions

Foster Parenthood

The Foster Parenthood concept is a community-based solution where priority is given to surviving relatives to adopt the orphans. On the other hand if these relatives are not financially potent or willing, the responsibility of raising these orphans will be on joint members of the community.

According to research, this concept is most effective and natural child up bringing outside its biological parenthood as compared to an establishment of orphanage system, which indirectly creates early consciousness and stigmatization.

Capacity Building

Providing optimal humane and supportive care for the victims (OVC) targeting care givers through a sustainable livelihood strategy such as micro finance/ credits or schemes.

Community Supervisory Groups

Organizations, MDAs responsible for OVC support the establishment of community supervisory groups in communities where OVCs are visible at the regional and district levels. These groups are often charged to supervise and monitor the development of orphans in the custody of caregivers.

Support to District Health Units

Under this arrangement, district health units are being supported to help make focal persons who mostly form part of the community supervisory groups existence more meaningful since they will plan and execute programmes targeted at OVC together.

Ensuring Access to Essential Services

This includes building district level capacity for effective decentralization and targeting of services and multisectoral coordination among service providers. Mention could be made of the free compulsory basic education and the school feeding program implemented by government. This policy has more than doubled school enrolment at the basic level.

Another such program is the National Identification program, which is targeting proper registration and identification of both citizens and non-citizens to ensure reliable records in the country. This will provide government an indicator for monitoring development needs and assessment and also inform policies and programmes of government.

Challenges

Major gaps in dealing with OVCs are as follows:

- Identifying these orphans and vulnerable children. Most orphaned children are dispersed over families, communities where hardships of these unfortunate victims cannot be seen.
- Government efforts mostly very slow in terms of response.
- OVC care in Ghana is mostly subsumed under People living With HIV/AIDS (PLWHA) care. In effect it has no specific effort to addressing the developmental needs of children infected and affected by the pandemic.
- Provisions in the domestic legal framework as well as the United Nations Convention on the Rights of the Child (UNCRC) to address the special needs of OVC are inadequate.
- In spite of the direct link between OVC care and poverty, efforts at addressing the issue within the framework of the GPRS are seen to be limited, but the government has just recently introduced the Livelihood

Empowerment against Poverty (LEAP) Programme, which also target poor families including those taking care of OVCs with monthly stipends.

- Provision for caregivers to meet the special OVC challenge is inadequate.
- There are no rights –based approaches to OVC care interventions.
- There is little or no evidence on sectoral policies at addressing OVC.
- The absence of data and documentation on OVCs are equally militating against efforts at addressing this issue

Monitoring and Evaluating Activities Targeted at Addressing OVCs

In Ghana evidence has shown that orphans and vulnerable children (OVC) remain central victims in most communities in most regional settlements. Agencies involved in efforts at addressing OVCs are categorized into development partners (UN), NGOs, CBOs, CSOs, private sector, and Traditional leaders. The global community through the UN continues to support government efforts through development of national strategies, ensuring non-discrimination, mobilizing resources and building international cooperation. Most of these non-governmental bodies are engaged in partnering government to implementing national strategies. The Private sector is also responsible for initiating and implementing some programmes aimed at improved protection. All these interventions have obviously to some extent helped improve the situation in Ghana although there is urgent need for specific time bound programmes to monitor and evaluate these strategies in a holistic approach.

Francesca Pobee-Hayford
Acting National Director
Department of Women
Ministry of Women and Children's Affairs
Accra, Ghana

Hello everyone,

I did not have the necessary time to participate more frequently in this discussion. As a result, allow me to review past themes at once. Orphans have been a part of Chadian society since time immemorial. While some children are orphaned by the natural death of their parents, others are orphaned as a result of Chad's frequent and unending conflicts. AIDS orphans are now added to this list.

With an average life expectancy that does not exceed 50 years, Chad is one of the world's poorest countries. There are many factors that explain the premature

death of the Chadian population. Chadians have been killing each other for over 40 years. Successive civil wars have left and continue to leave behind many orphans. There are now thousands of orphans all over Chad. In addition to natural deaths and conflict-based deaths, the AIDS epidemic is causing major devastation. AIDS orphans can now be counted in the hundreds in big cities like N'djamena Moundou, Sarh, Abeche, Pala, Kelo, Koumra amongst many others. AIDS is also gaining a foothold in Chad's remote areas. In spite of the many sensitization campaigns, many Chadians have for too long neglected this disease, which is now ravaging the country's most active population: young people and adults.

The life of orphans

Upon the death of a parent, orphaned children are most often taken in and cared for by uncles, aunts or cousins of the deceased. In general, if it is the father who has passed, mother can struggle and manage to raise her children, by refusing to remarry. If ever the mother decides to remarry, complications emerge between the children of the first and second marriages. If it is the mother who passes, the children can harmoniously live with their widowed father as long as he does not remarry. If ever the father decides to remarry, complications emerge between the children and their stepmother. It is very rare to find stepmothers who accept to live with the children of the husband's first marriage.

Accusation, ill-treatment and expulsion from the family home

Stepmothers and adoptive fathers have a hard time accepting and living with orphaned children. Generally, orphan children have to behave in a cooperative manner as they are treated as house help and forced to carry out arduous tasks. He or she can never refuse a task. Instead, they have to accept the abuses of any other self-important member of the household. If they ever dare to stand up for themselves, they are accused of a despicable act and expelled from the family home. To survive, the orphans take to the streets where they become victims of the laws of the streets: drugs and alcohol.

What is becoming of Chad's orphans

Thanks to the support of some conscious caregivers, a number of orphans have access to education and lead successful lives. On the other hand, others end up as child-soldiers (forcefully enlisted or willingly enlisting to avenge a parent killed in a civil war), street-children, street-thugs or prostitutes.

Mr. Theodore Mbainaissem
Environment and Community Development Advisor
Ministry of Social Action and Family

N'Djamena, Chad

Hello everyone,

In terms of finding additional targets and indicators for the MDGs in relation to the **'Promotion of Social Inclusion of Orphans and Vulnerable Children in the MDGs'**, I believe that our exchanges have already brought about many interesting ideas.

First of all, in order to counter a plague it should be measured and quantified. From which derives the need to have for relevant and clear indicators. These figures will allow a concrete diagnosis of the situation at hand leading to the establishment and elaboration of policies and solutions.

As for the solutions themselves, from my humble point of view, I think that it is essential that the State and development partners be involved by assisting those who provide care for dependents and children. This assistance, which we have spoken about too often, constitutes the basis for the harmonious and healthy evolution of society.

The State must have the ability to subsidize social centers where "mothers" or even "families" could be reconstituted and/or offered to orphaned children. For a long time now, the "SOS" villages have provided a commendable example. NGOs and other social structures could be properly involved in the management of such centers.

Orphans could be provide care in such settings, setting examples for future generations and be empowered to actively participate in the development process. Military academies (Senegal) have produced excellent generations of accomplished youths.

Programmes of mass education are an alternative that should be considered for older orphans (15 to 20 years old).

Lastly, young orphans have to be given priority in accessing training programmes, funding, working opportunities and financing.

In any case, in Mauritania, caring for an orphaned child is a purely family and community affair and at best even a tribal one. It is the family that has to provide

for the orphaned child's education or training and his/her integration in society including dealing with all the problems that arise from such a situation, such as disparities, violence, etc... This makes me think of the phenomenon of children "Talibets" children, which is widely known and widespread in West Africa.

Mrs. Fatma Mint Elkory
NTIC et Citoyenneté
Nouakchott, Mauritanie
Website: <http://www.maurifemme.mr>

Hello everyone,

I would like to continue discussion the situation of orphans in Chad, as I did not get the chance to describe the situation in depth.

Wherever in Africa they may be, orphan children live in similar conditions. Following the death of the parents, relatives of the late assemble in a family meeting and commit to provide care to the orphaned children. More often than not, this commitment is not respected. The orphaned children end up living in the streets or with the grandmother. Time and again, grandmothers, without receiving any financial support, end up providing for their orphaned grandchildren in exchange for hard labor.

Institutions that provide care for orphans in Chad

It should be noted that to this day, the Chadian government has not taken the necessary measures in order to provide care for orphans, with the exception of the Koundou Hope Center that aims to rehabilitated street children of which some are orphans. To the best of my knowledge, there are no official organizations that provide care for orphans whose parents died of natural causes, as casualties of war or as victims of AIDS.

Private Institutions

Even if there are very few of them, private institutions that provide care orphans do exist. These institutions are either managed by religious organizations or by non-profit organizations funded by Northern NGOs. Amongst these are the Bethany Missionary Center, which works wonders for abandoned and orphaned children. There are also the orphanages of Koumra, Abeche and SOS N'djamena, which are also run by missionaries. In addition, supported by the Swiss Cooperation, APERT provides care for street children as well as for orphans.

Ministry for Social Action

The Ministry for Social Action does not have its own suitable centers that provide care to orphans. There are times when abandoned or orphaned children are taken in and placed in one of the specialized centers mentioned above, but this only happens upon the investigation and interventions of social workers.

The First Lady of Chad

Contrary to popular belief, Ina Deby, the First Lady of Chad, is very much involved in social works. The First Lady is very willing and makes the necessary efforts to help children living in disfavoured environments. She provides significant help to institutions that care for orphans. She is a very courageous lady and deserves to be encouraged for her good deeds.

Much remains to be done to provide for Chad's orphaned children, particularly for those orphaned by AIDS.

Mr. Theodore Mbainaissem
Environment and Community Development Advisor
Ministry of Social Action and Family
N'Djamena, Chad
