Regional Red Cross OVC Strategy

Southern Africa

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REGIONAL RED CROSS OVC STRATEGY SOUTHERN AFRICA

DEFINITIONS

Orphan

For the purposes of this strategy, "orphan" refers to a child from birth to 18 years who has lost one or both parents. However please note that in some countries the legal definition may differ from this one. The term "AIDS orphans" should not be used because of the stigma and discrimination that is still associated with HIV and AIDS.

OVC

The strategy uses the term OVC – orphans and other children made vulnerable by HIV and AIDS. This is an internationally accepted term and it recognizes the fact that children in hard hit societies become vulnerable long before their parents die and that we must support these children as well as those who are already orphans.

Child

The definition of a child used in this strategy is the one enshrined in the United Nations Convention on the Rights of the Child: "a human being under 18 years of age".

In each country in the region, the Red Cross Societies need to operate within the framework of their government's AIDS plan, government OVC policies and government definitions of orphans and vulnerable children. The national society link to the appropriate government departments and structures and other civil society contributors, is crucial for programme success.

This strategy must be read in conjunction with:

- The Convention on the Rights of the Child
- Government OVC policies and plans
- The Federation document "Orphans and other children made vulnerable by HIV and AIDS – Principles and operational guide lines for programming".
- The global "Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS". (see Children on the Brink 2004)

SOUTHERN AFRICA CONTEXT[1]

Sub Saharan Africa is home to 24 of the 25 countries with the world's highest levels of HIV prevalence, and this is reflected in the rapid rise in the number of orphaned children.

Coping strategies in southern African countries differ considerably from other sub-Saharan Africa countries. High mobility due to male out migration from Botswana, Lesotho, Namibia and Swaziland to work in Southern Africa's more industrialized areas may contribute not only to high HIV prevalence rates but also to high rates of child fostering and high levels of female-headed households.

The global number of orphans due to AIDS was estimated at 15 million in 2003 and it is estimated that 12.3 million children in sub Saharan Africa have already lost their parents to AIDS, Millions more are caring for their sick parents and even more are made vulnerable through the impact of the epidemic on their communities. This figure is expected to double by the year 2010.

[1] Information from Children on the Brink 2004

Sub Saharan Africa has the highest proportion of children who are orphans due to all causes. In the ten countries which comprise the Red Cross Southern Africa region, there are currently approximately 4,132,000 children who have lost one or both parents to AIDS. In five countries in Southern Africa (Botswana, Lesotho, Namibia, South Africa and Swaziland), 15% or more of all orphans became an orphan in 2003. The large majority of orphans in these countries lost their parent or parents to AIDS. These children need support now and helping them will require a very long-term commitment.

Several governments in the region have developed National Action Plans and Policies on OVC. For example Botswana, Zimbabwe, Namibia and Malawi. National Societies must ensure that their efforts to support OVC are in line with their government's OVC plans and policies.

Family networks continue to be the central social welfare mechanism in most countries. However, as the number of orphans further increases over the coming decade and an even larger number of adults is affected by HIV and AIDS, many of these family networks will face even greater burdens. Twenty per cent of households with children in Southern Africa are caring for one or more orphans. In South Africa more than 50% of orphans are cared for by grandparents and in Namibia it is 60%. This trend cannot continue into the next generation, as so many of that generation have died from AIDS already.

HOLISTIC SUPPORT

All OVC programmes need to ensure that all the needs of the children are met (see appendix 1). However the Red Cross must find its niche and collaborate with other organisations in meeting these needs and coordinate their interventions to ensure that OVC programming maintains a holistic approach including the following components:

- Material including food/nutrition and shelter
- Health
- Education
- Social
- Psychological

PURPOSE

National societies in the region have already started working with OVC and they are on the frontline in fighting for the rights of these children. However it was decided that the work would benefit from having a coherent strategy for working with children in the region.

The strategy does not aim to duplicate the information in the above mentioned documents. The strategy covers the broad areas and approach, rather than a detailed programme. National societies in the region should develop their own plan of action on working with OVC in accordance with the above mentioned documents and in accordance with the strategy.

The strategy aims to outline the need for a systematic, consistent and sustainable approach based on accepted principles which will result in alleviation of suffering, reduction of vulnerability and building the resilience of children, families and communities in the face of the AIDS pandemic.

ESSENTIAL COMPONENTS OF A STRATEGIC APPROACH TO OVC PROGRAMMING

1. A strong foundation for the programme

Ensuring a strong foundation for the programme is essential and includes conducting a situation analysis before the programme starts, documentation when children enter the programme (children should not be registered unless registration will lead to referral or support), data collection, monitoring and evaluation.

2. Sustainability

Interventions to reduce the vulnerability of OVC must be viewed as long term and therefore must be sustainable, including financial, organisational and community sustainability through the development of partnerships at all levels, especially with government. Professional services such as health, education and social services must be in place and accessible. The Red Cross must forge strong links with these service providers. Human resources in national societies must reflect the importance of OVC programming in the organisation including an OVC specific focal person at national level. Community involvement should be promoted at all levels of the programme.

3. Integration of programming

Support for OVC should be integrated and harmonized with other interventions and services relating to the care and welfare of children. Integration with other Red Cross programmes is essential. For example programmes such as prevention, youth, home based care, anti stigma campaigns, health, watsan, peer education, nutrition and anti-retroviral therapy. OVC support should be an essential element in any home based care programme.

4. Community Based Programmes and Community Participation

Planning together with communities is vital and it is very important that we do not undermine community efforts or community coping mechanisms. Communities themselves must define who are the most vulnerable children, what are the primary concerns, and how they can be addressed. Communities and their leaders are in a position to identify what resources and skills are available locally and how these can assist children and their families. The Red Cross in this region is not in favour of institutional care, such as orphanages, except as a temporary last resort.

5. Participation of children and young people as part of the solution

Children and young people must participate in making decisions concerning projects which will benefit them. Participation in planning, implementing and monitoring such projects will provide children and young people with important skills. National societies should ensure meaningful participation and adherence to children's rights in all matters that concern their safety, well-being, development and future role in society. The best interests of the child should be the primary consideration at all times.

6. Building Strength and capacity of families

Communities, with Red Cross support, need to help to strengthen the capacity of families/guardians (especially frail grandparents) to protect and care for OVC by prolonging the lives of parents and caregivers by providing health education and providing economic, psychosocial and other support.

7. <u>Non discrimination</u>

Services should be appropriate, accessible and adequate for all OVC without discrimination. OVC should be integrated into other programmes for children to avoid isolating and stigmatizing them.