Protecting Africa’s future: Livelihood-based social protection for orphans and vulnerable children (OVC) in east and southern Africa

Four Types of Social Protection (Greenblott, 2008)

1. Protective social assistance for the poor such as disability benefits and old age pensions.
2. Preventive measures to avert poverty such as food-for-work schemes, school feeding programmes, as well as measures to safeguard health, including ART and prevention of mother-to-child transmission (PMTCT) programmes.
3. Promotional income enhancement through activities including life skills, vocational and agricultural training for youth, as well as increasing access to credit through microcredit opportunities.
4. Transformative addressing of social inequity and exclusion through awareness campaigns, stigma reduction campaigns, psychosocial support and therapy, and policies and laws to protect OVC, e.g. protection of inheritance rights.

Despite greater access to antiretroviral (ARV) drugs in southern Africa, the current HIV epidemic continues to result in increasing numbers of orphans and vulnerable children. As many as 50% of all orphans under the age of 17 years, in many countries in the region, are a result of parents who have died of AIDS-related illnesses. According to bodies like UNAIDS, this level of AIDS-related orphanhood is expected to remain high until 2030, (UNAIDS, UNICEF, USAID, 2002; see Table 1).

Despite the existence of noteworthy policy and investment in programmes aimed at responding to these children’s needs, too many programmes remain ill-equipped to cater for their needs in a sustainable and cost-effective way. This is partly as a result of gaps in OVC social protection policy and legislation.

This brief presents a series of recommendations, among them: • Drafting stand alone social protection policies to fill these gaps.
• Strengthening existing policy frameworks.

It also advocates for:
• Livelihoods based social protection which refers to initiatives aimed at reducing vulnerability and providing social transfers to the poor.
• Protecting the vulnerable against livelihood risks and enhancing the social status of the marginalised.

Table 1: Estimated number of orphans in the Southern Africa Development Community (SADC) by country (2008)

<table>
<thead>
<tr>
<th>Country</th>
<th>% of children who are orphans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>15</td>
</tr>
<tr>
<td>Malawi</td>
<td>20</td>
</tr>
<tr>
<td>Namibia</td>
<td>25</td>
</tr>
<tr>
<td>South Africa</td>
<td>20</td>
</tr>
<tr>
<td>Swaziland</td>
<td>20</td>
</tr>
</tbody>
</table>

Adapted from the SADC Orphans and other Vulnerable Children and Youth (OVCY) Framework (2008)
The 2001 United Nations General Assembly Special Session (UNGASS) on HIV placed special emphasis on OVC and challenged countries to implement national policies and strategies in response. Some of the 2001 UNGASS OVC-related targets include:

- By 2003, develop and, by 2005, implement strategies to support orphans and children infected and affected by HIV with counselling and psychosocial support; enrolment in school; access to shelter, good nutrition, health and social services; and protection from abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.

- Ensure non-discrimination and protection of the human rights of children orphaned and made vulnerable by HIV, through the promotion of an active and visible policy of de-stigmatization.

This Framework and Programme of Action for Orphans, Vulnerable Children and Youth (OVCY) was SADC’s first effort to develop and implement a regional response to the needs of orphaned and vulnerable children. The framework emphasises goal-orientated, holistic and integrated approaches to OVC issues.

This Declaration on an Enhanced Parliamentary Response to the Crisis of Orphans and other Children made Vulnerable by HIV in Africa, by SADC ministers emphasised the need for coordination and leadership on OVC issues as well as the involvement of a wide range of actors, including families, community leaders, and political parties among others.

Some of the commitments made under this declaration include:

- Review and amend as necessary all legislation relevant to national AIDS policies in order to ensure that the rights of children infected and affected by HIV are protected.

- Establish a specific portfolio committee to deal with OVC issues in every parliament.

This Charter commits states to upholding several rights for young people including:

- The right to own and inherit property, the right to social, economic, and cultural development, the right to education, the right to employment, and the right to physical, mental and spiritual health.
Livelihood-based social protection responses

SADC member states all have specific policies targeting OVC. However, programmes remain focused on children’s immediate material needs and lack more sustainable livelihood and rights-based approaches. These kinds of approaches take into account not only the immediate needs of OVC but their long-term physical, emotional, legal, and economic needs and treat these as basic rights.

With the shift from provision of social transfers such as food and monetary aid, to more comprehensive social protection, characterised by the provision, protection and promotion of livelihoods, it is necessary for southern African nations to make a corresponding shift in policy.

Introduction
An analysis of the policy environment of east and southern Africa reveals the existence of certain policy gaps. These include:

Policy gaps
- Inadequate policies and legislation regarding livelihood-based social protection.
- Lack of effective and meaningful collaboration among government departments and civil society organisations providing care and support to children
- Inadequate resources for livelihood-based social protection

Figure 1: Elements of Livelihood-based Social Protection

Recommendations
Among the recommendations for effectively meeting the needs of OVC in the region are the following:

Develop regulatory frameworks to ensure accountability and the implementation of quality OVC care and support. Such frameworks should work to expedite birth registration and documentation of children to enable them to access basic services. These kinds of regulatory frameworks should facilitate access to social protection interventions for the children and specifically work to:

1. Develop and enforce minimum standards for OVC support that incorporate social protection elements.

2. Enact social protection laws regarding children’s rights to health, education and inheritance. Of particular importance are laws that ensure treatment for HIV-positive children that is appropriate for their physical, psychological and social needs.

3. Review, develop and enforce gender equity and youth empowerment policies, and link these with the welfare of OVC.

4. Policies and programmes should promote family and community stability while reaffirming and supporting the dignity of all citizens, including children.

5. Policies and programmes need to respond broadly to the needs of all children living in conditions that negatively impact their health, well-being and development. Interventions should not be restricted to the most vulnerable nor to those orphaned by AIDS.

6. Policies and programmes should consider the particular needs of OVC who also happen to be disabled, and consider their needs.
Policy Implementation

1. **Domesticate** and operationalise global conventions and agreements addressing children’s rights, such as the African Youth Charter.

2. Review, develop, harmonise and implement policy and legislation to provide comprehensive care and support to OVC, their families and caregivers that includes physical, medical, psychosocial and legal support. **Support must extend beyond the provision of basic services**—it is not enough to provide clothes, food and school fees.

3. Policies and programmes need to be responsive to the evolving needs of OVC throughout their lives. As children mature, their needs change and they will require skills transfer and employment support. Social protection interventions must address such age-related developmental changes. Economically empowering older children could also break the cycle of poverty for the families of OVC.

4. National budgets should earmark funding for the protection of children, including funds directed to key ministries responsible for rolling out appropriate interventions to meet demand.

5. Promote the scaling up of voluntary testing and counseling including provider-initiated testing and counseling, and ARVs. Effective and timely treatment can counter some of the factors that increase children’s vulnerability when parents and guardians are ill or have died.

6. There is a need for **long-term, integrated approaches** that emphasise livelihoods-based social protection, with aligned fiscal backing.

7. **Report progress**, as agreed in global, continental and regional conventions and agreements to ensure that commitments are kept and key targets achieved.

### Table 2: Impact of unaddressed OVC needs and rights

<table>
<thead>
<tr>
<th>Impact of unaddressed OVC needs and rights</th>
<th>Potential impacts on families</th>
<th>Potential impacts on children</th>
<th>Potential impacts on communities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grief</td>
<td>Loss of family &amp; identity</td>
<td>Reduced labor force</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>Reduced health and well-being</td>
<td>Increased poverty</td>
</tr>
<tr>
<td></td>
<td>Impoverishment</td>
<td>Increased mortality</td>
<td>Increased poverty</td>
</tr>
<tr>
<td></td>
<td>Emotional trauma</td>
<td>Loss of educational opportunities</td>
<td>Loss of skilled labor force for community interventions</td>
</tr>
<tr>
<td></td>
<td>Stress</td>
<td>Family roles change</td>
<td>Mental health</td>
</tr>
<tr>
<td></td>
<td>Demoralization</td>
<td>Dissolution</td>
<td>HIV epidemic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Exposure to HIV infection</td>
</tr>
</tbody>
</table>


### References


