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The OVC Toolkit for SSA

A Toolkit on how to support Orphans and Other Vulnerable Children (OVC) in Sub-Saharan Africa (SSA)

Second Edition, August 2005

The OVC Toolkit was created for the World Wide Web, not for a printed format. Both the style and form are therefore characteristic of an Internet document: organized in knowledge nuggets (rather than consecutive text) and with the frequent use of hyperlinks. This format naturally also characterizes the printed document. The hyperlinks to external sites will show in this printer-friendly version, and if you are on-line, these links will work also from this document.

The web-based version of the OVC Toolkit is located at
www.worldbank.org/ovctoolkit

It is also available on CD-ROM. To obtain a copy, write to OVCtoolkit@worldbank.org. If the CD is hard to obtain from where you are and you have slow Internet connections, you may want to download the entire OVC Toolkit to your own computer once and for all (perhaps wit the help of partners with a faster Internet connection), so that you can browse through it more rapidly from off-line. To do this, go to the OVC Toolkit site, and select “Copy the Toolkit” from the upper navigation bar.

The OVC Toolkit is a joint product of
the World Bank’s Africa Region
and
the World Bank Institute.

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Part I
Do I need this Toolkit?

Is this Toolkit Relevant to my Project?

The OVC Toolkit is a resource guide on how to support Orphans and other Vulnerable Children (OVC) in sub-Saharan Africa (SSA). It is primarily developed to support World Bank project designers from different technical sectors, but could also prove useful to non-World Bank practitioners. Although developed with sub-Saharan Africa in mind, much of the content of the OVC Toolkit can be useful for professionals working on other continents.

Start by asking yourself the following questions:

1. Can my project cause an increase or decrease in the number of OVC?
2. Might my project have a negative or positive impact on children who are already OVC?
3. Could my project produce a positive outcome for OVC by adding special features?

If the answer to the third question is "no", then you don't need this toolkit. If it is "yes" or if you are uncertain, please read on.

If you are working on a multi-sector project (e.g., Social Fund, Multi-Country HIV/AIDS Program (MAP), or Poverty Reduction Support Credit), the answer should certainly be "yes".

The attached table indicates which OVC categories may be relevant to which sector; when rolling your mouse over the word "yes", a brief explanation will appear in a pop-up window. Of course, each situation is different and we encourage you to ask yourself the three questions listed above, and to involve people who are knowledgeable about the situation of children in your project country and OVC issues in general. In doing so, be sure that your analysis captures any additional context-specific OVC group, such as albinos, talibes (child beggars in Muslim areas), or child "witches", who were not included in our analysis. Also, keep in mind that many children fall into more than one category of OVC.

The toolkit contains sector-specific recommendations on the basis of the attached table. Therefore, what follows only covers the sectors and OVC categories that have a "yes" to the question "Does the project need special features to achieve a positive outcome for OVC?". For example, in our analysis of projects in the Water and Sanitation sector, we concluded that a project could have a positive impact on a number of different OVC categories without requiring any special measures to ensure that it benefits OVC in particular (although specific measures may be needed to ensure that vulnerable groups in general benefit from the project). For this reason, the toolkit does not make any recommendation specific to the Water and Sanitation sector.

Rapid Test of Relevance

Could my project produce a positive outcome for OVC by adding a special feature?

If the box suggests yes, roll your mouse over it and a pop-up window will indicate why:

Sector / Type of OVC	CAS/ PRSP/PRSC	CDD	MAP	Post-Conflict	ECD	Education	Health	Transport	Energy
All OVC	✓	✓	✓	✓	✓	✓	✓	✓	✓
Street children	✓	✓	✓	✓	✓	✓	✓	✓	✓
Orphans	✓	✓	✓	✓	✓	✓	✓	✓	✓
Children affected by HIV/AIDS	✓	✓	✓	✓	✓	✓	✓	✓	
Children in hazardous labor	✓	✓	✓	✓	✓	✓	✓	✓	✓
Children affected by conflict	✓	✓	✓	✓	✓	✓	✓	✓	
Children living with a disability	✓	✓	✓	✓	✓	✓	✓	✓	

Choosing a Point of Entry

The toolkit has two main points of entry: one that offers brief guidance on possible interventions by sector, and the other that walks you through the project design process for OVC interventions in general. A background section provides information about definitions, the scale of the problem and the rationale for doing something about it. The toolkit offers sector-specific guidance for the following types of projects:

- OVC in CAS, PRSP and PRSC;
- Multi-sector demand-driven projects (social funds, CDD);
- Multi-country HIV/AIDS Program (MAP) projects;
- Post-conflict projects;
- ECD projects;
- Education projects;
- Health projects;
- Transport projects;
- Energy projects

For each sector, the toolkit offers a list of project ideas by OVC category and provides advice on how to design several of these recommended interventions. When there is World Bank experience with a particular type of intervention, it suggests links to relevant Bank documents. The toolkit also includes numerous links to other documents and websites developed by organizations with extensive experience working with OVC.

Part II
What Do I Need To Know?

Tips on Navigating through this Part

This part of the OVC Toolkit provides technical background information that will be useful for both newcomers and more specialized Government and World Bank staff working with projects for OVC.

Throughout this part of the OVC Toolkit you will find links to the four main topics covered on the left navigation menu, but each section has several subsections that will show when you open the link.

You will find information about the core definitions of concepts related to OVC as well as of the main sub-groups of OVC. There is also a brief overview of the situation (current scale and future projections) for several core sub-groups of OVC in Sub-Saharan Africa. Under "rationale" you will find good arguments for assisting OVC - rights based, economic, as well as social and institutional ones. Finally this part presents a social risk management approach to assisting OVC within social protection strategies.

After reading through this part you should be equipped with a precise understanding of the core coordinates that will facilitate your efforts to benefit or, at least, “do no harm” to OVC in your particular project or program.

OVC Core Definitions

Defining OVC

In this section we define some key terms related to OVC and describe the main OVC categories. To learn more on how to define OVC, see the attached OVC presentation. For a list of the main shocks to which OVC are particularly vulnerable, see the section on SRM.

OVC (Orphans and Vulnerable Children)

The concept generally refers to orphans and other groups of children who are more exposed to risks than their peers. In an operational context, we can say that they are the children who are most likely to fall through the cracks of regular programs. Using social protection terminology: OVC are groups of children that experience negative outcomes, such as the loss of their education, morbidity, and malnutrition, at higher rates than do their peers. To be protected from negative outcomes and/or allowed participation, OVC need to be given special attention to remove the barriers that stand in the way of their equal participation in projects designed to benefit all children, or through special project components and targeting strategies tailored to their needs.

Child

The widely ratified UN Convention on the Rights of the Child states that a "child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier". The World Bank's draft document "investing in Children and Youth: A Strategy to Fight Poverty, Reduce Inequality and Promote Human Development" defines children as age 0-14 and youth as 15-24. With regards to OVC, appropriate age definitions tend to be category specific. Orphans, for instance, are mainly counted as 14 and younger. Child soldiers, on the other hand, normally include children up to the age of 18, since the great majority of child soldiers are between the ages of 15 and 18. In projects for street children it is even common to include youth up to the age of 22. For assessing child vulnerability issues in general, we suggest using the UN definition (under 18), adjusting for important group specificities and being sensitive to definitions used by local government and implementing partners.

Orphan

The UNICEF, UNAIDS and USAID joint report on orphan estimates and program strategies, Children on the Brink, defines an orphan as a child 0-17 whose mother (maternal orphans) or father (paternal orphans) or both (double orphans) are dead. This remains the official definition. The concept of "social orphans" is sometimes used to describe children whose parents might be alive but are no longer fulfilling any of their parental duties (e.g., drug addicts who are separated from their children with little chance of reunion, parents who are sick or abusive or who, for other reasons, have abandoned or largely neglect their children).

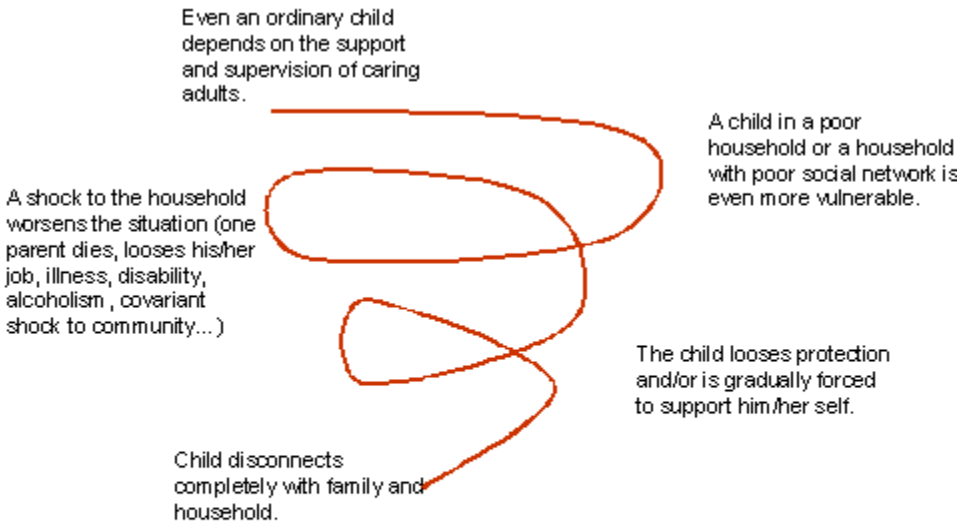
Vulnerability

In this toolkit we understand vulnerability to mean "a high probability of a negative outcome", or an expected welfare loss above a socially accepted norm, which results from risky/uncertain events, and the lack of appropriate risk management instruments. This is consistent with the definition used in the Bank's social protection framework for social risk management (Holzmann and Jorgensen 2001). Vulnerability is shaped by risk and stress characteristics such as magnitude, frequency, duration, and scope, to which individuals, households and communities are exposed. Therefore, the degree and type of vulnerability vary overtime and between countries and are highly contextual. This implies that vulnerability is a relative state - a multifaceted continuum between resilience and absolute helplessness.

The Downward Spiral of Child Vulnerability

Compared to adults, all children are vulnerable by nature, but some children are more critically vulnerable than others. Child vulnerability is a downward spiral where each shock leads to a new level of vulnerability, and each new level opens up for a host of new risks. In other words, the probability of a child experiencing a negative outcome rises with each shock. At the bottom of this spiral we find children who live outside of family care or in situations of severe family abuse and neglect. OVC interventions can be made at all levels to prevent (a further) increased vulnerability, or to mitigate the effect of likely shocks. The higher up in the spiral the intervention is made, the more cost-effective it is likely to be. OVC should preferably be assisted before they have reached the most critical stages of vulnerability, because interventions aimed to rescue and rehabilitate the most critically vulnerable children tend to be too expensive to be sustainable and moreover have low rates of success.

The downward spiral of child vulnerability might look like this:



Main Categories of OVC

Although critical child vulnerability and exclusion does not have to be assigned to any particular group affiliation, the most critically vulnerable children in Africa are often members of one or several of the following categories:

Street Children

There are two main definitional categories of street children: "children **of** the street", commonly understood as children with no real home to go to, and "children **on** the street", who work or spend extensive time in public spaces, either alone or with relatives, guardians or other children, but have some sort of home. There are, however, significant gray zones between the two categories. First, in some urban slum settings a "home" can be relatively hard to define (what constitutes a home - roof, walls, a casserole?). Second, children who have chosen or been forced to leave home sometimes continue visiting one or both parents or other relatives or caretakers, sometimes sleeping indoors.

Children in the Worst Forms of Child Labor

According to the ILO Convention 182, the so-called Worst Forms Convention, the worst forms of child labor include:

- All forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict;
- The use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances;
- The use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties;
- Work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children.

The last point more generally refers to children who are exposed to very long working hours and physical hazards, which in Africa most commonly includes children working in mines and quarries, some child domestic servants, and some children involved in agricultural tasks such as those involving the application of agrochemicals.

Children Affected by Armed Conflict

Armed conflict can make children critically vulnerable in a multitude of ways. If they stay in their own communities, they may suffer indirectly as their parents' livelihood is affected by market breakdowns caused by the conflict. Such problems are compounded when the child's community and family become exposed to violence. As a result of acts of war, children can become orphaned, disabled, traumatized, or end up unaccompanied or with disabled or traumatized parents and siblings. Social safety networks are typically destroyed or overburdened, so even those not directly affected may be left without adequate risk management instruments on hand. Vulnerability is particularly high among refugee and internally displaced children, who live in temporary camps that present a host of new risks, including epidemics, insecurity, prostitution, etc. A special category of war-affected children is referred to as "children associated with armed groups", which includes current or former child soldiers, messengers, spies, support staff and sex slaves.

Children Affected by HIV/AIDS

There are four main categories of children affected by HIV/AIDS:

- Children who live with parents infected with HIV/AIDS. They may experience neglect as a result of parental illness, suffer social stigma, be responsible for caring for sick parents and younger siblings, have experienced abandonment by one parent who leaves to escape the other's illness, or simply live with great insecurity and anxiety as they wait for their parents to become sick(er) and eventually die. Property grabbing sometimes happens even while the parents are alive, but too ill to defend themselves.
- Children who are orphaned by HIV/AIDS. This includes maternal, paternal or double orphans. It is important to note that children living with a step parent or a co-wife can be particularly vulnerable in their own household, even if one of the parents is still alive.
- Children who are infected with HIV/AIDS. Infected children generally live with one or both parents, but they can also be orphaned or rejected (most common for infants and youth) and end up in institutional care or in the streets. Infected children often experience social stigma that may result in their being refused access to school or other services. In addition, they have special health care needs that must be addressed.
- Children who live away from home because of HIV/AIDS. Some children have left their homes because of the way the disease has affected their primary caretakers.

The following toolkit has considerable information about effective strategies for working with Children affected by HIV/AIDS. International HIV/AIDS Alliance and Family Health International OVC SUPPORT TOOLKIT – Children Living with HIV/AIDS

Children Living with Disability

The United Nations Standard Rules on the Equalization of Opportunities for People with Disabilities define disability as: "*a physical, intellectual or sensory impairment, medical conditions or mental illness, whether long or short-term, which leads to the loss or limitation of opportunities to take part in the life of the community on an equal level with others.*" Sometimes a mild impairment can lead to more of a disability than a significant impairment, depending on the circumstances. These impairments lead to disability if they prevent the child from participating in things like school, play, and other community activities. See also ICF: International Classification of Functioning, Disability and Health. (Also, refer to the World Bank's disability site.)

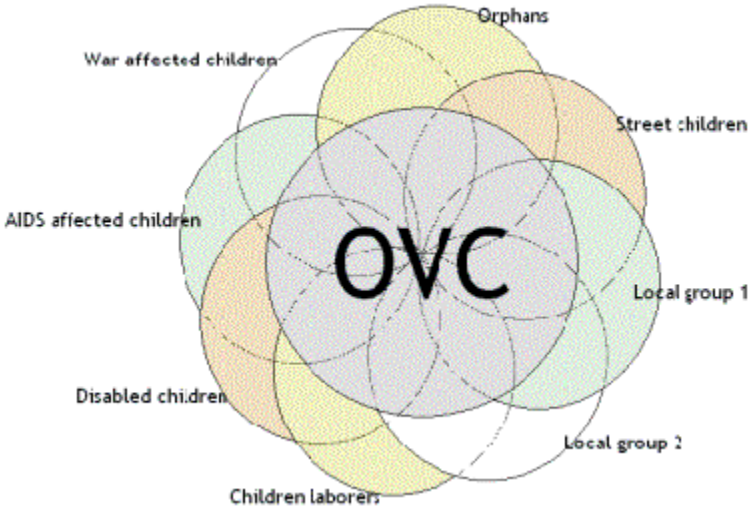
Local OVC Groups

There are also special local OVC groups whom must be taken into consideration. These should be identified both at a national level and in communication with the beneficiary communities. Some examples of these special groups are:

1. In Senegal: talibes (children who beg for the Marabous are ranked as one of the four most vulnerable groups of children by UNICEF Dakar);
2. In South Africa: child substance abusers;
3. In the Democratic Republic of Congo: child witches (children rejected from their parental households after accusations of witchcraft);
4. In Benin: trafficked children (children separated by their families and smuggled abroad to work).

Children in Multiple OVC Categories

The categories presented here are neither exhaustive nor exclusive. Many critically vulnerable children fall into many of the categories. For instance, street children can also be orphans or disabled. Children affected by armed conflict can be all of the above.



The OVC Situation

The Scale of the OVC Situation

This chapter describes the current status of the most commonly found groups of OVC in Africa. It also presents some projections as to the evolution of these groups over time. It is difficult to get reliable data on OVC in Africa. Below we summarize what is available for the core groups of OVC. Additional details can be found in the attached slides (extracted from the presentation on OVC) and in the main section of the Toolkit, "Designing Interventions for OVC", section on "Background research and secondary data".

Orphans

UNICEF/UNAIDS/USAID have collected estimates and projections on the orphan situation that are presented in the joint report Children on the Brink. The figures below cover 0-17 year olds in Sub-Saharan Africa and are from 2003:

- 12.3% of all children (43 million) are either single or double parent orphans
  - 28% of all orphans (12 million) are orphans due to AIDS
- 2 % of all children are double orphans (7.7 million)
  - 59% of double orphans are orphans due to AIDS (4.5 million)

For more detailed data on orphans, the Toolkit web site here provides links to detailed tables.

Other children affected by HIV/AIDS

Children who have been socially orphaned by HIV/AIDS, that is, whose parents are so ill they are no longer able to care for them (or the children even become the caretakers of their sick parents) can be roughly estimated to be around 1/3 of children with parents who are infected, or around 5 million children. In addition, it is estimated that 3 million African children 0-14 years old currently live with HIV/AIDS, and 10 million 15-24 year olds are infected (see: AIDS epidemic up-date, UNAIDS/WHO).

Children affected by armed conflict

War orphans. The International Rescue Committee estimates that there are 150,000 war orphans in Africa. This may be an underestimate as Sierra Leone alone operates with figures of 60,000 war orphans.

Refugee and displaced children. According to UNHCR, in 2003 there were 4.6 million refugees in Sub-Saharan Africa, an increase of half a million since 2002, and 5.8 million internally displaced people (IDP). At least half of these refugees and IDP are children. The greatest numbers of refugees and IDP come from Burundi, Sudan, Angola, Somalia and DRC (for details, see the UNHCR reports, "Refugees by Numbers" and "Global IDP Database").

Child soldiers. ILO estimates that the number of child soldiers is currently 120,000 and that around 80,000 are so-called "abductees", that is, have been abducted to work with armed forces (see ILO/IPEC's report "Every Child Counts").

Injured and traumatized children. An estimated 6 million children have become severely injured or permanently disabled as a result of armed conflict according to UNICEF's Report "Impact of Armed Conflict on Children". UNICEF estimates that 4 million of these children live with permanent disabilities resulting from war. We tentatively assume that 2 million are in Africa. We

should assume that at least the same number of children suffer from traumatic, war-related experiences (e.g., post-traumatic stress disorder).

Street children

As early as in 1997, the United Nations Center for Human Settlement in Nairobi estimated that "Street children represent 10-20% of the urban child population in Africa, and streets are workplace, playground and even home to as many as 16 million African children and will be over 30 million by the year 2000." This definition would fit the definition for "children ***on*** the street", while the definition of "Children ***of*** the street" (children with sleep in the street) would be much narrower, and tentatively comprise only 10% of the children on the street, or an estimated 3 million. Ethiopia, Kenya and South Africa would probably account for 2/3 of them, while Nigeria, Ivory Cost and DRC also would have considerable numbers.

Children in the worst forms of labor

In the report Every Child Counts, ILO/IPEC estimates that around 600,000 African children are engaged in the so called "worst forms" of child labor - trafficking, slavery, bonded labor, prostitution, pornography, soldiering and illicit activities. To these should be added children in particularly hazardous and risky labor situations, including children working in mines and quarries, commercial agriculture involving the use of agrochemicals and machetes, and many child domestic servants. ILO/IPEC's official figures for the worst forms of child labor are: trafficking-200,000; forced/bonded labor - 210,000; child soldiering - 120,000; prostitution and pornography - 50,000.

Based on the estimates of contemporary slavery (ref. Kevin Bales, "Disposable people, modern slavery in the Global Economy"), an estimated 200,000 African children currently are enslaved together with their parents, the majority in Mauritania and Sudan. Among the particularly hazardous labor situations, we typically count work in mines and quarries. In the 1996 publication "Facts and Figures on Child Labor", ILO/IPEC estimates that around 1% of Africa's 80 million economically active children work in mines or quarries, i.e., 800,000 children.

Finally, among the estimated 5 million child domestic servants in Africa (Andvig et al. 2000) many must be assumed to live in circumstances that would make them qualify as worst forms in accordance with ILO Convention 182, article 3d.

Children living with a Disability

There is no reliable data on disability for Africa as a continent. Studies from developing countries suggest that the standard 10% assumption based on the incidence in industrialized countries should be lowered considerably (e.g., 3.6% in Zimbabwe, 5.5% in Ghana, 3% in Mali; see Helander H. (1999) *Prejudice and Dignity: An Introduction to Community-Based Rehabilitation*, New York, UNDP). Children on the Brink, 2004 (Table 1) estimates that the number of 0-17 year old children in Sub-Saharan Africa is around 350 million. Assuming a 5% incidence for Sub-Saharan Africa, there would be some 15.5 million children living with a disability, while a 3% rate would give an estimate of 10.5 million.

Projections for the OVC Situation

Making reliable projections for OVC populations is difficult, since many of the risks that make children vulnerable are largely unpredictable (conflicts, disease outbreaks, natural disasters, etc.). Reasonably reliable projections only exist for orphaned children because of the attention to the HIV/AIDS epidemic. Trends for some other OVC groups can be reasonably expected, but not accurately quantified.

Orphans

The rate of orphanhood has stagnated in Sub-Saharan Africa as a whole, and is expected to drop from 12.4 to 12% between 2005 and 2010. In absolute numbers, however, this represents an increase from 39 to 42 million children, reflecting the general population growth. The drop in the orphan rate is due to the fact that non-HIV/AIDS related parental deaths are currently being curbed, while the AIDS orphan rate will continue to increase from 5.2 to 5.8%, that is, from 16 to 20 million children. The rate of double orphans is expected to increase from 2.2 to 2.3%, representing an increase from 7 to 8 million children. Currently 76% of double orphans; this figure is expected to increase to 83% (Children on the Brink). Since there are no immediate signs that HIV/AIDS infections will decrease substantially in the short run, and the absorption capacity of traditional extended family structures is weakened by urbanization, labor migration and changing social values, it can be expected that an increasing number of orphans will find themselves outside of family care or in extended family care of declining quality.

Street children

According to the United Nations Center for Human Settlement, the numbers of street children in African urban centers is expected to grow rapidly. Moreover, as street children grow in numbers, their life conditions on the streets are expected to become harsher and increasingly dominated by gangs and violence. In this context, drug problems tend to develop and make rescue and rehabilitation an extremely challenging task.

Worst forms of child labor

With the growing international attention, commercial agriculture and other f formal-sector businesses are attempting to respect international guidelines on child labor. At the same time, some of the most brutal forms of child exploitation such as sex trafficking appear to be on the increase, often with the involvement of organized crime.

Rationale for OVC Projects

The Rights Argument

If you are reading this toolkit, chances are you do not need to be convinced of the importance of investing in OVC. On the other hand, you may need arguments to convince your superiors, colleagues or counterparts. This section will provide you with such arguments. The attached PowerPoint on OVC, which summarizes the situation and the main arguments, may also be useful.

According to the UN Convention on the Rights of the Child (CRC), which has been ratified by all the African countries with exception of Somalia, all children have a right to education, health and protection from abuse and economic exploitation. Orphans, war affected and disabled children have some additional rights to protection. Leaving a sizable number of children deprived of any of these basic rights is a violation of fundamental human rights.

The Economic Argument

Public investments in human capital are often economically justified by the fact that they strengthen the population's income earning capabilities and prevent anti-social behavior that could potentially be costly to both individuals and to society. Individuals and households often will see the cost-effectiveness of such human capital investments and invest accordingly, but due to market failures there are many cases where the cost-benefit of human capital investments will only be substantial or feasible to society as a whole.

In short, there are two large economic costs to not investing in OVC:

1. the GNP lost because OVC grow up to become adults with low productivity; and
2. the cost of addressing the social consequences of having a large population of disaffected young adults.

Investing in OVC may appear as more expensive than investing in less vulnerable children because outreach is more complicated and because the children themselves often have barriers to participation that are costly to overcome. However, public investments in OVC can be economically justified by the fact that non-investment potentially bears much higher negative costs for this group than for less vulnerable children. Hence, the cost-benefit ratio may actually be better for OVC than for non-OVC. For instance, while a non-OVC will go from getting a low paid job to getting a better paid job after an investment in education, a disabled child after a similar investment can go from depending on others to becoming self-reliant. The cost of the time of future caretakers is saved and the child becomes a net contributor.

Many studies have been conducted on the cost-effectiveness of investment in particularly vulnerable children. In the US, for instance, a study showed a return of $1 to $7 on early investments in high-risk young children (Perry/High Scope). A 2003 ILO global study of the costs and benefits of eliminating child labor and providing children with education shows the same rate of return. Note however, that although investments in the most critically vulnerable children can be cost-effective, investments are typically more cost-effective the higher up in the downward spiral of vulnerability they are made (see the section on definitions). A severely traumatized child is typically very costly to rescue and rehabilitate, and the rate and degree of success is not encouraging from an economic perspective.

For more information on the economic costs of non-intervention related to the HIV/AIDS pandemic, see Bell, Deverajan and Gersbach; "The Long-run Economic Costs of AIDS; Theory and an Application to South Africa".

Rule of Thumb

Preventing the worst outcomes is much cheaper than coping with them (see the costing section).

The Social Capital Argument

Large inequalities, discrimination, lack of participation and exclusion hamper economic development and democratic stability, providing yet another argument for public investments in disenfranchised and vulnerable groups (on trust, values, economic growth, see the World Value Surveys). OVC are arguably the most vulnerable members of society.

- Children who grow up outside or in the outskirts of families and communities are less likely to fully integrate social constraints on their behavior. Hence they may be more likely to engage in risky activities, suffer accidents, become pregnant at an early age, contract sexually transmitted infections, and even to commit crimes.
- A large cohort of young adults who cannot find employment because they lack education and proper socialization are less likely to see their interest in maintaining the economic and political system. Hence they may become a cohort for recruitment of militia members, urban gangs, and group of rural bandits.

The cost of non-action or lack of adequate action, especially in Africa, could result in large-scale social capital erosion as uncared for OVC grow up to become dysfunctional adults (see "Dynamic Risk Management and the Poor: Developing a Social Protection Strategy for the Poor").

The Cost of Inaction Argument

The table below summarizes some main implications of not investing in OVC today, based on economic and social considerations. The negative effects of neglecting OVC needs today can potentially generate high costs in the future, at an individual level, for families and to society at large.

	INDIVIDUAL LEVEL	FAMILY LEVEL	AGGREGATE LEVEL
HUMAN CAPITAL			
Health	Poor physical and mental health, malnutrition and increased risk of premature death	Increased dependency ratio. Treatment costs.	Public health risk from high OVC morbidity, related to malnutrition, poor hygiene, drug addiction, and irresponsible sexual behavior.
Education	Lack of formal education and marketable skills.	Reduced future total family income.	Possible efficiency losses in education sector because of higher OVC repetition and drop-out rates. Reduced future economic productivity and activity, de-creased basis for public re-venue.
SOCIAL CAPITAL			
Safety	Increased likelihood of criminal and asocial behavior, including substance abuse.	Emotional strain because of shame and stigma. Cost of restitution, legal fees.	Insecurity/social unrest due to crime, reduced investment and growth opportunities, increased crime protection costs.
Solidarity	Underdevelopment of child's own social capital - a catalyst for further deprivation.	Weakening of family networks.	Decreased interpersonal trust, weakening of solidarity networks, net societal social capital loss.
ECONOMIC CAPITAL			
Earnings and Productivity	Limited potential for future earnings.	OVC remain net consumer in household and community when adult.	OVC remain a burden for the national economy.

The Institutional Argument: the MDG

OVC support has been confirmed as a Bank priority for Sub-Saharan Africa as indicated in the Social Protection Sector Strategy. In "Dynamic Risk Management and the Poor: Developing a Social Protection Strategy for Africa" it is pointed out that OVC are "at the heart of the human development challenge in Africa", and it is stressed that "this group constitutes the first-order priority target group for social protection in Africa". The World Bank Africa Region has responded so far through studies, lending and grants. (The table attached here in the on-line toolkit shows the status of World Bank involvement in 2003).

The World Bank has also adopted the Millennium Development Goals (MDGs) and the delivery of quality, cost-effective and financially sustainable services to OVC is critical to the attainment of many of the MDGs. (For more detail on indicators for the MDG, see the Millennium Indicators Database) In fact, the inclusion and protection of OVC will be directly or indirectly necessary in order to reach at least 6 of the 8 MDGs.

Direct importance:

- **Goal 2: Achieve universal primary education by 2015**

  Currently, the net school enrollment rate in SSA is approaching 60%. Only 66% of those who enroll - or 40% of all children - complete 5th grade. OVC in general, have considerably lower enrollment rates than their local peers. For example, orphans' enrollment rate is 82% of that of their peers (State of the World's Children, table 5), while street children and children in the worst forms of child labor rarely go to school at all. If OVC indeed constitute 20% of SSA children, and assuming that they on average have 1/3 the enrollment rate of non-OVC (20%), OVC would represent 40% of the 120 million children who are not currently enrolled. In addition, OVC are likely to have higher dropout rates than average due to poverty, heavy workloads, or lack of parental follow-up. Because educational programs often overlook the particular needs of OVC, specific interventions targeted to OVC are required if to achieve UPE by 2015 (see section on education).

- **Goal 4: Reduce child mortality by 2/3 by 2015**

  Under-five mortality rates (U5MR) in SSA are currently averaging 175‰ (per 1000) , and will need to be reduced to 58‰ in accordance with the MDGs. OVC generally have higher mortality rates than average due to greater exposure to diseases and accidents, neglect, abandonment and even infanticide. In the case of OVC under 5, we only include the sub-groups of children living with a disability, and those affected by AIDS and war for our estimate because street children and child laborers normally are older than 5. Assuming that 15% of SSA children under 5 are OVC, and also assuming that their U5MR is 400‰ (a figure found in post-conflict countries), they would represent 1/3 of U5 deaths (see OVC PowerPoint presentation attached in the on-line toolkit).

Indirect importance:

- **Goal 1: Halve the proportion of people who live on less than $1 a day by 201**

Currently 43% of SSA's population lives on less than $1 per day, and at least half of them are children. If no adequate interventions are developed today to support the most vulnerable children and their families, OVC will have slim chances to escape from extreme poverty in the future (see section on Economic Argument). In addition, because poverty is often transmitted from one generation to another, intervening now is crucial to achieving and sustaining a long-term poverty reduction.

- **Goal 3: Eliminate gender disparity in primary and secondary education by 2005**

Being an OVC and a girl is by many perceived to be a double stigma, multiplying the risk of educational loss and exposure to abuse. Because, child domestic service is the largest commercial workplace for female children in the region, a special focus on reducing child domestic servitude and increasing the schooling of the many girls who are likely to become or remain servants will be necessary to close the gender gap.

- **Goal 5: Reduce maternal mortality rate by 3/4 by 2015**

Teen mothers are twice as likely as older women to die of pregnancy-related causes, and their own children are at higher risk of illness and death (see Adolescent Health at a Glance). With limited information, protection and supervision, OVC girls are at a very high risk for early pregnancy. They are often in poor health, and their economic situation strongly reduces the likelihood that they will seek medical assistance during pregnancy and delivery, all factors which increase their already high risk of maternal mortality.

- **Goal 6: Halt and begin to reverse the spread of HIV/AIDS, malaria, and other major diseases by 2015**

High risk of sexual abuse and unsupervised, irresponsible sexual behavior make many OVC a special public health risk group. OVC are also believed to be neglected in many health immunization campaigns, maintaining the livelihood of viruses and the continued dependency on immunization.

Social Risk Management (SRM) and OVC

The SRM Approach and Children

The World Bank framework for analyzing social protection issues is the social risk management (SRM) approach (more on SRM: The Social Risk Management Website). A central part of the SRM framework focuses on household and community mechanisms for managing risk. A low-cost and often more sustainable way to protect children from (increased) vulnerability is to take a look at traditional household risk management mechanisms and consider how these can be improved or supplemented to prevent the worst outcomes from occurring in the first place or to deal adequately with them once they have occurred. The types of instruments available to households will shape the way in which they manage social risks, which, in turn, will affect the vulnerability of their children.

Households and communities in all cultures have their traditional ways to manage social risks and shocks. Most commonly, they will concentrate on coping with shocks once they have occurred (e.g., borrowing money to pay for medical care or sending children to work to make up for lost income), but solidarity networks, as a way to be prepared when the crisis strikes, are also common (e.g., funeral societies). The shocks that hit households can be idiosyncratic (striking an individual family household), or covariant (striking the community collectively). The impact of negative shocks that strike only a household or a family (like illness or unemployment) can often be curbed by support from the local community or the extended family through some sort of a mutuality arrangement. However, when a whole community is struck (as in the case of natural disasters), local mutual support systems may become ineffective because almost everyone will need help at the same time.

An analysis of the most common risks in a given country or region, and of the main ways in which they are addressed, can be useful for targeting purposes (which type of household is most vulnerable? Which type of OVC?) and for identifying specific interventions to reduce the vulnerability of households in general and of children in particular. In principle, this should be done through a full-fledged Risks and Vulnerability Assessment, but shortcuts are an option.

The attached worksheets can prove helpful for an initial analysis of the risks facing OVC, and are attached here in the web-based version of this toolkit:

- Worksheet for identifying the risks to vulnerable children caused by widespread shocks
- Worksheet for identifying the risks caused by shocks to individual vulnerable children
- Worksheet for assessing risk to groups of children (covariate risk)
- Worksheet for assessing risk to individual children and their households (idiosyncratic risk)

Risks and Roles of Children in SRM

Children in most African families face multiple risks, and some of them derive from the very risk management strategies that the child's household uses.

The risks: OVC are more likely than non-OVC to experience:

1. Infant, child and adolescent mortality;
2. Insufficient access to nutrition, preventive health services, health care, clothing, and psychosocial support;
3. Low school enrollment rates (young girls are particularly at risk), high repetition rates, poor school performance and/or high drop out rates;
4. Intra-household neglect vis-à-vis other children in the household (reduced access to attention, food and care);
5. Family and community abuse and mistreatment (harassment and violence);
6. Economic and sexual exploitation;
7. Burden of heading a household;
8. Lack of parental care;
9. (further) Impoverishment due to loss of inheritance.

Some of the strategies used by households to prevent, mitigate or cope with shocks rely on children. Some of these strategies may be effective for the household as a whole, but increase the level of risk of (certain) children within the household. Some real life examples illustrate this point:

- The family chooses to have many children because children are considered a source of wealth, and the successful and strong ones will serve as the parents' old age insurance;
- The family diversifies its joint portfolio by selecting different education patterns for the children, some going to school, others into apprenticeship and others to work in the fields;
- The family chooses to marry off a child to a family of strategic importance (richer, influential or with complementary networks and skills), regardless of the child's will;
- A family chooses to "place" or entrust a child to another household in an effort to strengthen or broaden social networks (e.g., a better off family, or socially important people such as Marabous, or people in the city);
- A family is forced to "place" a child as a means to cope with a crisis, and the child becomes a domestic servant;
- A newly remarried woman expels her child from a previous marriage from the household as a way to secure her husband's full devotion to the new family;
- In case of food shortages, the family decides to cut food to a disabled child because of his/her lesser value to the household;
- A disabled child becomes a serious income source for the family because of its attractiveness as a beggar

In times of crisis, households may actively choose to dis-save children's human capital by giving children less food or food with poor nutritional value, migrating and leaving the children to grow up with little care and supervision, taking children out of school, exploiting child labor (for instance through family controlled child prostitution).

Part III
What Do I Need To Do

Tips on Navigating through this Part

This chapter is designed to provide very practical step-by-step advice to the following types of people:

- Government officials and World Bank Staff with an interest in developing policies that prevent and support OVC
- Government officials and World Bank Staff engaged in designing a project within a specific sector

If your primary interest is in developing a national OVC policy framework, we recommend that you start by consulting the first segment *Developing National OVC Policies.* It will in guide you to the relevant parts of the other chapter segments that may be useful to you. You may then what to skip to the chapter "What's Special About My Sector", where you will find a wealth of information about projects in a range of sectors that have been tested with different types of orphans and vulnerable groups.

If your primary interest is in developing a specific project within a specific sector, we recommend that you start with the second segment *Background Research and Secondary Data Sources* and work progressively through each of the subsequent segments. For you, this chapter will walk you through the project design process, while giving you tips on how to shape your project to benefit or, at least, "do no harm" to OVC.

The chapter includes suggestions on how to gather data on OVC, links to relevant sources, and suggestions for key in-country partners who need to be consulted during the situational analysis phase. It also provides tips on how to organize a meeting involving public and private stakeholders critical to addressing OVC needs. These guidelines include step-by-step instructions for analytical exercises that can be carried out during the workshop to better understand the origin and current status of OVC in the country and to identify appropriate interventions to prevent and respond to OVC. The chapter also provides detailed advice on how to target your interventions, tips on selecting indicators for monitoring and evaluating success, and costing approaches with examples.

Making OVC-Friendly Policies at the National Level

Who makes OVC public policy?

To define policy for Orphans and Vulnerable Children (OVC), it will be necessary to involve both public and private stakeholders from a wide array of sectors. The Government ministries most likely to have the mandate for handling OVC issues are the Ministry in charge of social affairs, the Ministry in charge of community services, or the Ministry in charge of women and families. The Ministries of Health, Education, Labor, Youth and Justice may also have some relevant information about OVC. Other entities should have an active role depending on the special circumstances of the country –the National Commission on HIV/AIDS in countries with large numbers of OVC resulting from the AIDS epidemic, the Ministry of War Victims or Reconciliation in post-conflict countries, etc. If child labor is one of your concerns, ILO, through its International Program for the Elimination of Child Labor (IPEC), may prove to be a valuable partner.

NGOs, faith-based organizations (FBOs) and community-based organizations (CBOs) are an important source of support, have a good grasp of the issues facing these groups, and will be responsible for delivering the services that result from the policy-making process. Therefore, they must be involved throughout the policy-making process.

For a more detailed analysis of partners to involve see the section on Consulting with Stakeholders.

How should OVC public policies be made?

Step 1: Situational Analysis

During the situational analysis, policy-makers will need to answer the questions outlined below. With each question, we provide some suggestions as to how you might best find the answers.

- *What OVC groups exist and what are their numbers and geographic distribution?* There are several approaches you could use to obtain this information.
  - Gather background data from existing national and international sources (see the Background Data section of this toolkit for links to relevant sources). Chances are data obtained this way will be too general to be sufficient, but, at a minimum, it will allow you to make some reasonable estimates.
  - Conduct a vulnerability assessment focusing on OVC, which is likely to include in-depth data gathering at the state or provincial level through surveys, focus groups, key informant interviews, etc. This approach, while more accurate, is likely to be very expensive and time-consuming and will not necessarily capture the hidden groups of OVC (e.g., child domestic servants). If you are doing a risk and vulnerability assessment anyway, you could include a specific assessment of OVC in the terms of reference, thus making such a study more affordable.
  - Organize a stakeholder meeting bringing together key people for each of the public and private stakeholder groups identified above and get their collective knowledge on OVC groups in the country. You may find that this low-cost, quick and dirty approach gives you a lot of valuable information. For details on how to organize a stakeholder meeting see the section on consulting with stakeholders: Organizing a Stakeholder Meeting.

- *What causes children to fall into each OVC category and what are the consequences of this fall?* It is critical to correctly diagnose the factors that cause children to become OVC, because only then can you develop policies to prevent OVC. A correct diagnosis will require identifying both the direct and indirect causes. Only by attacking the indirect

causes will you be able to prevent a child from becoming an OVC. As noted throughout this toolkit, it is cheaper to prevent children from becoming OVC than it is to support children who are already OVC. It is also important to understand the consequences of a child becoming an OVC both to the child and to society as a whole. For example, orphans are less likely to go to school, and this undermines their future economic opportunities. At the same time, children who are out of school tend to be more exposed than other children to all sorts of other risks. This, in turn, can lead to social ills such as street crime, youth gangs, and the spread of HIV (for more about these risks see Rationale for OVC Projects). Each category of OVC may have different needs. For example, the needs of orphans living with a member of their extended family are quite different from the needs of a street child or a child laborer. For this reason, it is important to analyze each OVC group separately.

The problem tree is an excellent way to analyze the causes and consequences of each category of OVC (see Conducting a Problem Tree Analysis) and should be done in partnership with other stakeholders.

Step 2: Identifying possible options

At this stage, you want to be as inclusive as possible in identifying interventions that could serve to prevent and assist OVC. Later, you will have to narrow down your options to a package that responds to real needs and is realistic in light of your resource and capacity constraints. The risk of not being inclusive at this stage is that you may miss opportunities to serve cost-effectively a wider range of vulnerable children.

The directions below should help you identify an inclusive package of possible interventions:

- Eliminate any causes or consequences on your problem tree that are not within the power of the policy-makers to address. These might be natural or man-made disasters that cause large numbers of OVC (e.g., floods, wars), or globalization that causes a high demand for goods in an industry that traditionally uses child labor, or even interventions that are not feasible within the scope of your mandate (e.g., an entire overhaul of the health care system).
- With the remaining causes and consequences, identify interventions that might help prevent the cause from emerging or minimize the negative impact of a consequence on children and society.
- For each intervention identified above, you will need to determine whether policies and programs already exist to address this need. If so, are these programs at the required scale? Are they well adapted to the specific needs of your intended OVC beneficiaries? Are they actually reaching OVC? Are they run effectively? What modifications may be required to adequately address the OVC needs? In the process, you may identify a number of piecemeal activities already underway that have proven ineffective because they are not implemented in a coherent fashion, or that they are highly wasteful. You may decide that these initiatives should be replaced by a more strategic, integrated package of interventions. Note that you may need to carry out a specific study to have the information you would need for this step.
- You will also need to identify interventions that do not exist or gaps in service. Among the gaps, you should identify those that can be realistically addressed by government given its economic and institutional capacity and those that are just not practical to address at this stage of the country's development. Keeping in

mind that in many situations it may be wiser to expand/modify something already working than creating something new.

At the end of the exercise, you should be able to fill out the following table for each of the OVC groups identified.

Cause	Proposed intervention to prevent more OVC	Programs that already exist to deliver this type of intervention (government and non-government)	Adaptations required in existing programs to ensure required coverage and increase effectiveness	Gaps that will require new programs to fill
1.	1.			
2.	2.			
3….	3….			
Consequence	Proposed intervention to address needs of existing OVC			
1.	1.			
2.	2.			
3….	3….			

The web based version of the OVC Toolkit provides an example of what this table might look like once filled in. This table is purely illustrative. If you are having trouble identifying possible interventions for the second column of the table above, the web based version of the OVC Toolkit provides some further ideas.

Once you have completed this table for all of the OVC groups in your country, compare across the groups to identify programs that can serve multiple OVC groups. In Step 4, where you will narrow down your options, in light of resource, capacity and delivery constraints, give special consideration to these programs.

Step 3: Setting Your OVC Policy Framework

The Framework for the government's policy on OVC should be established in a participatory way, since achieving the goals and objectives of these policies will depend upon a wide range of public and private actors. Very few countries have OVC policies in place and those that do tend to focus solely on Children affected by HIV/AIDS, leaving out all the other categories of OVC. Therefore, we have very few examples of actual, comprehensive OVC policies to share with you.

- *The overall goal of the policy.* The goal you set for OVC policy should be simple and point the direction for all of your OVC interventions. An example might be "A sustainable and integrated system of care for Orphans and Vulnerable Children (OVC) that ensures that they have the same opportunities as non-OVC in our country to become healthy, well-adjusted productive adults."

- *Policy objectives – Where do we want to go? What will success look like?* The policy objectives will clarify what end result you are seeking, and should of course be consistent with the objectives of other policies. The objectives will describe how the lives of OVC will be affected by government policies and programs, and establish quantifiable targets for each of these. Note that including all children, not just OVC, in the above objective is a way to put your emphasis on prevention. The objectives of an OVC policy might look something like this:

Increase the percentage of OVC who:

  - live in a nurturing family environment (reduce the number of children living in institutions from 50,000 to 2,000 and the number of children living in the street from 10,000 to 500)
  - have access to primary and secondary education (eliminate enrollment gap between orphans and non-orphans, ensure that at least 90% of primary schools and 70% of secondary schools are accessible to the physically handicapped)
  - have equal access to basic health and sanitation services (increase from 30% to % share of children in at-risk households receiving regular well-baby visits; achieve an 80% vaccination rate among working children and orphans)
  - are not discriminated against by institutions or society (reduce rates of female genital mutilation among girls from 70% to 40%, ensure that 100% HIV-affected children are treated and suffer no stigma from teachers and health care providers).

- *Principles and values guiding the policy.* These may be described as selection criteria that will help you choose among interventions or strategies for arriving at your objectives. The principles and values can also serve as a checklist of aspects that need to be considered in your national policy. Some examples of principles and values that might apply to a national OVC strategy are:

  - focus on prevention
  - preference for family and community-based responses
  - cost-effectiveness and sustainability
  - collaboration, involving public and private players from multiple sectors
  - protection of child's rights recognized by the Convention on the Rights of Children

For a more detailed list of relevant Principles and Values, refer to page 12 of USAID's Policies for Orphans and Vulnerable Children: A Framework for Moving Ahead.

Step 4: Narrowing Down your Policy Options

At this stage, you will have a long list of possible interventions, which must be scaled down to a financially feasible package of policies and interventions that is (a) within the capacity of the government and its partners to implement, (b) likely to have an impact on the groups of OVC you choose to prioritize, and (c) consistent with your goals, objectives and principles.

To narrow down your list of options, you will need to come up with the best answers to each of the following questions.

1. How much funding can you afford to dedicate to addressing the special needs of OVC? (See to Costing Section)
2. How should you prioritize among the various OVC categories, and within each category?
3. On which interventions or policy options should you focus your efforts?

4. Who should be responsible for implementing each policy or intervention?
5. How shall you ensure coordination among all of the key public and private partners during implementation?
6. How should progress be monitored?

Your answer to each question will be closely linked to the answers you gave to the preceding question(s). The first question, which relates to resource constraints, will condition your answers to each of the subsequent questions. It is likely that you will need to go through this exercise a number of times, as the gap between your intentions and what is realistically feasible becomes apparent.

Below are some examples of how you might answer each of these questions as well as suggestions for ways to choose the best option. We have also developed a hypothetical example to illustrate the end result. (The web based version of the OVC Toolkit provides an example of a national OVC Policy here).

1. **How much funding can you afford to dedicate to addressing the special needs of OVC?** The shape of your National OVC Policy is very much dependent upon the financial resources available to finance it. One option for coming up with a realistic funding level is to use present funding levels as the starting point and then establish two or three different scenarios in light of trends in social expenditures and likely donor contributions for the medium term.

   For example, in a country with a GDP of $37 billion, this could translate to an OVC budget of:

   (a) Base case - $74,000,000/year, equal to 0.2% of GDP
   (b) High case - $111,000,000/year, equal to 0.3% of GDP

2. **How should you prioritize the various OVC categories?** Possible alternatives include:

   (a) do not prioritize --serve all categories of OVC
   (b) prioritize the groups that are most numerous now (e.g., child laborers)
   (c) prioritize the most vulnerable (e.g., orphans and street children)
   (d) prioritize those groups who pose a future threat to the security and economic well-being of the country (e.g., children affected by HIV/AIDS, street child and child soldiers)

   Within each category, you could prioritize further, for example, by choosing to focus on: (a) under 10 year olds, (b) girls, (c) the most vulnerable (e.g., double orphans rather than all orphans). Obviously, your answer depends upon the availability of funding, and you should probably identify a set of more stringent criteria to apply if your resources (financial and human) turn out to be insufficient. You might find the section on Targeting useful to decide which OVC groups your national policy should prioritize.

3. **On which interventions or policy options should you focus your efforts?** This step requires first screening the interventions you came up with during Step 2 **(***Identifying Possible Options***)** through a set of selection criteria as explained in the section *Selecting a package of OVC-friendly interventions or project features*. The web based version of the OVC Toolkit provides an example of a ranking of possible interventions for orphans.

   Based upon our ranking exercise, the six top ranked interventions are:

The final decision as to which of these programs will be implemented will depend upon the cost per beneficiary and number of OVC needing the service as compared to the funding constraints established at the beginning of this exercise. You may want to review the Costing section of this toolkit to see if it has any cost information related to the interventions you have prioritized. If not, you will need to come up with some rough estimates of program costs yourself.

If you find that not one of the proposed interventions is feasible given the OVC categories you have chosen to prioritize, then you may need to go back and change your answer to question #2 narrowing down your criteria for prioritizing. Note that feasibility will not only be a question on money, but also of human resources, e.g., are there enough social workers, nurses, or pre-school teachers? If not, how long will it take to train them? Also, if you find that you could afford to serve more OVC than you originally chose to prioritize, then you can also decide to revise up the number of OVC groups you intend to serve.

4. **Who should be responsible for implementing each policy or intervention?** If it is clear that there is only one appropriate agency to implement a program, then include that agency as the only option. If there are more than one relevant agency, then take this opportunity to analyze the strengths and weaknesses of each vis-à-vis the selected program.

   Below is an example of what you might come up with in response to this question for each program.

   (a) Neighborhood Child Protection Networks
   - Ministry of Social Affairs
   - Ministry of Local Government

   (b) HIV AIDS prevention program
   - Ministry of Health
   - National HIV/AIDS Committee

   (c) Conditional cash transfers for OVC
   - Ministry of Education
   - Ministry of Health
   - Ministry of Social Affairs

   (d) Psycho-social and Home-based Care for double orphans and HIV affected children
   - Ministry of Health
   - Ministry of Social Affairs

   The web based version of the OVC Toolkit provides an example of a simple analytical tool you can use as you attempt to sort out the best agency for each program. In the process, try to avoid over-burdening any one ministry, while taking into account possibilities of synergies across programs, if they are both implemented by the same ministry. Also, keep in mind that in most cases you may have a main agency, but you will probably need the collaboration of others. Finally, if you have a ministry that is the only logical choice, yet it is a very weak ministry on the ground, you can consider sub-contracting NGOs to carry out the work at the district level.

5. **How shall you ensure coordination among all of the key public and private partners during implementation?** Possible options include:
   a. the Ministry with mandated responsibility for OVC,
   b. an inter-ministerial committee (which may need to be created),
   c. a National OVC Commission including government and non-government actors,
   d. a special Children (or OVC) Ombudsman with wide powers.

Choosing the right option for your country will depend upon which of these groups already exist and have a demonstrated track record in implementing policies to serve vulnerable groups or children.

6. **How should progress be monitored?**

a) Shared set of indicators
b) Quarterly meetings of implementing partners
c) Annual evaluation

Monitoring and evaluation should be explicitly included in the policy and you should consider building in a rigorous impact evaluation from the beginning of the policy cycle to use as a fiscal/policy tool for later investments. In any case, you must have a base line and quantified targets with precise indicators. The costs of monitoring should be included in the overall costing of the policy, as it is an integral part of any intervention. For more information, go to the section on monitoring and evaluation.

Step 5: Final Check

Before you finalize your National OVC Policy, make three final checks:

- Make sure that the policies you have chosen are consistent with the Policy Framework you defined in Step 2 above. Are the interventions you have chosen consistent with the goal, objectives, principles and values that you established?
- Make sure that there is an internal logic within your proposed strategy. Are the policies you are recommending appropriate for the OVC groups you have chosen to prioritize and within the capacity of the government to finance and implement?
- Finally, make sure that you can answer "yes" to the following checklist for good policy initiatives.

    - Feasibility: Is it affordable? Will it make a difference?
    - Communicability: Can it be explained to the public? To parliamentarians?
    - Supportability: Will it have a champion?

Step 6: Planning Implementation

Once you have defined your National OVC Policy, you can prepare the implementation plans for the OVC interventions you have chosen to prioritize. The specifics of the plan format will depend upon your source of funding. Basically, having a national policy is like having the blue print for a house: you know how it should look once completed, but you have a long way to go in planning and overseeing construction before you can live in the house.

Background Research and Secondary Data Sources

Early on in your research, you should get an overview of the status of children in your target country. You will find basic data in the following sources: State of the World's Children's Statistics Annex; the Demographic and Health Surveys' (DHS) Stat Compiler on Macro International's website; or the Children on the Brink report from UNICEF/UNAID/USAID. In country, consult with the National Institute of Statistics and UNICEF in order to identify additional data resources. UNICEF periodically publishes country-specific reports on the status of women and children.

The table below suggests some core indicators for your data collection, lists the average indicator values for Sub-Saharan Africa, and provides a link to a resource that will give you the corresponding figure for your target country, or the data needed to calculate this figure. As you gather data, you can fill in the table and see how children in your target country compare with the average for children in Sub-Saharan Africa.

INDICATOR	SSA	YOUR COUNTRY
Fertility rate	5.5	SOWC Table 6
More detail on fertility		DHS Stat Compiler*
Infant mortality rate	106	SOWC Table 1
Under 5 mortality	174	SOWC Table 1
% of infants with low birth weight	14	SOWC Table 2
Underweight, moderate	29	SOWC Table 2
Underweight, severe	8	SOWC Table 2
Wasting, moderate and severe	9	SOWC Table 2
Stunting, moderate and severe	38	SOWC Table 2
More detail on nutrition		DHS Stat Compiler*
HIV/AIDS rate	9	SOWC Table 4
HIV rate in pregnant women	10.2	SOWC Table 4
More detail on HIV/AIDS		DHS Stat Compiler*
Maternal mortality ratio, 2000 adjusted	940	SOWC Table 8
Orphans as % of all children	12.3	Children on the Brink
Orphans as % of all children, projection 2010	12.0	Children on the Brink
Double orphans rate	2.2	Children on the Brink
AIDS orphans rate	3.4	Children on the Brink
% of AIDS orphans of all orphans	28	Children on the Brink
% of double orphans due to AIDS off all double orphans	59	Children on the Brink

% of children orphaned in 2003	**1.5**	**Children on the Brink**
Double-orphan school attendance rate	**80**	**SOWC Table 4**
Orphans residence and survival status of the parents (orphans in family care)		**Check with the attached table or create your own with the DHS Stat Compiler***
- Living with mother, father dead	**4.3**	
- Living with father, mother dead	**1.3**	
- Living with neither, father alive	**1.1**	
- Living with neither, mother alive	**1.7**	
Orphans residence and survival status of the parents on gender, age group or urban/rural		
Foster child rates		**Check with the attached table or create your own with the DHS Stat Compiler***
- Living with neither parents, both alive	**10.3**	
More detail on foster children		**DHS Stat Compiler***
Net primary school attendance	**59**	**SOWC Table 1**
Net primary school attendance, boys	**58**	**SOWC Table 5**
Net primary school attendance, girls	**54**	**SOWC Table 5**
% of enrolled reaching 5th grade (survey)	**82**	**SOWC Table 5**
More detail on education		**DHS Stat Compiler***
Child labor rate	**34**	**SOWC Table 9**
Child soldiers		**Find your country on this list of: Coalition to Stop the Use of Child Soldiers, 2004**
Worst forms of child labor		**Every Child Counts**
More detail on child labor		**Country Statistics at UCW**
Female genital mutilation	**39**	**SOWC Table 9**
More detail on female genital mutilation		**DHS Stat Compiler***
Internally displaced people	**Find your country in the Global IDP Database**	
Refugee situation	**Find your country in Refugees by Numbers**	

**DHS Stat Compiler*: select your region, your country, your indicator cluster and your indicators. The compiler does the job for you.

Consulting with Stakeholders

How to raise awareness about OVC within your government counterpart ministry

To gain an understanding of the potential effects your project might have on children (who may later become OVC) you may need to reach out to government and civil society representatives beyond the Ministry with whom you traditionally collaborate. This is especially true for projects in transport, urban development, and other sectors outside of human development. Before you start consulting with external stakeholders, take time to raise awareness among your lead government counterparts on the possible impacts of your project on OVC. This will probably fit most comfortably in your discussion on the social and environmental impact of the project (see the Social Analysis Sourcebook).

Initially, you may encounter some resistance, if your counterparts perceive this as just another level of World Bank red tape that requires more time and effort on their part. This resistance may diminish if you share some information about the OVC situation in Africa and what you have learned to date about OVC in your target country. This information can be organized and presented using a PowerPoint format and can draw on data presented in the attached presentation on OVC. The section on Rationale for OVC Interventions should also be useful in finding persuasive arguments, including the cost-effectiveness of investing in preventive measures as compared to investing in caring for children who are already OVC.

How to identify and work with relevant stakeholders or partners?

We recommend that at a minimum you meet individually with UNICEF, the relevant Government Ministry and an NGO recommended by UNICEF. UNICEF will have a good overview of the status of children in general, OVC in particular, and of the main actors. The Government ministries most likely to have the mandate for handling OVC issues are the Ministry of Social Affairs, the Ministry of Community Services, or the Ministry of Women and Families. If child labor is one of your concerns, ILO, through its International Program for the Elimination of Child Labor (IPEC), may prove to be a valuable partner. The Ministries of Health, Education, Labor, Youth and Justice may also have some relevant information about OVC

When approaching international and national NGOs, there is often an umbrella organization that represents them. In fact, there may be multiple umbrella organizations specialized by sector or region. You should be aware that some of these umbrella organizations may also have political connotations or agendas (e.g., represent only NGOs close to the opposition or affiliated with one donor). NGOs may provide useful information on the OVC activities of civil society. If you have the time, you should also reach out to interagency bodies, such as HIV/AIDS Committees, set up specifically to address issues directly related to OVC and to other bilateral or multilateral lenders and donors who have or plan to fund projects benefiting OVC.

In individual meetings with relevant partners, you should:

- Find out which OVC categories exist in the country;
- For each category of OVC try to get answers for the following questions:
    - How many are they?
    - Are the numbers increasing, stable, or declining?
    - What factors are contributing to these changes?
    - Which children are most at risk of becoming OVC?
    - Where are they concentrated?
    - What problems do they currently face?

  - What future risks will they face if nothing is done?
  - What government or NGO programs exist to respond to their needs?
  - What gaps exist in satisfying their needs?
  - What is being done to prevent more children from falling into this OVC category?
- Get input on the potential impact of the proposed project on OVC and children at risk;
- Find out who is doing what to benefit the OVC groups of most interest - this should include prevention;
- Assess the level of interest and availability for further collaboration (including participation in a stakeholder meeting).

Which partner can best play which role(s)?

The table below provides some general suggestions on whom to consult on different matters during the planning process. Again, this is just general advice: be open for country variations also in this respect.

POTENTIAL ROLE	MINISTRIES	BILATERAL DONORS	MULTILATERAL AGENCIES	INTERNATIONAL NGOS	NATIONAL NGOs, FBOs, CBOs
Source of information and data on OVC	X	X	X	X	X
Overview of who is doing what on OVC	X	X	X	X	
Knowledge of quality of work of key players	X	X	X	X	
Contribution to the design of the project	X	X	X	X	X
Potential implementing partner	X			X	X
Potential co-financing agency	X	X	X	X	X*
Potential source of resistance	X	X	X		

* Primarily in the form of in-kind contributions, such as volunteers, meeting space, etc.

Organizing a stakeholder meeting

A stakeholder meeting is not essential, but it will enhance the quality of your OVC assessment and the design of your OVC-friendly project features. In order to have a successful stakeholder meeting, the following conditions should be met:

- There is a group of at least 10 and at most 25 stakeholders, who are either champions of the OVC cause or whose support is vital to the success of your future initiative;
- You have a skilled facilitator who can lead the meeting;
- You have about $700-1,000 to fund the costs of the meeting, which will include the costs of renting a meeting space, serving lunch and two coffee breaks, paying a skilled facilitator for 3 days (includes one day for preparation, one day for facilitation, and one day for report preparation). The facilitator may be the same person you hire as your OVC consultant, assuming that s/he has the necessary linguistic skills (this, of course, greatly reduces the cost of the meeting).

The objectives of the meeting are to:

- Consolidate data on relevant OVC categories;
- Analyze the factors that push children into these OVC categories
- Analyze the impact of being an OVC on the child and on society as a whole
- Identify ways in which the proposed project might affect the status of these OVC categories; and
- Propose and prioritize project design features that would minimize the negative impacts of the project on children and maximize the positive impact.

Stakeholder meetings can also be useful to government in the process of developing a comprehensive multi-sectoral strategy to prevent and address the needs of OVC. In this case, the objectives of the meeting would be to:

- Consolidate data on relevant OVC categories;
- Analyze the factors that push children into these OVC categories
- Analyze the impact of being an OVC on the child and on society as a whole
- Identify a comprehensive package of government policies and interventions to prevent more OVC and support those that exist
- Screen those policies against a number of criteria to ensure that the proposed package is feasible given available financing and capacity.

See the section entitled *Developing National OVC Policies* for a more detailed discussion of the policy-making process.

Details on specific exercises that can be used during the stakeholder meeting are provided in subsequent sections of this toolkit. (See also: *Analyzing the factors that cause a child to become an OVC; Identifying interventions that benefit OVC;* and *Selecting a Package of OVC-Friendly Interventions and Project Features.)*

Consulting with Children

In your stakeholder consultations, you should not forget to involve OVC themselves, as well as children at risk of becoming OVC. The approach you use for listening to children is quite different from that described above. Here we provide you with some guidance on how to gather useful information from vulnerable children who may be affected by your project.

Why consult with OVC and children at risk

There are three main reasons why you should consider consulting directly with OVC and children at risk:

- Your primary reason to consult with OVC and at-risk children is to ensure that your project design is well adapted to the needs of its intended beneficiaries. When listening attentively to what children express, you may find that they have observed things that adults would not have grasped independently, or would not have wanted to bring up. Meeting with OVC, observing their life situation, and listening to their views will improve your perception of many facets that could make or break your project design. Children's observations and views complement and often challenge those of adults. They serve as a means of verifying your other findings and help you to redefine your questions as you consult with other stakeholders.

- A second, very important reason to consult with OVC is because children have a right to be consulted about policies and interventions that will affect them. All our African counterpart governments have ratified and are committed to the UN Convention on the Rights of the Child (CRC). Article 12 of the CRC states that "States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child." Disabled children in particular are explicitly granted a full right to participation by the CRC's Article 23.

- Finally, consulting children is good in itself because of its pedagogical value. It helps boost children's self-esteem, allows children to learn to take some responsibility for and think constructively about their own situation. In addition, it shows adults in the community the importance of listening to what children have to say. These effects are particularly strong for girls who are less likely than boys to have had the opportunity to express their own views. Children - and in particular OVC - act as decision makers more often than is commonly assumed. It is therefore important to take their opinions into consideration in order to design projects that positively affect their decision making.

How to consult with OVC and children at risk

Consultations with children are best conducted as part of the general community consultation. They can be organized with the assistance of community leaders, local teachers or social workers. Children can be consulted either independently or in focus groups, or preferably, through a combination of both. Here are some basic do's and don'ts:

DO'S	DON'TS
• Ask parents or care takers for permission before consulting with children • Ask the child for permission, and leave the child with a realistic chance to decline • Mildly encourage timid and nervous children to consider sharing their views, or you may end up with the most vocal who are not always those with the most valuable or representative contributions • Explain to the child why you want to consult with him/her and how you will use the input • Use local interviewers with experience communicating with children - but who are unrelated to the child - to ensure the child's free expression • Mixed gender focus groups can be good, in particular among younger children, but you may want to consider giving girls their own space • Both focus groups and individual children should be removed from listeners that could intimidate the children and reduce their ability to express themselves freely and fearlessly • Be patient and respectful. Ask follow-up questions to assure the child that you are listening and to ensure you understand the answers well	• Don't consult a child unless you are prepared to listen and to adjust your perspectives according to what the child has to say • Don't talk down to the child - place yourself at his or her level • Don't interrupt, stress or laugh at the child • Don't persuade the child to talk about extremely sensitive issues, unless you can follow up the consultation with support or assistance. This is particularly the case when asking about the child's own abuse, neglect and sexual exploitation • Don't take pictures without asking the child for permission, and respect the child if he or she declines • Don't use children's names and pictures without permission, and never to illustrate other issues than those related to the particular child. Each child has an identity • Be cautious about using pictures of children in relation to sensitive issues like AIDS and cultural taboos, and never take/use pictures and names of children who have been exposed to prostitution, pornography, rape and sexual abuse

Special challenges related to consulting OVC

Consulting OVC can be particularly challenging for three reasons.

- First, many OVC are psychologically repressed and not accustomed to being asked to express their opinions. This would, for instance, be the case of some working children and some children living with disabilities. Patience is, therefore, necessary. Games, animations and real life stories may help break the ice and facilitate for an improved exchange.

- Second, many OVC have been forced to conceal issues perceived as shameful or traumatizing. Children who are affected by AIDS or have been exposed to sexual abuse may be particularly vulnerable to these types of feelings. Talking about these issues may further traumatize the child. If you want to consult children who are likely to fall in this category, make sure that you have professional personnel who can adequately deal with traumatic issues.

- Third, some OVC in extreme situations have adopted survival strategies that are based on making up stories. It is important to understand that these stories are not lies, but reality distortions that are necessary for the child to cope with extreme realities. This is often the case with street children, children with substance abuse problems, child prostitutes and some child soldiers. Commonly, the child tries to give you the impression that he or she is OK in the current situation, has chosen to be there, and is fully in control. Or, to the contrary, a child may aim to appear as pathetic as possible to gain your sympathy, concealing possible resources and sources of support. To understand these children better, you may want to use repeated consultations and triangulation, or approach the child accompanied by someone who knows the child and whom the child trusts. While you will be interested in breaking through the surface of the stories told in order to understand the child's situation well, you should be aware that it may be harmful to the child to confront painful realities.

Deciding what to Do

Deciding on your level of engagement

Before deciding what we are going to do to address the OVC problems in the country, we need to have a clear idea in our minds of our desired level of engagement. Will our project focus solely on addressing the OVC issue or are we looking to simply find ways that our project might have a positive impact on the OVC problem, while pursuing other objectives, whether it be building a road, improving child education, or supporting community-driven development. At a minimum, we may want to simply avoid exacerbating the problem of OVC. If we are government policy-makers, our interest may be to eliminate the OVC problem through a comprehensive, multi-sectoral set of policies an interventions. Here are three levels of engagement that may help you determine where you stand.

- **Considering OVC**. Projects in non-social sectors such as transport, urban development, energy and environment can generally be considered marginal with respect to OVC, and the intersections between OVC and the projects are somewhat random and often unintended. These projects should aim at identifying where these intersections occur, and how they can be managed in a way that prevents more children from becoming OVC and maximizes the positive outcome for OVC and potential OVC.

- **Including OVC**. For education, health, nutrition and other projects that have (poor) children as a primary target group the main challenge is to ensure that OVC do not end up being excluded from project benefits. In this context, the objective should be to ensure an increased participation of OVC, and the interventions designed should have this as a primary objective. Demand-driven Social Funds and Community-driven Development (CDD) projects also fall into this category, while not solely focused on serving the needs of OVC, these projects must find ways to ensure that needs of vulnerable community members, such as OVC, are not excluded. This may require developing special ranking systems that give bonus points to projects that serve OVC.

- **Focusing specifically on OVC**. Some projects, such as MAPs and Post-conflict projects, for example, may seek to focus at least a portion of their funding on activities that will directly address the needs of OVC. Typically, these projects would relate to children at the very bottom of the downward spiral of vulnerability, such as AIDS or war orphans, separated children, or former child soldiers and thus require technically specialized interventions aimed at supporting, rehabilitating and reinserting children in extreme circumstances. Governments seeking to eradicate the problem of OVC would fall into this category. They would have an interest in developing comprehensive, multi-sectoral responses to OVC designed to address short-term emergency needs, while putting in place preventive measures to minimize the number of new OVC emerging over time.

Rule of Thumb

The higher up in the vulnerability spiral interventions are, the less costly. Preventing at-risk-children from becoming OVC is the most cost-effective type of intervention. Ensuring that OVC and at-risk-children are included in health and education services may require extra measures, but not making such investments will be more expensive later on.

Analyzing the factors that cause a child to become OVC

Once you have clarified your level of engagement on the OVC issue, you are ready to work on gaining a better understanding of why children become OVC and what happens to them as a result. Understanding the underlying causes of a phenomenon is the first step towards finding a solution.

We suggest using a problem tree exercise for this purpose. Within the context of the Social Risk Management analytical framework used by the Bank's Social Protection sector, the factors or causes are equivalent to shocks and the effects or consequences are equivalent to the negative outcomes resulting from the shocks.

If you are working on a multi-sector project, such as a MAP, a Social Fund, or a Local Development Project, which has the potential to impact several types of OVC, you will want to do a problem tree for each category of OVC, since the factors that cause a child to become a street child are not the same as those that cause a child to become an AIDS orphan, nor are the consequences

On the other hand, if you are working on a sector-specific project, such as a road, you may want to focus your analysis on only those categories of OVC that your project could impact. In the case of a roads project for example, you may want to focus on disabled children, street children, and child prostitutes.
The problem tree exercise should be done in the context of a stakeholder meeting. The meeting participants can work in teams, each of which will analyze one of the OVC categories relevant to your sector following the steps outlined below.

Steps to Building a Problem Tree

1. The priority problem is the trunk of the tree. In this case, the OVC category you are analyzing is the trunk. The causes or factors that push children into this situation are the roots of the tree and the consequences or effects of this situation of child vulnerability are the branches.

2. Each group should identify the two or three main causes or factors that push children into a specific OVC category. When defining a cause, avoid using the phrase "Lack of", since this overly limits the types of solutions you will come up with to respond to the problem. To get at these factors, the participants should ask the question "Why?" Each answer to the question should be written on one card and pasted below the "priority problem". Be careful to write only one cause or factor per card. Keep working on the tree until it has two or three levels of roots, as for each cause or factor there are other underlying indirect causes. It is important that you keep asking "Why?" until you start repeating the same factors. When this happens, you know you have finished with the "roots" of the tree.

3. Once you have completed the roots, try to develop the branches of your tree. Each branch is an effect or consequence of belonging to that specific OVC category. To identify the effects, ask the question, "What consequences does this have on the child and on society?" A problem can have several different consequences and each direct consequence or effect may have several indirect effects. We have two examples of the Problem Trees that can be formed as a result of the above exercise: one that analyzes the problem of orphanhood and the other that looks at a problem specific to the transport sector, child disability caused by traffic accidents.

4. Once all groups have finished, each should present and explain their tree to the rest of the group.

5. In reviewing the work of each group, facilitators and participants should comment and add on. They should also make sure that all of the causes are appropriate answers to the question "Why?" and all of the effects are answers to the question "What consequences does this have?" It is important that faulty logic be eliminated at this stage. The facilitator should also point out that several of the different OVC Problem Trees show that different groups share underlying root causes, therefore if you invest in prevention for one group, it will serve to benefit other groups.

6. Once all of the groups have presented, the facilitator should ask the participants to eliminate from each tree any "causes" that are impossible to solve or factors that are impossible to prevent. These might include natural phenomena that human beings cannot control, such as hurricanes and other "covariant" shocks

Identifying Interventions that Benefit OVC

Once you have analyzed the factors that contribute to children falling through the cracks and the consequences of such failures, you will need to analyze your project to see if it could potentially contribute to the problem or could, alternatively, help diminish the factors creating these OVC groups and the negative outcomes they experience as a result. The result of this phase of analysis will be a long list of possible interventions or adjustments that you could make to your project to maximize its positive impact on OVC, while minimizing its negative impact.

This can be done using the attached worksheets (below). In the first column, list all of the factors or roots of the tree that you identified during the previous exercise. Include a row for each factor identified. At this stage, you will be consolidating all of the factors that you identified for different OVC groups for which you developed a problem tree. If different trees identified the same factors, just include that factor once in your list. Don't be concerned that your list does not differentiate between the different levels of your tree, it will not affect the outcome of the exercise. If you are open to financing coping interventions for OVC (rather than just preventive), you should do the same with the branches or consequences of your problem tree.

In the second column, you will note ways in which your project might contribute to or exacerbate the factor mentioned in the first column. For example, a program that offers HIV testing services may exacerbate the problem of depression among children whose parents are newly diagnosed with HIV/AIDS. In this case, we would note this in the second column. In the third column, we will note ways in which the project could serve to diminish or eliminate a cause or factor. For example, the project could plan to offer psycho-social counseling services to children in HIV/AIDS affected households. Be creative here, keeping in mind that even small adjustments to the project may make a difference. You will worry later about eliminating those interventions that are not feasible

MAP PROJECT - OVC GROUP: ORPHANS CAUSES AND CONSEQUENCES OF ORPHANHOOD

Factors/Causes (all factors identified in bottom half of your problem tree)	Project Exacerbates	Project can help diminish or eliminate
Mother dies	No	Indirectly, through AIDS prevention
Father dies	No	Indirectly, through AIDS prevention
Maternel death in childbirth	No	Indirectly, MAP's effort to test all pregnant women could increase chance that these women receive prenatal care and trained assistance at birth, thus lowering risk of maternal death
Limited access to tertiary health care services	No	No
Limited healthcare budget	No	MAP will inject significant resources into the healthcare budget - increased supplies, capacity-building etc. at the national and local level
Not enough trained doctors in rural areas	No	MAP should consider including incentives to attract young doctors to work in underserved areas, as a prerequesite to getting a medical license - at a minimum, these should include housing; another option would be to require graduating doctors to spend 1 to 2 years in underserved areas immediately after completing their studies
Unsanitary conditions at delivery	No	MAP planned training of public health workers on AIDS prevention can include a module on basic sanitation
Poorly trained traditional birth attendants (TBAs)	No	MAP could work in partnership with TBAs to get pregnant women into the clinics for testing; as part of this partnership, MAP could offer training to TBAs in basic practices of safe delivery and minimizing transmission from patient to TBA and mother to child and in new skills that will extend the role of TBAs in maintaining community health
Contaminated transfusions and needles	MAP could exacerbate this problem if it does not adequately train the primary healthcare workers responsible for testing pregnant mothers for HIV infection.	Training of primary healthcare workers should include a module on minimizing transmission through transfusions and infected needles
Consequences/Effects in top half of your problem tree)	**Project exacerbates**	**Project help diminish or eliminate**
Loss of affection and nurturing	No	Project can develop psycho-social counseling for orphans and their caretakers
Depression	Knowledge of HIV+ status of self or parents may cause some children to become depressed	Project can develop psycho-social counseling for orphans and their caretakers
Inadequate hygiene	No	Community health workers trained with MAP funding can educate children and grandparents about the importance of hygiene; community support network can be organized to assist households with orphans in maintaining personal and household hygiene
Loss of guidance and discipline	No	Psycho-social counseliong services can make up for lack of parental guidance; community support network should address this issue
Risk of prostitution and other risky behaviors	No	HIV prevention education program should target orphans to make sure they use protection; provide alternative income generating activities to households with orphans
Loss of regular primary healthcare	No	Project will greatly expand the availability of primary healthcare services; the project should finance fee waivers or healthcare vouchers for orphans
Increased economic distress	No	MAP should finance income-generating activities for

Factors/Causes (all factors identified in bottom half of your problem tree)	Project Exacerbates	Project can help diminish or eliminate
		households with orphans
Child labor	No	Psycho-social counselors should educate children about the risks of child labor; households with orphans should receive transfers or food supplements to make it un-necessary for children to work
School drop out	No	MAP should finance conditional transfers for orphaned children to keep them in school

If you are a policy-maker with no specific project in mind, this exercise will be useful to you as you seek to identify a package of interventions that could help address the OVC problem in the country. In your case, the heading for the second column should be “Existing policies or programs that exacerbate this factor/consequence” and the heading for the third column should be “New policies or programs needed to address this factor/consequence”, (See the section entitled *Making National OVC Policies* for more information.)

The table above illustrates what this exercise will look like when complete. You are likely to find that some of the ideas that come up during this process are not very good, based upon past experience elsewhere, research, or incompatibility with the Bank's mission. The section on common pitfalls may help you weed out some of these bad ideas.

Selecting a Package of OVC-policy interventions or project features

At this stage, you should have a long list of interventions or project design adjustments that would maximize the positive impact of your project on OVC, while minimizing its negative impact. If you are a policy-maker concerned with developing a national OVC policy, you will have a long list of potential policy initiatives. Realistically, you are unlikely to have the resources required to implement all of the ideas you came up, so now you need to narrow them down using an objective set of selection criteria. Below is a list of possible selection criteria that can help you narrow down your list of options.

- The intervention is technically feasible within the scope of the project;
- The intervention is politically acceptable to the Government and the Bank
- The intervention is seen as necessary and positive by stakeholders;
- The intervention is justifiable when comparing incremental costs with benefits;
- The intervention appears to be sustainable;

Before applying your selection criteria, you may want to give them weights. This ideally should be done within the context of a participatory stakeholder meeting. Meeting participants would each been given a certain number of votes – let's say 10 - that they could cast as they wish. If they feel that one criterion is extremely important, they could use all of their 10 votes on that one criteria. If they feel that all criteria are equally important, they could disperse their 10 votes evenly across the 5 criteria. The votes per criterion are then counted and a percentage weight is calculated, using the total number of votes cast (which should be 10 multiplied by the number of participants) as the denominator.

Click here to see an example of what the results of this weighting exercise might look like in a stakeholder meeting involving 25 participants.

CRITERIA	POINTS	%
The intervention is technically feasible within the scope of the project;	76	30%
The intervention is politically acceptable to the Government and the Bank	37	15%
The intervention is seen as necessary and positive by stakeholders;	37	15%
The intervention is justifiable when comparing incremental costs with benefits;	50	20%
The intervention appears to be sustainable;	50	20%
	250	100%

At this stage, you may not have all the information you need to make an informed assessment of whether or not a proposed OVC intervention meets one of these selection criteria, but realistically, you don't have the time or money to gather all of the necessary data to respond with 100% certainty. Under these circumstances, use the information you have available to make your best judgment. If this activity is done by a group of stakeholders, you can feel more confident that the group's collective knowledge should guide the decision-making in the right direction.

Click here to see how these criteria have been applied to a list of project options for a MAP project.

Sample Worksheet to Rank OVC Interventions

(Example – Orphans in a MAP)

3 = Likely; 2= Possible; 1=Unlikely

OVC Intervention Ideas	Technically Feasible within the Scope of the Project	Politically acceptable to the Government and Bank	Seen as necessary and positive by stakeholders	Justifiable when comparing incremental costs with benefits	Sustainable	Total Points (0 – 100)	Rank
MEASURES TO PREVENT MORE ORPHANS/WEIGHTS	**30%**	**15%**	**15%**	**20%**	**20%**	**100%**	
HIV/AIDS Prevention Promotional Campaign (Publicity and Condom distribution)	3	3	3	3	3	3.00	1
HIV Testing and Treatment of Pregnant Women	3	3	3	3	2	2.80	2
Strengthen primary health care system to prevent and care for HIV/AIDS infected people (Capacity-building, supplies, testing); should include measures to avoid unsafe transfusions and use of infected needles.	3	3	3	3	2	2.80	2
Strengthen primary health care system to provide quality pre-natal care	2	3	3	3	2	2.50	4
Strengthen primary health care system to address most common preventable diseases.	1	3	3	3	2	2.20	6
Incentives to attract doctors to remote rural areas.	2	2	3	3	2	2.35	5
Strengthen public health care system to prevent HIV/AIDS	2	2	2	1	1	1.60	9
Provide home-based care services to HIV/AIDS affected households	3	3	3	3	2	2.80	2
Strengthen public health system to prevent common diseases responsible for most deaths (Malaria, Gastro-intestinal, Typhoid, TB, etc.)	1	2	2	1	1	1.30	11
Train traditional birth attendants in HIV/AIDS prevention and to encourage pregnant mothers to get tested	3	3	3	3	3	3.00	1
Ensure supply of mosquito bed nets and subsidize their sale price	1	3	3	3	2	2.20	6
MEASURES TO RESPOND TO NEEDS OF ORPHANS						-	
Psycho-social counseling for orphans and their caretakers	3	3	3	2	2	2.60	3
Community support network to provide care-taking support (parenting, household management, moral support, etc.) to orphan- or grand-parent households in need.	3	3	3	3	2	2.80	2
Support income-generating activities for households with orphans.	2	2	2	2	2	2.00	7
Fee waivers or health care vouchers for orphans and their caretakers	2	2	3	2	1	1.95	8
Provide transfers or food supplements to households with orphans	1	2	3	1	1	1.45	10
Conditional transfers targeting orphans linked to school enrollment	2	3	3	3	2	2.50	4

This ranking exercise will hopefully lead to a consensus on which interventions should be priorities within the context of your project. This exercise may also be adapted for use by policy-makers seeking to define a viable OVC strategy. A more complex approach for assessing policy options is included in the section of this toolkit entitled *Making National OVC Policies.*

Planning your OVC Interventions

With your priority OVC interventions identified, you are ready to plan the details of these interventions. In the case of those projects whose chosen level of engagement is simply *Considering OVC,* this may just involve making some minor adjustments to your project design. In the case of our roads project, it may mean ensuring that the project plan and budget include a worker education component that builds awareness about HIV/AIDS prevention and employee rules of conduct establishing severe penalties for the use of child prostitutes.

For those projects concerned about *Including OVC,* this phase may also involve only minor adjustments to the project design, such as requiring all social infrastructure to be accessible for disabled children. On the other hand, these projects may need to dedicate whole components to OVC. An education project that seeks to include street children or former child soldiers, in addition to all non-OVC children, may need to develop a special catch-up educational component that facilitates the transition of these children back into mainstream schools.

Finally, there are those projects in the category of *Focusing on OVC*, which are likely to have one or more project components that clearly target existing OVC or seek to prevent future OVC. For example, such a project might involve a component designed to reduce mother to child transmission of the HIV virus and another to deliver home-based care services to HIV/AIDS affected children and their families.

For guidance in preparing your project in the World Bank format, we recommend that you consult the Guidelines for PAD Preparation, which includes advice on how to develop a results framework for your OVC project or component.

Here is an example of what a results framework and work plan might look like for an OVC sub-component in a MAP project.

Common Pitfalls and how to Prevent Them

Background and Trouble Shooters Guide

Despite the best intentions, many OVC interventions have been inefficient in achieving the desired outcomes, have run high costs, and proven unsustainable. It is too simple to say that certain intervention types are wrong, since many models fail in some places and succeed in others. Some pitfalls, however, seem predictable.

It is helpful to keep these pitfalls in mind as you design your OVC intervention, so that you can adjustment your model to maximize impact and minimize the harmful side effects of your project on OVC, minimize cost per beneficiary, and promote sustainability.

Projects that serve to promote income-generating activities at the household level, for instance, will not help OVC, unless properly designed. Many interventions that are successful at the piloting stage may fall short of their desired impact when scaled up. This can be explained, in part, by inadequate investment in important activities such as communication, training, follow-up and facilitation which may have been key ingredients to the success of the pilot, but may be lead to unsustainable cost in a scaled up version.

The two tables below list some common reasons why

1) OVC programs fail to produce the expected improvement in the life situation of the vulnerable children targeted and/or
2) have serious negative side effects for OVC.

Table 1: Poor outcome:

Rule of thumb: OVC generally do not form strong interest groups, and therefore compete poorly for benefits and resources. OVC are, thus, particularly vulnerable to project intermediaries with conflicting interests. Such potentially biased intermediaries can be the implementing NGOs or people the project entrusts to handle the interests of the OVC, like mothers, caretakers, teachers, local leaders etc.

Problem	Why	Example	What to do
The project benefits primarily other groups rather than OVC.	Local partners /intermediaries do not fully agree with the donor on issues and strategies.	Many local partners will hesitate to question the donors analysis of what the problem is and how best to solve it, in spite of more detailed local knowledge. Donors often fail to be perceptive of such doubts and falsely assume a common understanding.	Communication, and *mutual* accommodations required until a real common platform between donor and partners is reached. Repeated training or networking events to facilitate mutual learning among partners and intermediaries.
	Conflict of interest between OVC and intermediaries	Women, who are often the main caretakers of OVC, will have to do the work done by OVC if they send them to school.	Pick intermediaries who identify with the target groups, and who do not have strong competing interests. Identify possible conflicts of interest and take measures to address them (e.g., introduce time-saving technologies for women).
	Local implementing partners have primary allegiance to groups other than the OVC targeted, or intermediaries have strong self-interests that exceed their concern for the OVC. Typical ex. Women, teachers, labor unions, farmers groups, NGOs primarily working with other groups of OVC.	Women's Income Generating Activities or micro credit projects aimed at supporting women's ability to care for orphans may primarily benefit the women themselves and their own children, with little effect for the orphans. An NGO primarily working with street children may skew a project for victims of trafficking towards their original target group.	Pick partners who are committed to the OVC target group. If not possible, ensure clear demarcation towards other projects. Discuss with the partner agency how this can be done, and why it matters. Keep this concern and explicit part of the M&E framework for the project.
Project accustoms children to lifestyle that cannot be offered within extended family or community context	Overspending and isolation accustoms the child to an unrealistically high living standard and interrupts the child's social networks.	Some orphanages run by western NGOs keep high standards compared to what the child can expect later in life, and destroy links to the child's extended family and community institutions in general.	Benefits to OVC should aim to keep them in line with their peers. Project should not replace functions that can still be performed by a child's extended family and community, but, rather , it should nurture these links.
Intervention has soup-kitchen effect – sustainability problems	The warm-hearted charity factor strikes: It appears as so urgent to assist that sustainability and long-term recovery for the children is forgotten.	Rescuing children off the street, they themselves not necessarily being very motivated, while not being staffed to provide necessary counseling and drug treatment to prevent dropout.	Keep a healthy dose of cynicism alive and plan with your head not your heart! Learn from the experiences of others. You save more children if you spend scarce resources in a structured way, in line with proven methods.

2: Bad side effects

Rule of thumb: OVC defined by group specificities are often, but not always the most needy and deserving in a community. Failing to understand who are the most deserving needy children, and thus use eligibility criteria that exclude many equally or more needy will cause demotivation and lack of ownership and commitment on the part of both community and intermediaries.

Problem	Why	Example	What to do
Benefiting one OVC group negatively affects other OVC.	Lack of understanding of the mechanisms that keep OVC in their current situation.	Helping to remove family children (including in-fostered OVC) from labor can lead to use of even more disadvantaged unaccompanied children to cover their tasks. (Ex, traffic victims, street children, …)	Thoroughly scrutinize the causes of the OVC situation and prevent predictable consequences of altering their situation.
The project leads to increased stigma and discrimination of the beneficiaries.	Eligibility criteria were narrowly OVC specific, and too explicit.	To explicitly targeting HIV infected children announces their status to the entire community, and has led to exclusion from local schools.	Chose more general eligibility criteria, or target several groups. Keep project interventions discrete.
The project produces jealousy and hostility towards OVC among non-beneficiaries.	Others feel they are not properly consulted and listened to, and that they thus are not respected and kept informed.	A project for children being exploited in workshops failed to properly involve their tutors. These reacted with jealousy, punished the children and took part of their benefits.	Careful strategic communication and consultation with *all* likely to feel involved: Local leaders, OVC caretakers, tutors and other related children Repeated communication and consultation.
	Other community children were equally or more needy and deserving of project benefits but were not considered eligible.	Targeting only orphans in a community may not reach the neediest children. If many orphans are in good foster care, social orphans, children in very dysfunctional households and extremely poor children may be equally or more deserving and needy.	Consider if targeting on child poverty or more general child vulnerability criteria could be more relevant than targeting on OVC specific criteria.
Project leads to child labor	Project created a labor demand that that attracts children	Micro credits that are used to start businesses and IGAs for women often produces a child labor demand, as women typically will hire their own children for their new business.	Always consider potential risks for increased child labor demand when choosing intervention model. If you go for a model that may increase child labor demand, supplement with specific sensitization and monitoring.
The project leads to corruption	Lack of commitment among partners and in communities. Demotivation among partners and communities. Lack of transparency and training, and poor follow-up.	A foreign donor assumes to understand a local problem based on experience from other countries and international debate, and imposes his international understanding, concepts, definitions and methods on his local partner without creating the necessary local buy-in and ownership.	Consider choice of partner carefully, and make sure you have a shared agenda. Listen well to your project partner's local experience and do not impose your own ideas without ensuring adequate local ownership

Micro-credit

Many projects for OVC support revenue-generating activities for older OVC and families that foster OVC through micro-credit. The usual reasons for financing through micro-credit rather than grant are to support more revenue-generating activities by establishing a revolving fund and to hold the foster families responsible for use of the funds. While well intentioned, many of these projects ignore more than 30 years of experience of the microfinance movement. These are the key lessons:

Many foster families & OVC cannot benefit from micro-credit. That's because they lack a profitable micro-project, any other source of stable income, or experience with building savings. In this case, extension of micro-credit and the effort to repay will just push then further into debt and poverty!

Groups that serve OVC should not provide micro-credit. The reason is that microfinance is about building permanent local financial institutions able to mobilize and recycle domestic savings, extend credit, and provide a range of services. Groups that serve OVC are usually social service and charity-oriented organizations. These groups should not provide micro-credit because they will not be able to manage the credits and maintain the value of the micro-credit fund. In short, micro-credit should be left to micro-finance institutions.

Don't limit interest rates. Most projects for older OVC and families that foster OVC keep interest rates low on the argument that the borrowers are poor. Yet, it costs more to make many-micro credits than a few large credits. Unless micro-lenders can charge rates that are well above bank credit rates, they cannot cover their costs. The result is usually shrinkage and eventual closure of the micro-credit revolving fund.

The Micro-finance Gateway web site summarizes these points as follows:

> *"Credit requires a 98% 'hit' rate to be successful. This means that 98% of recent vocational school graduates or returning refugees would need to be successful in establishing a micro enterprise for repayment rates to be high enough to allow for a program's overall sustainability. This is simply unrealistic."*
>
> *"Running a program with substantial default rates undermines the very notion of credit and destroys credit discipline among those who could repay promptly but who look foolish given that many do not."*

Conclusions

- Micro-credit targeted to foster families and OVC is often a poor idea.
- Any micro-credits should be targeted to foster families with good proposals for micro-projects and a history of savings.
- Therefore, most support to OVC & foster families for micro-projects should be in grant.

Web links on micro-finance:
CGAP - building financial systems for the poor
Microfinance Gateway
Micro Finance Management Institute

Skills-training

Most programs for adolescent OVC include skills training to ease the transition off of charitable support and into employment and financial self-sufficiency. However, most skills training activities for OVC do not track their graduates to see whether they are employed in their area of training a year following graduation. The result is a lack of learning and self-correction. Moreover, many projects support the types of training most likely to fail (Johanson & Adams, Skills Development in Sub-Saharan Africa, World Bank: Washington, DC. 2004.)

Types of training that are most likely to fail:

- Training in providing services for which there is no international market: hairdresser, seamstress, running kiosks (because the market is limited, supply is large, and incomes marginal).
- Training in government-run vocational education schools.
- Training without employer commitment, student choice of vocation, or student contribution.

Types of training more likely to succeed:

- Training in production of goods and services for which there is an international market.
- Training when there is an advance employer commitment to hire.
- Apprenticeship in informal skills.
- Training within enterprises (of employees).

Also consider:

- Catch-up education in literacy and numeracy.
- Life-skills training.
- Entrepreneurship training.

Web sites on skills training:

The World Bank's site on vocational training and skills development

Leakage of benefits

Typically, heads of households redistribute support for OVC, such as food, cash, schoolbooks & uniforms, and income from micro-projects, away from OVC. This allows the household to meet urgent needs of other members, and means that the household as a whole benefits. The extent of redistribution and choice of beneficiary depends on the distribution of power within the household. For example, redistribution may be to male head of household or to senior wife and her children. This kind of redistribution, taken to the extreme, denies benefit to the OVC.

The same tendency can be seen at the community level: Communities are also subject to pressures that may lead them to redistribute benefits from OVC projects away from the OVC the benefits were intended for.

To limit redistribution of support, programs can support delivery of specific services to OVC, for example by paying their school or health fees. The most effective step is usually to make assistance to families as a whole conditional on OVC school attendance.

Excessive benefits

Excessive benefits can harm OVC, for example by lifting their consumption above the level of their peers. The best examples are many orphanages and group homes run by western NGOs that keep high standards compared to what the child can expect later in life. A further example is the provision of housing to OVC-headed households of a quality superior to that of the surrounding community. Some programs for OVC pay secondary school scholarships (esp. 2nd cycle), in areas where secondary enrolment rates of the general population are very low.

Excessive benefits can lead to jealousy and hostility towards OVC among siblings and other non-beneficiaries, and even violence.

A high level of consumption in a residential institution can isolate the child and disrupt its links with its family and community. In such institutions, children adjust to an unrealistically high and unsustainable living standard.

However, it's not always possible to limit assistance to OVC to the community standard because their peers are malnourished or don't receive basic health or education services, and because aiding peers (all siblings, or the entire village) is not affordable within the available budget.

Unconditional cash transfers are perhaps the most dangerous form of excessive support because they can promote child labor. The transfers defray the costs, in consumption, of 'fostering' a child to obtain their labor. One result is the Cinderella syndrome: girls 'fostered' to do domestic labor.

Lessons:

- Willingness to bear part of the costs of fostering suggests that the household is fostering out of a sense of obligation to extended family.
- So, transfers should be limited so that fostering does not become profitable for the foster family.
- Moreover, transfers should be conditional on school attendance by the foster child.
- Support from social programs should not drive OVC consumption above the community standard, except where the standard falls below an acceptable minimum.
- Projects should provide some assistance that benefits the family as a whole, such as livestock, seeds & tools for gardening, a revenue generating project, or conditional cash transfers.

Basic criteria for success

- Keep the design simple, stick to low-cost basics – such as family placement, and health and education.
- Be careful about complex and expensive interventions such as micro-credit & most skills training.
- Implement through local administration, CBOs, and faith-based organizations.
- Avoid unconditional cash and food transfers by assuring supervision of school attendance.
- Set up a supervision system.

Targeting Resources to OVC

Introduction to targeting

This section of the OVC Toolkit will provide you with guidance for targeting OVC, and presupposes previous knowledge to targeting issues more in general. (Basic information on targeting can be found in the Safety Nets Primer.) Each particular targeting strategy will vary depending upon the following factors:

- the type of project you plan to implement;
- whether your objective is to prevent children from becoming OVC or to provide assistance to those who are already OVC;
- whether the OVC are geographically concentrated;
- whether the OVC are visible in the community (e.g., street children are, child domestic servants are not);
- whether the OVC are affiliated with an institution or organization.

As a rule, there are always more OVC than your project can afford to support. The two main questions thus become: how many OVC can your project assist, and who should be given priority. The number of beneficiaries depends on the cost-per-child of your potential interventions and the funding available. Often you will have the option of different intervention packages of varying price and quality, so you will have to find a compromise between the number reached and the services offered. Also, you will have to make a choice about the intervention priorities that will be reflected in your eligibility criteria: to reach those you can still prevent from falling into critical vulnerability, those who are already worst off, those who are easier to reach, or perhaps those for whom your project can produce the most significant life improvement per dollar. The first option would target a large group of children at potential risk but be relatively low cost-per-child, while the second option normally will incur high per-child costs for a smaller group of critically vulnerable children. The two latter options will probably give the best cost-benefit ratio, but may appear as "taking the easy way out".

The selection criteria you choose should:

- be easy to understand by the communities;
- be easy to use by the project implementers:
- be low-cost to monitor and verify;
- strengthen OVC ties to their community rather than detach and isolate them;
- allow transparent selection processes;
- avoid stigmatizing the beneficiaries.

See also sector-specific suggestions for targeting in the sector chapters of the toolkit.

To learn more about some of the challenges and opportunities that interventions will encounter in trying to reach the most common OVC categories the web-based toolkit here provides link to an overview table.

How should I approach targeting?

Asking for identification of vulnerable children, without imposing a limit on the number, will lead to exaggerated lists. Also, when there are no limits, there is a tendency to run local programs on a first-come first-served basis, which will probably result in an unfair distribution of benefits. Targeting is thus a way to ensure that the most deserving needy are given priority, regardless of geographic regions, ethnic groups, and clans. The reality and perception of a fair distribution of assistance to vulnerable children builds political support for these types of program and this may help sustain budgetary support.

Targeting of OVC, as compared to broader targeting of poor children or of children in particularly poor areas, can potentially be very efficient, but can also turn out to be costly, cumbersome and ineffective. All targeting methods have their pros and cons, and none of them is fool (or leak) proof. Experience suggests that it is generally more effective to combine different methods, for example by using first a general criterion such as geographic residence or orphan status and then more specific community-based criteria to further restrict eligibility.

Below are some recommendations on how to distribute limited OVC funding resources. These recommendations could be applied to sector-specific approaches or multi-sector OVC support programs.

Targeting by level of vulnerability: Who is most vulnerable?

If you choose to target OVC using vulnerability as the main criterion (disability, labor, orphan status, etc.), keep in mind that few people in the beneficiary communities typically care about the OVC – a main reason why they are OVC in the first place. In addition, OVC often live in communities where many other groups also face serious problems. Special interventions for OVC can, therefore, easily cause jealousy and discontent, since people may not agree that they are the most deserving and/or needy group. Especially in communities where few or no other projects address the needs of other groups, different interests may mobilize to make your intervention a vehicle for serving their particular needs, while OVC may not find a champion to defend their needs in competition with others. To enhance the likelihood that your intervention reaches its OVC objectives, it becomes important to insist that OVC remain the primary beneficiaries. A careful process emphasizing sustained communication with the community and the project implementers becomes a fundamental condition for success.

Geographic Targeting: Where do you find OVC?

There are two main ways to identify the most vulnerable geographic areas in need of OVC interventions: by stakeholder or by statistics. Relying on stakeholders may very well prove to be the most practical approach, especially with OVC groups for which reliable statistical information is unlikely to be available, such as blind children. In many cases, it is more or less well known where the largest concentration of OVC can be found. This would be the case with street children, who are typically found in some major cities, or war affected children, who are mostly found in war affected zones or areas with high concentrations of refugees. Moreover, local stakeholders are often able to indicate the neighborhoods where the disabled live, and where certain groups of child workers can be found (in places such as mines and peril-urban quarries). If local stakeholders cannot help identify the areas with a high concentration of specific OVC groups, or if their information seems unreliable, consult with available statistics.

Important sources of relevant statistical information are the MICS surveys from UNICEF, the surveys from DHS than can be downloaded from the web site of Macro International, and the HIV/AIDS Survey Indicators Database (in the latter you can generate detailed country information e.g. about the level of stigma, willingness to care for sick family members and sexual behavior). Both these two surveys provide OVC-related information that can be broken down by region. In many cases additional national surveys may be available – check with the central statistical agency in the project country, and with major stakeholders like UNICEF and UNDP. There are also the LSMS and the Core Welfare Indicator Questionnaire (CWIQ) surveys (usually financed by the WB). If no clear indicators of your OVC target group exist in the available data, you could use child vulnerability proxies like child mortality rates, malnutrition rates and school attendance rates (more information on data sources can be found in the background research section). Finally, you may consider carrying out your own investigation to identify the most critically affected zones. This was for instance done in Benin and Burkina Faso, where it was discovered that the main source areas for child trafficking were relatively different from what was commonly believed.

Set hard constraints on the number of children assisted in each area

The budget divided by the estimated cost of services per child sets a numerical limit of OVC that can receive services in each geographical area selected for interventions. The use of a numerical constraint allows targeting of scarce budgetary resources to the most vulnerable children and discourages overstated lists and leakages of assistance to non-OVC. To set budgets at the district level, first determine the available budget at the national level, then allocate these resources to the provincial and then district levels based on population size and likely OVC concentration. Include resource demanding factors like poor infrastructure and long distances that are likely to increase the per-child cost of interventions in certain areas when allocating the funding on zones. You should also try to identify existing projects for OVC, and adjust your number of targeted OVC to the number of OVC in the province that already receive assistance from other projects.

Targeting within provinces to the district level may not be reasonable because of the risk that the presence of an assistance program will attract participants from neighboring districts. It may therefore make sense to distribute funds across districts using population weights for children under 15. Targeting to districts may also be necessary because the budget is insufficient to serve all districts within a province or because OVC are highly concentrated within specific districts. In that case, the best way to allocate the budget within a province could be to conduct a rapid social assessment. Such an assessment relies, in general, on information gathered from small group meetings (e.g., with mothers, youth, farmers) and from contacts with key informants such as traditional leaders, clergy, and local officials (see the social analysis sourcebook)

Identifying eligible vulnerable children at the community level

There are two main reasons for choosing a community-based selection procedure: first, it strengthens your ability to identify the children who are indeed most in need, and second, it strengthens community ownership of the intervention. However, community-based identification of beneficiary eligibility often works better in rural than in urban areas, mainly because people are likely to know each other better, there is a stable population and a certain level of group solidarity. Note that while this method is mostly used to target services to existing OVC, it can also be effective in identifying children (and therefore households) at risk, thus making it possible to provide preventive services.

Community-based identification of eligible OVC can be done using well defined eligibility criteria agreed upon before approaching the community, or using criteria produced through a community consultation process. A combination of the two approaches is often the best strategy, that is, you present some general criteria for debate, and then adjust them to local perceptions of need and vulnerability. The most participatory method is to consult community members at a public meeting. You would normally want to contract an NGO or a consultant to organize such public meetings and later verify the status of a sample of the children who appear on the list (this approach was used in the Burundi orphans integration and education program). An open public meeting is transparent: the public nature of the process helps limit the selection of non-OVC, since children's status normally is well-known within the community. The open and transparent process can also help prevent favoritism toward members of a particular clan or ethnic group.

On the negative side, a public meeting may impart stigma to the children identified. Certain OVC who belong to already stigmatized categories (e.g., disabled children, street children who have rebelled against their parents, "cursed" children) may in fact not be identified at all, since community members may have very little sympathy for them. Hierarchy and rank within the community might also prevent some community members from speaking up in company of those of higher rank. For example, n some Muslim communities women may be reluctant to speak in the company of men, and certain families shamed by poverty or other types of stigma may face a similar barrier to speaking out in public.

While community-wide meetings may be quite unwieldy, a number of alternatives may help reduce the danger of stigmatization, allow for lower status groups to express their opinion, and, in general, make the process a bit lighter. These include:

(a) holding the selection meeting only with women, who are arguably more knowledgeable about the situation of children, and have the resulting list of eligible OVC validated by the council of elders or the equivalent traditional authority to obtain buy-in;

(b) have the community as a whole agree on criteria to select children, with the actual selection done by a committee (also selected by the community);

(c) ask an existing community committee with elected membership to identify the children to be served by a program. The choices, however, will appear less transparent and there is more room for selection of children from among relatives and other favored groups.

Other local resource people could also be involved in identifying OVC, e.g., teachers, health personnel, "town criers" and other community workers. Identification by local religious and traditional leaders is a much-used targeting method, because religious and traditional leaders are often close to families in their communities and therefore well placed to help identify vulnerable children. Issues of equity could, however, arise since religious leaders could neglect children from other religious communities and traditional leaders may neglect children from other clans. A concrete example is Ghana, where a traditional women's association called the Queen Mothers identifies children. Regardless of the approach taken, the implementing NGO or a consultant should verify the status of a sample of children on the list.

Rule of Thumb: OVC are vulnerable for a reason! They have few or no responsible caretakers, and few people in the community identify with them. Targeting OVC can therefore easily create jealousy in the community and thereby reduce the potential for local ownership and increase the chance of corruption in the project.

What if community-based methods are not possible?

Community-based methods are not always feasible in urban settings, or in highly divisive situations (e.g., a community split along ethnic lines). In urban areas, they are more likely to work when the neighborhood is relatively small, has a relatively stable population and corresponds to a "real" community. But when people don't know each other, or when tensions may be heightened by bringing together hostile groups, the best alternative way to identify OVC is probably through a census of households with children. The census takers collect information on the family status of the children in the household, that is, on their relationship to the household head and the whereabouts of their parents. This makes it possible to identify some of the children at risk, such as double-orphans not receiving support from an adult, children not related to the household head (more likely to be exploited), or orphans living with a single but sick parent.

In a situation of high numbers of OVC and strict budget constraint, the most vulnerable children can be identified by scoring. This can be simple and has the advantage of pointing to individual needs for services. For example, in the Republic of the Congo (Brazzaville), the NGO *Médecins d'Afrique* identifies those most vulnerable by surveying for orphans and then scoring them on a scale of one to three in each of three dimensions: (a) their medical condition, (b) their socio-economic condition, and (c) their psychological condition. All orphans receive a score of at least one on their medical condition, indicating that they will need access to medical visits and pharmaceuticals for common illnesses (acute respiratory infection, malaria and diarrhea). Orphans receive a score of 2 if they are sick enough to require hospitalization and of 3 if they appear to have HIV-AIDS and need to be entered in an anti-retroviral program.

What about children outside family care?

A main challenge in working with OVC is that many of the most critically vulnerable children are not living in a household setting – they may be in streets and markets, in mines and quarries, on the compound of temporary employers, in group homes, in brothels, with armed groups or gangs, in demolished houses etc. In addition to being hard to survey and sample, they also tend to be very mobile, and thus difficult to find and keep track of. Possible ways to identify them, and therefore determine the size of the beneficiary population, include the following:

- ***Spot censuses***: So called "spot" censuses have been carried out in many urban areas to assess the size and composition of the street children population. They are often done by having experienced social workers develop an extensive list of all the urban spaces where homeless children tend to sleep, and then draw a random selection of the sites listed. The sites are then visited simultaneously by a large group of field workers, each being assigned only one or two sites. The visit often takes place between 3 and 4 in the morning, when the children are most likely be gathered to sleep. The results of the spot census are then extrapolated to the number of sites on the original list.

- ***Specialized surveys***: Macro International/DHS is in the process of developing methods for sampling and surveying OVC living in the street and in institutions, and the survey design is currently being tested in Malawi. The survey registers data on time of street exposure, survival status of family members, food intake, education, possessions (blanket, shoes, sets of clothing), and nutritional status. On the basis of these data, it should be possible to identify simple criteria to use for targeting.

Community-based methods are unlikely to be suitable to target resources to these children, because they tend to be either physically or psychologically outside a community. In these cases, the best solution is probably self-selection, by offering services that would not be of interest to children in more fortunate situations. Examples are counseling to victims of sexual abuse (most unlikely to attract children who have not been victimized), drug rehabilitation programs (of little interest to children without a drug problem), or drop-in "schools" in market places (only convenient to children working in the market). Because it is almost always a challenge to obtain the commitment of certain OVC (like street children, child prostitutes, child substance abusers, and child soldiers) to a reintegration program, self-recruitment is often used. Children are made aware of the existence of the program, normally through the regular visits of social workers and street educators. If and when a child has gained sufficient motivation and trust to enroll in the program, the child is encouraged to do so, and it is assumed that this self-recruitment will increase his or her commitment to the rehabilitation and re-socialization process.

Is there a role for (public) institutions?

A final way to identify eligible beneficiaries for your project is through a government institution, or a government or private project already in place. Children at the bottom of the vulnerability spiral, for example, can often be identified with the help of police and police records, or through juvenile detention centers. In many African countries the police force is ill equipped to deal with these children, especially if they are victims rather than offenders, and will thus hand them over to a government institution or an NGO to shelter them. Children who have been associated with armed groups might be in the temporary custody of the national armed forces, while yet other children can be referred to the project from public health care centers.

In Benin there is a frequently used and widely known hotline (no 16), where neighbors, teachers and other community members can call in their concerns to the Child Protection Brigade (BPM), which is a branch of the police. The BPM then hands OVC over to relevant NGO projects – the trafficking victims to one project, neglected infants to another, children in conflict with the law to a third, children with disabilities to a fourth and abuse cases to a fifth, etc. These projects that way have an implicit targeting mechanism through "community reporting", via the police.

Monitoring and Evaluation

When discussing M&E for OVC it again becomes important to remind of the high risk of stronger interest groups trying to use OVC projects as a vehicle to serve their own interest. Careful, and partially participatory monitoring is a way to reduce unintended leaks to other interest groups, and ensure that the needs of the OVC are well understood and, therefore, served as intended. Participatory monitoring in OVC programs should not only be a way to "police" intermediaries implementing OVC projects; it should also serve to build and strengthen community buy-in and co-ownership for the intervention, and, thereby, support project sustainability.

In the following section, basic knowledge of Monitoring and & Evaluation (M&E) is an assumption. If you would like more on the basics of M&E, start by reviewing some of the documents in the "Relevant Reading" list for this section (see left column).

What are good M&E indicators for OVC interventions?

As in other projects, you need to define measurable input, output, outcome and impact indicators rooted in your project objectives. These indicators should be based on (i) the OVC indicators that are already available and regularly recorded, and (ii) indicators that can reasonably be recorded and monitored locally in terms of cost, time and ease of collection. The aim is to make data collection as simple (and as cheap) as possible, by using what is already available and collecting only the minimum amount of additional information needed to make project-related decisions.

The Background Data section of this toolkit provides links to some OVC-related indicators that are currently collected by large- scale household surveys carried out in most African countries. The Background section also has links to some major on-line data resources. UNAIDS is currently supporting the development of Country Response Information Systems (CRIS) on HIV/AIDS, and CRIS will potentially become a major national resource in M&E efforts for OVC (for more information on CRIS in your country, you can contact cris@unaids.org).

As you review these data sources, keep in mind that existing household surveys fail to include children who do not live in households. Therefore, figures provided on, say, orphans, child laborers, street children, and children with disabilities may be less accurate since many live outside of the family context. Macro International and UNICEF are currently addressing this challenge by developing sampling strategies for recording information on children living in institutions and the street. The method has so far been piloted in Malawi, but will be more widely integrated in surveys in other African countries. Once these methods have been further tested, the toolkit will provide a link to the findings. (For a brief description of so-called "spot" sampling, see the section on targeting, under the headline " What about children outside family care? ")

For indicators useful for monitoring child labor, the National Academy of Sciences has proposed a set of indicators covering legal framework, government performance and outcomes. UNICEF, USAID, and the Futures Group have developed the OVC Programme Effort Index to measure effort in the response to the needs of the increasing numbers of orphans and children made vulnerable to HIV/AIDS. The index, made up of a diverse set of indicators, is designed to provide a current profile of national effort and a measure of change over time. The OVC-Index was applied to 36 countries in sub-Saharan Africa in 2004 (see OVC Index draft report) The World Bank is supporting the collaboration of UNICEF, UNAIDS and USAID to develop a standardized set of indicators for orphans and other children made vulnerable by HIV/AIDS.

The joint report "Children of the Brink" 2004 suggests a set of Proposed Indicators for Monitoring the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS, developed through consultation with international data collection institutes, local stakeholders and international organizations. While the household survey indicators mainly serve to monitor general development trends, the list also includes indicators well suited to monitor local projects.

A *Guide to monitoring and evaluation of the national response for children orphaned and made vulnerable by HIV/AIDS* is under development by UNICEF. This toolkit will establish a link to that document as soon as it becomes publicly available. Based on the inter-institutional collaboration, the guide proposes core standard M&E indicators related to 5 common project objectives:

- Strengthening the capacity of families to protect and care for OVC.
- Mobilizing and strengthening community-based responses.
- Ensuring access to essential services for OVC.
- Ensuring that governments protect the most vulnerable children.
- Raising awareness to create a supportive environment for children affected by HIV/AIDS.

When defining indicators for your intervention, be aware that simply counting beneficiaries is probably not enough. The quality of care also matters greatly. The GTZ guide on NGO-based Participatory Impact Monitoring can provide some useful tips on participatory identification of local indicators to measure quality.

Baseline study

Efficient monitoring and evaluation will not be possible without baseline data. A collection of baseline data should be conducted before the project is implemented, and this data collection will constitute the beginning of the M&E process. A baseline study could start out with a national consultation, or make use of existing national data gathering efforts to assess the OVC situation. It should contain both qualitative and quantitative information, and generally be based on the indicators identified in the previous section. A baseline study can be conducted by local consultants and NGOs, ideally in partnership with communities. Involving the community from the start is a way to increase community buy-in.

A baseline study should provide data on service input and output indicators (primarily for monitoring purposes), as well as background data that can later be used to assess project outcome and impact (primarily for evaluation purposes).

A baseline study should thus comprise an overview of data collected by other related projects and studies in the project area, an overview of relevant macro statistics, a survey of relevant institutional and legal indicators, ideally a set of local indicators collected by the communities in a participatory way, but, most importantly, a baseline study should collect data on the indicators that you have chosen to evaluate the impact of your project, so that the data collected during the final evaluation can be compared with data collected during the baseline study and used to document changes that ideally are the result of the project itself, once exogenous factors have been taken into account.

Conventional vs. Participatory/Community based monitoring

Conventional monitoring

As in other projects, monitoring can be done by using project records, such as financial statements (to monitor inputs) and administrative records (to monitor outputs). However, because the delivery of services to OVC often includes specially tailored interventions that are not the subject of routine monitoring (such as school attendance or health visits), it will probably be necessary to design new monitoring tools. These may include simple forms to be filled out by service providers on a regular basis – monthly or quarterly – as well as specific entries in the MIS (Management Information System) of the project. It is also advisable to conduct a yearly survey of beneficiaries (see section on consulting with children) and/or their immediate caretakers, which will serve to cross-check and complement the information already available on inputs and outputs. Questions should include the following topics:

- type of services received
- frequency of each service received
- quality of each service received
- satisfaction with each service received
- problems with each service received, and suggestions to solve them

If resources allow it, the survey could be accompanied by direct observation of beneficiary OVC to determine their overall well-being (emotional, mental and physical). This may be particularly important for younger children, who would not be able to answer questions. As an alternative to formal surveys, a respected community member, such as a retired teacher, could be hired to administer simple questionnaires once or twice a year. This approach could save money in data collection (and provide much welcome extra cash to a community member), but it would be necessary to provide thorough training and precise instructions, and the risk of biased responses would be greater than with outside interviewers.

Participatory or community-based monitoring

While conventional monitoring often is associated with “policing” local implementers and caretakers, participatory monitoring aims to develop a genuine local interest in improving the project through continuous observation, data recording and discussion. In most OVC interventions, some community-based, participatory monitoring is recommended, since local ownership may initially be weak and the monitoring process provides an opportunity to strengthen community buy-in and awareness of the OVC situation. However, community monitoring should be accompanied by external follow-up to provide training and back-up to communities and to monitor possible project leakages to non-OVC.

Make a particular effort to find out whether OVC support channeled through caretakers or other local institutions is indeed benefiting the OVC. For instance, interventions that aim to support OVC households through transfers are at risk of ending up benefiting other household members rather than the OVC, while micro-credit and income generating activities supporting female caretakers have been reported to increase child labor demand as the benefiting households either start up small businesses or invest in other productive, and often child-labor demanding, assets. In short, you want to know whether your project:

- is progressing towards the stated goals
- has unintended effects on OVC
- has unintended effects on others – other children and women in particular;
- has an uneven impact on different groups of participants
- is cost effective.

Again, GTZ's handbook on NGO-based Participatory Impact Monitoring, gives practical advice that can help you refine the monitoring process of your OVC project. In addition, the following set of tools adapted from "Sleeping on our own mats" (an M&E Introductory guide developed in four West African countries) may be useful:

- Identifying OVC well-being
    - Signs of wellbeing table
- Making an activity monitoring table
    - Examples of activity monitoring tables
- Planning a meeting calendar
    - Example of meeting calendar

How can children themselves help monitoring?

Encouraging children to take part in data collection is empowering, and children are in many cases well placed to observe the situation of other children, for instance their school participation. In many cases children observe and experience things differently from adults, and the way children perceive the state of certain issues has proven to be an eye-opener to many adult observers, and thus a valuable contribution to the monitoring process. Children can also be important informants for triangulation, the process whereby information on a given topic is collected from several sources to improve reliability.

Children, however, should not be assigned monitoring tasks that could put them in a situation of conflict of interests. Certain OVC, for instance street children and certain working children, can be far more likely to get access to quality information on the situation of other street children than any outsider, and would besides be better at interpreting the meaning of certain observations. In spite of the common challenges often involved in working with OVC in such grave situations, it should be considered as an option that can support efforts to build the trust and commitment of current and potential future project beneficiaries (for more on principles for and challenges related to working with children, see the section on Consulting with Children)

Evaluation

The monitoring process represents an on-going effort to keep the OVC intervention on track by registering and reflecting over the stream of project *inputs* and *outputs*, like transfers of support being made to caretakers or schools, organization of meetings, psychosocial support units being established, shelters being extended, care workers being trained etc.

Evaluations, on the other hand, should focus more on the overall *impact* the intervention has had on the lives of the OVCs targeted. Are they, as a consequence of inputs and outputs, in a better health and nutritional state? Are they successful in school? Are their relationships to (extended) family members stable and well maintained? Has the difference between OVC and non-OVC diminished? Building on the baseline study, the evaluation takes stock of the situation and opportunities of the OVC upon project initiation and compares it to the situation and opportunities of the OVC half way through the project or at project completion.

An important feature of evaluations is to also take stock of exogenous factors that may have affected the impact as it appears. For example, projects targeting child trafficking in West Africa may appear more successful than they are, simply because the demand for child labor in a main recipient country, Cote d'Ivoire, has declined due to the economic instability caused by a conflict. Likewise, a good harvest may have improved the overall nutritional status of children, regardless of the OVC intervention financed. Therefore, it is important that an evaluation also focus on the situation of OVC at the end of the project as compared to what it would probably have been like if the project had not existed, or in other words, remembers to take exogenous factors into account.

A good example of evaluation of interventions for OVC is IFPRI's many different approaches to evaluating the targeted conditional cash transfer program PROGRESA. Another is Barbara Henschel's review of impact evaluations of child labor projects.

Roles and Responsibilities during Implementation

The principal implementing actors

During the implementation phase, there are generally two primary actors:

- the **government implementing agency** assigned the task of administering the loan and coordinating the successful implementation of the OVC project; and
- the **implementing partners** or the field-level organizations responsible for implementing sub-projects and other activities that directly benefit the OVC target group and collectively enable the government implementing agency to achieve the targets outlined in the PAD. The implementing partners may be local governmental agencies, international or national NGOs, or faith-based and community-based organizations (FBOs and CBOs).

During implementation, it is also possible that a number of the champions that you identified during the design phase will continue to play a role as advisors. If, for example, your project includes a competitive grants fund for organizations interested in serving OVC, you may need to organize a sub-project selection committee made up of a diverse set of stakeholders. If a sub-project selection committee already exists for another component of the Project, consider the possibility of having this committee perform the OVC sub-project selection function (perhaps with specialized advice as needed), rather than create yet another committee.

The project will also likely include private contractors who will compete to deliver a range of services either at the national or local level. These may be private suppliers of goods and services, training firms, NGOs, or individuals.

Criteria for selecting Government implementing agency

What criteria should be used in selecting the appropriate Government implementing agency for an OVC project or component?

- An agency that the government considers best suited for the task.
- An agency that is respected and heard within the Government.
- An agency that has a reputation for getting things done.
- An agency that has a record of caring for OVC, such as an OVC agency within the Ministry of Social Affairs or in the Ministry of Women, Children and Families.
- An agency that has a presence in the geographic areas where the project will be implemented.
- Ideally, a multi-sector agency capable of addressing the complex range of problems that OVC confront.
- An agency with good experience managing international financing in an efficient and transparent way.

Admittedly, it may be difficult to find a government agency that meets all of these criteria. In this likely event, focus on finding an agency that is well respected both inside and outside government and that has the clout required to move ahead decisively with the project or component. Agencies with the official mandate for OVC, such as Ministry of Social Affairs, unfortunately tend to be among the weakest government agencies. Yet, excluding them would make them even weaker and, in the end, hurt their intended beneficiaries. A compromise solution would be (a) to chose them but require that a highly skilled technical assistance provider work hand-in-hand with them, thus strengthening their capacity, or (b) to give them a prominent role on a multi-sector oversight committee while delegating the day-to-day management functions to a stronger agency.

Before making any definitive decisions about where to house your OVC project or component, you should consult with the key partners involved in the stakeholder analysis to get a sense of the reputation of the proposed project agency. If funds are available, you may also want to contract an organizational assessment specialist to analyze the organizational capacity of this agency. This is likely to cost $2,500-8,000 and take 3–5 days (see sub-section on "What types of capacity-building should the project plan for?", The Organizational Capacity Assessment Tool (OCAT) **and** its' annex).

When there doesn't seem to be a government agency with the appropriate qualifications to successfully carry out the OVC project or component, you might consider entering into a tripartite agreement between the World Bank, the Government, and a private implementing agency, such as an NGO. In this case, the government would retrocede the financing received by the World Bank to the implementing agency, which would then be responsible for project implementation. Three legal agreements would sanction this arrangement: a Development Credit Agreement between the World Bank and the Government, a Project Agreement between the Bank and the Implementing Agency and an "Retrocession Agreement" between the Government and the Implementing Agency. The World Bank Legal Department would draw up the first two agreements, while the third would be the responsibility of the government. Regardless of the role to be played by the government agency with the official mandate for OVC, it is strongly advised to include funding to strengthen its capacity, since, in the long-term, the welfare of OVC will depend upon this agency.

If the agency selected to manage the programmatic aspects of the OVC component is different from the agency managing the overall project, as would likely be the case if a non-social sector project invested resources in activities to benefit OVC, it will need to work hand-in-hand with the Project Management Unit (PMU). Respective roles and responsibilities should be spelled out in a sub-contract or other formal agreement. Particular attention should be paid to the flow of funds. A 90-day advance account would probably be the most practical solution and could be set up and spent in accordance with the work plan and budget attached to the sub-contract.

Criteria for selecting implementing partners

What criteria should be used in selecting the implementing partners?

Clearly, the criteria for selecting Implementing Partners will vary depending upon the type of OVC intervention that is included in a project. Nonetheless, here are a few criteria that are likely to apply in all cases:

- Implementing partner has at least two years of proven experience working on successful projects benefiting OVC.
- Ideally, implementing partner already has a presence in the geographical area where the services are to be delivered or is willing and able to set-up a new office there.
- Ideally, implementing partner has the capacity to fulfill the World Bank's administrative requirements in terms of procurement and financial management. Very often, it is impossible to find organizations that meet this criteria, therefore funds for capacity building should be included in the project to ensure that implementing partners receive the training and technical assistance they will need to meet Bank requirements.
- Implementing partner has experience working through community-based organizations to deliver services and/or carry out other project activities at the village level. It is more efficient for the project to work through NGOs and other organizations that can serve as intermediaries for reaching the community level rather than contracting directly with CBOs at the village level.

Strengths and weaknesses of different types of implementing partners

What are the strengths and weaknesses of the different types of Implementing Partners?

Type of Implementing Agency	Strengths	Weaknesses
International NGOs, such as Save the Children, Christian Children's Fund, GOAL, PLAN International, World Vision, Oxfam, Terre des Hommes, CARE International, Catholic Relief Services, etc.	• Compared to National NGOs, may have stronger technical capacity and access to TA from its HQ. • Experience in other countries with OVC that can inform their work in target country. • Reasonably strong M&E capacity. • Can function as an intermediary for reaching a network of local NGOs and CBOs. • Ability to move quickly. • Sound accounting and financial management systems	• Higher overhead rate. • May have less in-country experience and knowledge than national NGOs. • Limited experience with World Bank procurement and financial management guidelines. • Likely to pull out as soon as funds dry up.
National NGOs with child focus	• Knowledge of the local culture and environment. • Much lower cost than international NGOs. • More sustainable, since they will be there once the international NGOs have left. • Can function as an intermediary for reaching a network of CBOs. • Ability to move quickly.	• Generally, limited organizational capacity, particularly in administration. • Often financially very weak, so unless project provides some funds for indirect costs, may go out of business during project period.
Community Based Organizations and local Faith-Based Organizations	• Good knowledge of local culture. • Strong incentive to maintain credibility in eyes of community. • Lowest cost given heavy reliance on volunteer staff. • Any investment in capacity will stay in the community. • Many faith-based organizations have experience caring for OVC and organizing foster care. • Accepted by the community.	• Very limited organizational capacity. • May not be entirely representative of the community (especially of women). • Experience of faith-based organizations may be mostly with institutional approaches to caring for OVC.
Local Government	• Access to target communities. • Capable of coordinating among local representatives of various ministries. • Has potential of providing on-going support to and supervision of OVC initiatives. • Will be there after the project ends.	• Generally, limited capacity. • May have difficulty gaining trust of communities. • May be slow and bureaucratic.

What types of capacity-building should the project plan for?

To have an accurate response to this question, it is recommended that the government implementing agency conduct an organizational assessment of the potential implementing partners. This can either be done before or after they are contracted. You will likely get more accurate results if it is done after the NGO has been contracted, otherwise the NGO may do its best to hide its weaknesses for fear that they will undermine its chances of winning the contract. There are a number of organizational assessment tools out there, and some national and international NGOs specialize in assessing and building the organizational capacity of civil society organizations (**see the** Pact Website**,** The Organizational Capacity Assessment Tool (OCAT) **and** its' annex).

The assessments usually look at several dimensions of organizational management, including governance, program and financial planning and management, human resource management, and fund-raising. An assessment team will review organizational documents, meet with board, staff, and beneficiaries, and visit projects. On the basis of this two-to-five day process, they will rank the organization on a series of management indicators, identifying organizational strengths and weaknesses.

The cost of this process will vary from one place to another depending primarily upon the fees charged by the consultants to be used. To estimate the cost, assume two consultants for five days each; travel costs to relevant NGO site and up to three days per diem; minimal copy, telephone, and supplies cost. It will likely cost $2,500-8,000 per assessment, with the low estimate assuming local consultants and no travel, and the high estimate assuming that an international consultant must be brought in (see TOR for Organizational Assessment).

Once an organizational capacity assessment has been completed on each partner, the results can be consolidated and an appropriate capacity-building training package can be developed to address common weaknesses identified. Training and technical assistance will likely be required in the following areas: proposal development, procurement, accounting and financial management, monitoring and evaluation, and in some cases governance to ensure that selected implementing agencies are governed in a transparent and democratic manner.

In many African countries, where the NGO sector is not well developed, it is likely to be difficult to find local sources of capacity-building services. International sources include individuals, private consulting and training firms, and NGOs, such the US-based Pact, which specializes in organizational capacity assessments and capacity building services. When possible, it is better to find an organization that is capable of delivering the full package of services required rather than to contract these capacity-building services piecemeal. An integrated package of services increases the chances that all the training modules build upon each other and combine to create a management system that will serve the NGOs and CBOs for years to come. Ideally, the capacity building should involve training of trainers to make sure that at the end of the day there are human resources available locally to continue strengthening civil society and local government partners.

When and how to organize an Advisory and Selection Committee

If the success of the project depends upon the collaboration of multiple ministries and other players, an Advisory and Selection Committee at the central level might help ensure better collaboration. Such committees may already exist, e.g., National HIV/AIDS Committees. If funds are to be distributed through grants at the local or central level, it is probably better if the funding decisions are made by an impartial committee made up of people with some specialized technical knowledge of OVC and placed outside of the Government implementing agency.

This would encourage impartial and transparent decisions and discourage leakages. The closer these committees are to the groups that will be benefiting from the funds, the more useful knowledge they will have of the groups and their capacities. At the same time, beware of conflicts of interest among the committee members. When practical, regional advisory and selection committees could be established to decentralize and speed up decision-making. Here are a few rules of thumb for establishing such a committee:

- Select people who are known for their honesty.
- Make sure that all members sign an agreement to disclose all conflicts of interest and to withhold from voting in cases where a conflict exists. Include strong penalties, such as removal from the committee, for those who do not reveal their conflicts of interest.
- Make sure that the committee members receive training to perform their function effectively and transparently.
- Plan for staff or consultants to evaluate each proposal to be considered by the Advisory and Selection Committee through a desk review. These measures will make it more difficult for a committee member to recommend a project or organization that clearly does not meet the objective review criteria.

The success of an OVC project will depend upon all partners effectively fulfilling their assigned roles. This, in turn, will depend upon a number of other factors. Each key partner must have a clear understanding of its roles and responsibilities, and a shared understanding of clear and accessible operating procedures in the form of an operating manual. Each partner must receive the training and technical assistance necessary to perform its assigned functions in accordance with operating manual guidelines. The government implementing agency will need to play an effective coordination and supervision function to ensure that its partners work effectively as a team and contribute to achieving the project outcomes. Finally, performance must be monitored regularly and adjustments made along the way to improve project performance.

Costing Issues

Costing Interventions for OVC

This section treats some costing issues of particular relevance for OVC interventions. For more general guidelines to costing of project interventions, please refer to the documents under "Relevant Reading" in the left column of this page.
The costs of OVC interventions are a function of the following factors:

- the project context,
- the presence of related projects in the same communities,
- the intervention type,
- the components included in the design,
- the number of child beneficiaries,
- the degree of trauma of the beneficiaries,
- the resources and potential contributions of the beneficiaries' communities and extended families,
- local prices.

Rules of Thumb

1. An isolated OVC intervention in a community with few or no other projects is likely to end up catering to a wide range of other community needs, thus substantially increasing the cost of improving the life of each OVC .

2. To prevent extensive leakages, invest in sustained community communication on OVC!

3. Project discipline is a must! If you want your project to be cost effective, learn from previous mistakes!

Financial vs. economic costs estimates – who pays?

There are two ways to look at the costs of OVC projects: (i) How much your project has to pay? And (ii) what is the overall cost of the project? The first question refers mainly to your agency's (and local partner's) *financial* costs, and the answer will provide information for your budgeting. The second question deals with the *economic* costs of the intervention, and thus refers to all contributions, including those you do not have to pay for, coming from institutions and individuals in the society where you work: in short, the imputed value of voluntary labor, donated goods, and the value of rebates compared to paying full price (price distortion). Remember that a building donated by the municipality could also have been used for instance for teaching, and the time volunteered by a doctor could for instance have been used to help a malnourished child. The economic cost of your project is therefore an expression of the *opportunity costs* of the values that go into the project, and is thus important to calculate in order to understand the potential sustainability of an intervention that is to be gradually taken over by the country. The latter is particularly important to consider in the context of OVC projects since such projects typically benefit greatly from the contribution of volunteers, donations of food, clothing, and even buildings, and often receive rebates on services like health care, legal support, school fees and psychosocial care. For more detail on economic costing, please refer to the UNAIDS publication on Costing Guidelines for HIV Prevention Strategies.

Who should finance what?

As for all World Bank projects, the Government should be responsible for paying for most of the staff and other recurrent operating costs. If your project is a new initiative, you may want to consider covering a declining portion of the recurrent costs as a means of getting the initiative underway quickly and giving the Government some time to find the funding to keep it going. Note that Bank rules used to allow financing of only *additional* recurrent costs associated with project implementation, while a new Bank procedure on eligibility of expenses (**OP 6.00** and **BP 6.00**) allows for financing of any recurrent cost as long as an appropriate justification is provided.
In deciding on who will finance which line items, keep the following principles in mind:

- The Government will have responsibility for financing the recurrent costs of the program after the loan closes, so as a rule neither the Bank nor other funding agencies should cover 100% of these costs. If the Bank finances any recurrent costs, the percentage should decline over the life of the project to no more than 25% by the end last year of the project. Note, however, that the new policy on eligibility of expenditures allows for much more flexibility than in the past, including financing of recurrent expenditures (**OP 6.00** and **BP 6.00**).

- It is appropriate for the Bank loan to finance all of the one-time start-up investments costs, but maintenance and replacement of capital objects must be gradually taken over by Government.

- In the Africa region, there are standard disbursement percentages (SDP) for each type of expenditure by country (e.g., 80% of public works and equipment, etc.) that should not be exceeded. These can be obtained from the Country Economist. The new policy on Bank financing (**OP 6.00** and **BP 6.00**) allow for flexibility in applying SDP for projects in countries for which the bank has established country financing parameters (see **OP 6.00**)

Rule of Thumb

Some donors contribute to create unsustainable project costs by systematically choosing to support projects with an impressive infrastructure, and also by showing a preference towards hardware investments. Donors who are trying to "improve" what is already being done locally may in fact easily corrupt well functioning low-cost local projects, and make them unsustainable.

Three types of costs

As you prepare your OVC budget keep in mind the following three types of costs and pros and cons of each.

Investment Costs – Keeping investment costs low may, in some cases, be a way to lower the overall cost per beneficiary, but keep in mind that some cost-cutting at this stage may, in fact, increase the recurrent costs of the project, and thus the long-term financial burden on the government and other partners. For example, the construction of a project facility or the purchase of a vehicle will be a high up-front cost, but will serve to lower the recurrent costs by eliminating lease payments. If the OVC intervention is expected to be a long-term program, then making this kind of up-front investment makes sense. If, on the other hand, it is expected to be a short-term, temporary program, such as transitioning child soldiers back to community life, then leasing of space and vehicles may make more sense than purchase.

Fixed Operating Costs – Some costs, such as the salaries of full-time staff, office rent and utilities must be paid regardless of how many OVC the program serves. These types of costs can benefit from economies of scale. As the number of beneficiaries increases, the cost per child of each of these expenditures declines. For this reason, programs with high fixed costs, such as center-based care or training facilities, may benefit from expanding their reach to serve different OVC sub-groups or children not typically considered OVC. Here again, programs that are expected to be short-term or programs whose beneficiary numbers are expected to vary significantly from one period to the next should attempt to minimize their fixed costs, in favor of variable costs. Practically, this may involve choosing to use consultants instead of hiring staff or contracting out functions such as training, technical assistance and monitoring and evaluation services.

Variable Operating Costs – Strictly defined, variable costs are the incremental costs of delivering one unit of service. Variable costs increase at a steady rate as the number of beneficiaries increase, but have no impact on the cost per capita, which remains unchanged as the numbers of beneficiaries fluctuate. In an OVC project, variable costs might include the purchase of food, medical supplies, and training materials or the value of a conditional transfer per child. In some cases, these costs are semi-variable, as in the case of a project that maintains a child to adult helper ratio of 10 to 1. A new team member must be added each time the ratio goes over 10 to 1. As explained above, for short-term temporary programs or those that will serve an every fluctuating volume of beneficiaries, it is best to maximize variable costs and minimize fixed costs, thus facilitating the rapid scaling up and scaling down of the program in accordance with the size of the beneficiary population.

Common cost categories in OVC interventions

What are the most common cost categories in OVC Interventions?

This section describes some of the cost categories that tend to be resource demanding in OVC projects, but that can also vary greatly depending on the type of interventions you choose.

Start-up costs : Start-up costs of OVC projects can include both software and hardware and can make the first year of certain projects relatively expensive. It is legitimate to depreciate the value of the start-up costs over 3-5 project years, while investments in buildings can be depreciated over 30-50 years. Regardless of intervention, projects should start up by conducting participatory consultations and background research, including a baseline study (see chapters on working with partners and monitoring and evaluation). Also, resources should be allocated for staff time and consultant fees for the project design and preparation period. Travel to learn from similar projects in neighboring countries, for example, is often money well spent, and there should be a staff-training budget for the start up period. In addition, investment in capital goods is necessary for the project start up, while technical assistance to accompany the government counterpart during project design and its early stages may also be considered. In some places the installation and purchase of a phone line can be surprisingly expensive, so keep such local issues in mind when budgeting.

Capital costs : As a basis, the project administration of any OVC intervention will require investment in office space, furniture and computer equipment. Center based OVC projects, that is, projects that involve shelters, group homes, or vocational training centers can accumulate considerable capital costs if the project chooses to invest in buildings rather than rent them. Not only does the construction or purchase of buildings tend to strongly increase the cost-per-child in OVC projects, but there are also likely to be significant costs for furniture and equipment, such as beds, mattresses, sheets, lockers, tables and chairs, tools and other equipment involved. Projects aiming to reinsert OVC into their (extended) family require several home visits both to prepare the families and to follow up the child after reinsertion. Such projects will therefore normally need several vehicles that may have to be replaced frequently due to heavy use. The type and number of vehicles, and the frequency of likely replacement depends on the number of OVC in the project, the average distances between the center and the families of the OVC, and the conditions of the road network. Some non-center based OVC projects tend to have high investments in vehicles, because they need to reach the intended beneficiaries one-by-one in their workplace, foster family, in the street, etc. However, many non-center based projects are local in character, and therefore mainly require mopeds or lighter cars. Because OVC projects often involve sensitization work, you may need to invest in communication equipment like flip charts and audiovisual tools. Cellular phones and short wave radios may be required for staff traveling into areas without phone service or with security risks.

Center/office facilities : An alternative to constructing or buying a center or office building is to rent space. Renting may be cheaper and easier, but may, also require investments in renovation to adapt the space to its intended OVC use. Before making the decision on whether to buy or rent, explore the rental market to see if there are any available properties requiring minimal renovation. As a means of cutting start-up and fixed operating costs, investigate whether someone would be willing to donate space for use by the project (individuals, companies, other projects or municipalities) – and remember to formalize such arrangements with a memorandum of understanding or a similar formal document. (However, remember that this will only reduce your own direct project costs, since a donated building still represents a sacrifice to the project community. See paragraph on financial vs. economic costs.)

Utilities and miscellaneous recurrent costs : Budget in the cost of water, electricity, telephone, and other miscellaneous recurrent expenses like soap and detergent, which will clearly be higher in center-based projects.

Staff : The more traumatized the OVC you target are, the more important it is to invest in well-educated, experienced, committed staff. Staff quality – and in particular commitment – repeatedly comes out as a highly significant determinant for project success when targeting heavily traumatized OVC. Determine if your project needs accredited nurse and psychosocial staff, or if the public or private sector could effectively provide the services. While relying on center-based educators, medical and psychosocial staff may contribute to cutting the child off from the society around, some OVC centers have also become providers of center-based services to their local communities. As noted above, this latter approach serves to spread fixed costs over a larger number of beneficiaries, thus lowering the cost per beneficiary. The sharing of center-based services to other community members should not put in jeopardy the quality of services provided by to the targeted OVC. With regards to project workers in general, center-based projects have the benefit of concentrating the OVC in one place for some of the time, and may therefore realize some savings on staff expenses. On the other side, remember to factor in the cost of support staff like cooks and night guards. Working with OVC who are with caretakers, in workplaces, or in the street, require considerable staff time for travel since each staff can often only serve one child or a small group of children at a time. Reinsertion projects also require more staff, since there will be a need to travel to prepare and follow up with the child's (extended) family; distances will also matter with regards to how much staff time will be required. OVC projects need to emphasize communication – for reinsertion and reconciliation, prevention and inclusion, or as part of on-going monitoring and follow-up of community-based monitoring activities – so make sure to include the time it will take to do a responsible job. In center-based projects for traumatized OVC, staff will often find themselves spending considerable time taking the children to see doctors, following up custody issues with the police, as well as sorting out legal issues related to criminal proceedings or inheritance rights. Finally, if considering economic costs, also make sure to impute the value of time contributed by local and foreign voluntary workers taking into consideration their experience and educational background.

Consultants : Consultants can support project staff at critical stages of the intervention process, most notably during project planning, preparation and baseline studies, as supervisors and trainers for project monitoring, and as external evaluators. Consultants can also be useful in the preparation of administrative and technical project reports, in selection processes of project staff and partners and in relation to financial management.

Travel **:** The more travel a project requires, the higher the costs of gas, vehicle maintenance and per diems must be expected to become. Reinsertion projects and projects with close follow-up, in particular those covering large geographic areas, tend to be expensive in this sense. Sustainable family reinsertion, however, requires extensive preparatory work and follow-up, so saving on travel may strongly affect the success rate of the intervention. To estimate these expenses, calculate how many trips of how many kilometers each staff member will need to make in order to service the selected target area. Then, using a locally relevant cost per kilometer, calculate the total cost of travel per year.

Schooling/apprenticeships : Many OVC projects place emphasis on enrolling or reinserting beneficiaries in formal education or in apprenticeships. OVC often need preparation before they can attend a regular school, and in many cases they may also need follow-up with private tutoring must be anticipated. In addition comes the option that the project supports the OVC and their families with school fees, uniforms and books, or pays for an apprenticeship contract. When funding apprenticeships or vocational training, the purchase of some basic tools should be considered to facilitate their economic reintegration.

Monitoring & Evaluation *:* Monitoring and evaluation can be resource demanding, and it is often cost-effective to invest in building the capacity of local resources to carry out the main share of such activities. In a study based on four West African countries, however, it was estimated that community-based M&E can be as inexpensive as $50 per community. (Source: " Sleeping on our own mats: An introductory guide to community-based monitoring and evaluation ").

Costs and project types

In this sub-section, some common cost issues related to different OVC groups are presented, and there are links to some concrete examples of project costs.

Costing prevention efforts

Child vulnerability prevention should be considered in all projects that can potentially affect OVC and/or increase/reduce their number. Preventing children from sliding down the spiral of vulnerability requires information, education and communication (IEC), and the appropriate combination of incentives and disincentives. All stakeholders that can directly or indirectly affect child vulnerability in your project context are potential target groups: ministry partners, contractors and other project implementing bodies, as well as local communities, caregivers, and at-risk children themselves. Communication is the key to efficient prevention, and IEC interventions come in all sizes and price ranges. Where the message is simple, easy to communicate and easy to sell, a radio information campaign can be very low cost compared to its geographic reach. The cost of producing information material for radio, TV or film can be kept down by using local film teams who will also able to help you communicate your message in a way that is better understood locally. I n the more complex cases (e.g., when you want to change strongly held beliefs about the causes of vulnerability or OVC themselves), sustained communication is necessary, and will require several well qualified and higher cost staff in order to have a significant effect. Staff training and transport costs as well as communication equipment will be important budget posts.

The rest of this section will treat interventions aiming to reintegrate and rehabilitate street children, orphans, child workers, children who have been associated with armed groups and children who live with a disability. It is important to remember, however, that all these types of projects in most cases both could and should include a preventive component. At-risk children can be prevented from ending in the street, orphan vulnerability can be reduced if efforts are introduced even before the death of a terminally ill parent, communities can be warned against the dangers of trafficking or the harm of agrochemicals to working children, and communities can be protected against the abduction and forced recruitment of children into armed groups. Many types of child disabilities can be fully prevented through immunization, improved hygiene or accident prevention. Including preventive components in OVC projects will with all likelihood contribute to reduce the future economic costs of rescuing and rehabilitating traumatized children.

Rule of Thumb

Communication is the key to efficient prevention, and IEC projects come in all sizes and price ranges. As a rule, the more complex the OVC situation is and the less natural local buy-in to our objectives, the higher the costs of efficient preventive efforts.

Costing the rescue and rehabilitation of critically vulnerable children

Street child projects: The successful rehabilitation and reinsertion of street children is often very resource demanding. Costs variations are best projected by assessing two key factors: (i) how much time will sustainable rehabilitation and reinsertion take in the case of your target group, and (ii) how qualified (that is, costly) does the staff need to be to deal with their level of trauma. These two factors will depend on (a) the experiences the child had prior to ending in the street, (b) the length of time the child has been exposed to street life, (c) the age at which the child ended up in the street, (d) the age of the child today, (e) the amount of violence and abuse to which the child has been exposed in the street, (f) the value of the child's present and potential social network (in particular whether he or she has a confidant), (g) the amount and quality of support the child has received from individuals and other projects, (h) whether the child has developed a substance abuse habit in the street (dealing with substance abuse is particularly expensive).

Successful street child projects are mainly based on self-recruitment. The expressed commitment of the child to a difficult rehabilitation process highly improves project success rate. To facilitate self-recruitment, street children projects must finance a staff presence in the streets, where trust is developed, and street children are motivated to enroll in the project. Street social workers need training, and are often equipped with basic medical supplies and games; these costs must be budgeted.

The early stages of the street child rehabilitation process is normally fully center-based, thus requiring capital costs for buildings and furniture, and high recurrent costs for nutrition, hygiene, health and clothing. Before starting to construct, investigate if renting existing facilities could be more cost-effective, or if the community or municipality can offer suitable buildings that do not require too much investment to serve the project effectively. (However, remember that this will only reduce your own direct project costs, since a donated building still represents a sacrifice to the project community. See paragraph on financial vs. economic costs.)

The child is gradually reinserted into family and school. A crucial component that seems highly significant to the success of reintegration is the identification of a family member that can provide some genuine love and care for the child. Successful programs therefore tend to invest considerable time in identifying the right person, and then to gradually preparing that person and the child for the transfer; this process demands skilled staff, and, often, considerable travel related costs. Reconciliation and reinsertion of a traumatized child takes time, and it remains important that both child and caretaker receive follow-up and advice from the project even after a successful reinsertion. 24-hour staff availability for emergency follow-up requests can also be decisive in preventing a relapse – and consequently the loss of the project investment.

For a detailed cost exampl**e of an NGO street child project, see Street child project in Cotonou pre**sented in Costs of Projects for Orphans and other Vulnerable Children: Case studies in Eritrea and Benin.

Orphan projects: Not all orphans are vulnerable. Orphans' needs, and therefore the cost of satisfying them, depend on whether they (a) have lost one or both parents, (b) age, (c) level of trauma experienced before (e.g., prolonged parental illness) and upon becoming orphan (e.g. by war act), (d) own physical state and resilience, but most importantly on (e) the financial means and affection of their extended family and social network can provide.

Orphans' life situations range from full and well-functioning (family) adoption/foster care to complete abandonment. Care-taking arrangements can fail either because of lack of means or lack of will to give the orphan a good home. In the first case (lack of *means*), targ**eted household support programs, like programs for (conditional) transfers** in cash or kind can serve to alleviate some of the financial burden of caring for an orphan and thus increase the chances that the child will not be rejected by its adoptive or foster family (more on conditional transefers, see the education section and the health section, or the mission report from Nigeria). Also, schools can be rewarded through a conditional program that makes the school responsible for keeping orphans in the education system (see concept note for a project proposed for Swaziland). When the issue is lack of *will* (in the sense of abuse and exploitation), the child may need to be removed from the household. For these children, as well as children who have been abandoned or who have fled situations of abuse, relocation to caring relatives would be the best choice. When this is not possible a center based or group home approach may become necessary, but should preferably be temporary. Permanent life in an orphanage or a group home has proven expensive and unsustainable, and it is only recommended in extreme cases.

- For a cost exam**ple of a household support project component, see the Burundi ECD Project, a large scale group home based project, see the Eritrea Orphan Project and a community based orphan project, see the Group home in Ouidah, all** referred to in Costs of Projects for Orphans and other Vulnerable Children: Case studies in Eritrea and Benin.

Child labor projects: Child labor projects vary greatly in type of target group and design, and therefore in cost structure. Generally, they require qualified technical staff that can help younger child laborers prepare for reinsertion into regular school, and older children learn a marketable skill. Child labor projects normally don't require high capital costs related to civil works. Project approaches aiming to provide vocational training to older children sometimes build workshop facilities, but generally it is more sustainable to make agreements with local craftsmen or to use workshops already existing in the community. Some operations to rescue children who have experienced extreme exploitation, like prostitution or trafficking require temporary harboring and sometimes rehabilitation centers. Preparing younger child workers for reinsertion into ordinary schools also sometimes requires a classroom module. Before constructing, find out if the community has a room that can be used for training, perhaps in the evening, thus lowering project costs. (However, remember that this will only reduce your direct project costs, since a donated building still represents a sacrifice to the project community. See paragraph on financial vs. economic costs.) Child labor projects often need a heavy component of IEC, and can occasionally be based on **conditional transfers** (more on conditional transefers, see the education section, or the mission report from Nigeria).

- For a detailed cost example of an NGO project targeting child laborers, see **Child labor project, Benin pre**sented in Costs of Projects for Orphans and other Vulnerable Children: Case studies in Eritrea and Benin.
- For a global study of the cost-effectiveness of child labor interventions, see ILO's Investing in Every Child.

Children associated with armed groups:

Projects for child soldiers should include non-combatant children who have been associated with armed groups. Child soldier projects resemble street child projects and projects for the worst forms of child labor, although former child soldiers tend to have a higher average age, and a very high level of trauma. Transitional centers need to be set up, preferably piggy-backing on pre-existing programs for at-risk children so as to mix child soldiers with other children; they need to be staffed with social workers and support staff (e.g., cooks, guards). Alongside individual medical treatment (be particularly aware of the high level of STDs and substance abuse) and trauma counseling, children's families will need to be prepared to welcome back children who have been associated with armed groups, and entire communities may need to be involved in cleansing ceremonies that will reestablish membership in the community for the returning child. Preparing family reunification takes time and requires repeated trips, hence the need for a generous travel budget (see section on OVC and conflict). In addition to providing children with a personal "reinsertion package" (e.g., school tuition and supplies, apprenticeships and tools), it is advisable to finance community-wide projects to increase the chances of acceptance. To keep down project costs (and complexity), it is advisable to coordinate closely with community rebuilding efforts that are generally financed in post-conflict situations. Projects for war affected children are at particular risk for leaking resources to a variety of other interest groups because so many groups are needy in a post war situation, and because the loyalty and sympathy with children who have been associated with armed groups typically is very low. To reduce massive leakages (and thus extremely high per-child costs) while marinating the necessary community ownership, such child reinsertion projects are therefore often best implemented as add-ons to more general community development projects where other interest groups also get their needs **addressed**. Communication becomes particularly important to strengthen local buy-in, and skilled, well trained, communicators is therefore likely to be a good investment in ownership and sustainability.

For a cost example of child soldier demobilization project, see Côte d'Ivoire demobilization component.

Child disability projects:

Projects for children living with a disability can vary enormously depending on their target group. Interventions vary from ambulant eye-surgery units (rehabilitation) and accident prevention (preventive), to anti-discrimination campaigns, access facilitation and tools (integration), as well as medical care and daily support (coping). In most places in Africa sensitization campaigns are vital to most projects , so make sure to calculate in quality staff , solid staff training and locally appropriate information material/radio campaigns to be able to do it well.

In an African context, center based approaches are generally discouraged, since they not only are costly, but also fortify the stigma that many children living with a disability are confronted with. The increased stigma further complicates the child's future integration into society and thus leads to long term economic costs beyond the project period, and thus a serious cost-effectiveness concern. In situations where no caring relative can be traced, like in the case of abandonment or large scale disaster situation like post conflict, center based approaches

Rule of Thumb

Before you construct: Find out if the community or municipality can contribute with buildings, rooms or property that can be suitable for your project purposes, or that only require lower investments to be adapted to your project needs! (However, remember that this will only reduce your direct project costs, since a donated building still represents a sacrifice to the project community. See paragraph on financial vs. economic costs.)

What are some ballpark figures per child?

ILO/IPEC has studied the unit cost of their child labor interventions, and calculated that the per-child costs for their projects in Africa was around $643 for child domestic servants, $518 for children in hazardous work conditions, $2,622 for children scavenging (in Asia they estimate a unit cost of $438 for children in forced or bonded labor, $1,066 for children victims of sale and trafficking, and $759 for children begging and street vending). The sample for Africa, however, was quite small, so these figures should not be considered as standards.

Looking at different intervention types, the same study concludes with an average cost per-child per year of $402 for education type interventions, $730 for vocational training interventions, $291 for interventions based on providing health, nutrition, legal aid and shelter, $119 for interventions focusing on training adults, and $829 for IGA/micro credit type interventions (for details, see The Unit Costs of Programmes to Prevent or End Child Labour).

Part IV
What's Special About My Sector?

Tips on Navigating through this Part

This part of the OVC Toolkit is designed to provide practical advice to Government officials and World Bank staff designing a project within a specific sector. *Throughout this part of the OVC Toolkit you will find the sectors covered on the left navigation menu*.

Here you will find information about projects that have been tested with different types of OVC in various sectors.

After reading through the section on your sector of interest, we recommend that you go to the second section in the part of the OVC Toolkit called *"What do I need to do?"*, Background Research and Secondary Data Sources, and work progressively through each of the subsequent sections shown on the left navigation menu. This part of the OVC Toolkit will walk you through the project design process, while giving you tips on how to shape your project to benefit OVC -- or at least, “do no harm”.

CAS, PRSP and PRSC

Introduction

The consultative processes that are involved in the preparation of a country's multi-year Poverty Reduction Strategy Paper (PRSP) or the Bank's Country Assistance Strategy (CAS) are important opportunities to incorporate the needs of Orphans and Vulnerable Children (OVC) as a priority in a country's medium term development plan. Development Policy lending, including Poverty Reduction Support Credits (PRSC) can later support the implementation of pro-OVC policies established in an IDA country's PRSP or CAS (of course, pro-OVC policies can also be supported with other lending and non-lending instruments).

Definitions

Poverty Reduction Strategy Paper (PRSP): In September, 1999, the World Bank and the IMF agreed that nationally-owned participatory poverty reduction strategies would provide the framework for all concessional credits and grants offered by their respective institutions, including debt forgiveness under the Heavily Indebted Poor Countries (HIPC) Initiative. Five core principles should be followed in developing and implementing poverty reduction strategies:

- country-driven – involving broad-based participation by civil society and the private sector;
- results-oriented – focusing on outcomes that benefit the poor;
- comprehensive in recognizing the multidimensional nature of poverty;
- partnership-oriented – involving coordinated participation of development partners (bilateral, multilateral, and non-governmental);
- based on a long-term perspective for poverty reduction

The PRSP itself, produced through several months of consultations, should include four key sections:

- a description of the participatory process that was used to develop the strategy;
- a comprehensive poverty diagnostic, which uses existing data to describe who the poor are and where they live;
- a clearly presented and costed set of priorities for macroeconomic, structural and social policies that together comprise a comprehensive strategy for achieving poverty reducing outcomes;
- appropriate targets, indicators, and systems for monitoring and evaluating progress.

The PRSP process includes several opportunities for participation:

- Poverty diagnostics, based on qualitative and quantitative analysis, identify the situation, constraints, and priorities of the poor, bringing to light the multi-dimensional nature of poverty and can be used to determine the causes of poverty and the potential impact of growth and public actions on the poor and vulnerable. This helps enhance the quality of the poverty reduction policies developed and gives poor people a voice in the policy-making process.
- Participation in budgeting and public expenditure management gives citizens an opportunity to influence how government allocates its resources to carry out priority objectives.

- Developing a set of indicators and monitoring country progress toward these indicators helps advocacy groups track progress.

Country Assistance Strategy (CAS): the CAS document:

- describes the World Bank Group's strategy for working with a country based on an assessment of priorities in the country and the Bank's comparative advantage, and
- indicates the level and composition of assistance to be provided based on the strategy and the country's portfolio performance.

The CAS is prepared with the government in a participatory way and is likely to reflect the government's priorities as outlined in the PRSP. Nonetheless, there may be differences between the country's own agenda and those of the Bank. The Bank routinely conducts a Joint Staff Assessment (JSA) of the adequacy of a country's PRSP and its implementation, the conclusions of which are incorporated into the CAS.
If a country has not yet gone through the PRSP process, the Bank will encourage the government to conduct stakeholder consultations of civil society and the private sector. The CAS also draws upon relevant Economic and Sector Work (ESW). It provides a thorough discussion of major issues in the country, including a sound diagnosis of the incidence, trends, and causes of poverty, based upon a Poverty Assessment.

Poverty Reduction Support Credit (PRSC): is a form of Development Policy Lending. This type of lending does not finance specific investments, but instead finances overall country budget execution. PRSCs support a country's policy and institutional reform program to implement its poverty reduction strategy (as described in the PRSP). A PRSC typically involves a series of two or three individual credits that together support the country's medium-term development and reform program to implement its poverty reduction strategy. The time horizon of the PRSC ideally corresponds to that of the PRSP and CAS. PRSCs are usually disbursed based upon an agreed set of actions. Some PRSCs focus on economy-wide policies, while others may address policy or institutional issues within key sectors, such as health, education or rural development. As a budget support credit, PRSCs often focus on reforms to improve the quality of budget management and execution. PRSC documentation describes the likely social impact of the reforms supported by the Bank.

How can OVC issues be reflected in the PRSP and CAS?

The participatory processes to develop the government's PRSP and the Bank's CAS are important opportunities to get the issue of OVC on the national radar screen. Both encourage extensive consultations at the national, regional and local level, with elected and appointed government officials, as well as with NGOs, churches, labor unions, women and youth groups, and community based organizations. These stakeholder meetings could be organized around the needs of specific interest groups, such as women, youth, children, and devote particular attention to vulnerable groups such as landless farmers, OVC, the disabled and the and elderly. The approach described in the section "Organizing a Stakeholder Meeting" could be applied during these consultations.

PRSP and the CAS present opportunities to analyze OVC issues using a wide-angled lens, not from the limited perspective of just one sector. These medium-term planning processes also allow for strategic thinking, more likely to generate preventive approaches to problems, rather than responses based on assistance to children who are already vulnerable. The objectives established during these processes are frequently linked with the Millennium Development Goals (MDG). Thus, these processes provide an opening for the issues related to OVC to be addressed through bold policy measures, such as a commitment to provide a primary education to all

children, whether they are disabled, orphaned, or living in the street or in an HIV/AIDS-affected household.

What steps could be followed to make sure that OVC issues are reflected in the PRSP and CAS?

Get buy-in from the top: The first step is to provide the Country Director and his Government counterpart the information they need to see that addressing OVC issues as part of a medium-term development strategy will be key to achieving the MDGs they choose to prioritize in the PRSP and CAS. The arguments laid out in the Rationale Section of this toolkit should prove helpful to this end. If there's no buy-in at the top, OVC issues will either be dropped all together or relegated to an afterthought paragraph (as was the case for gender not long ago). Getting support from Bank management is most important, because then, even if the government does not see OVC as a priority issue, the Bank can help offer some arguments that may help government see the value of investing in OVC and the long-term risks –- social, economic, and political – of ignoring their needs. From a practical standpoint, this means making sure that the budget for preparing the CAS includes funds to finance OVC Sector Work, either as self-standing or as part of a broader social protection focus.

Document OVC status: The Background Data section in this toolkit is a good starting point for this step. The chapter entitled Working with Partners will also be useful in fleshing out a comprehensive understanding of the status of OVC, particularly the section on the stakeholders meeting.

Piggy-back on widely accepted goals: Even if you succeed in obtaining buy-in from the top, you will probably have a hard time in making the case for an OVC-specific section or strategy because you will be competing with many other “special interests”. The arguments that proved effective in obtaining buy-in from decision-makers will probably suggest how best to “package” OVC issues to ensure that they are included. For example, if the PRSP or the CAS are developed around the MDGs, universal access to education or health could be the overall goal, with OVC inclusion being a condition to reach it, and therefore an intermediate objective. Similarly, if one of the aims of a PRSC is to support judiciary reform, the adoption and application of inheritance laws that protect the rights of orphans could be one of the monitoring indicators.

Project the impact of the OVC situation on achieving the MDGs:

Piggy-backing on objectives related to the MDGs is likely to be the best way to get OVC on the agenda of strategy-setting documents such as the PRSP and the CAS, therefore the Toolkit provides some specific suggestions on how to go about it. The starting point would be the problem tree exercise carried out during the stakeholders meeting.

Once you have analyzed each of the OVC categories and gained an understanding of the factors that contribute to children falling through the cracks and the consequences of such failures, you will need to analyze how each of these failures will impact on the country achieving each of the relevant MDGs.

This can be done using a variant of the worksheet presented in the *Working with Partners* chapter "Determining whether your project could potentially create new OVC or have an impact on existing OVC". In this case the second column would include the impact on the MDGs of each factor or root that you identified during the problem tree exercise and the third would include measures prevent or address the problem.

For example, the first factor in the chart, "Mother Dies" will clearly have a negative impact on reaching Goal 5: Reduce maternal mortality, and very likely an indirect impact on achieving several of the other MDGs. The third column, is for noting measures that could be taken to prevent or mitigate this outcome. For example, an effective AIDS prevention program and improved prenatal care and care at delivery might decrease the chance that mothers die.

To illustrate the outcome of this exercise, click here to see an example, which is an excerpt from the table developed to address the factors that contribute to and the consequences of orphanhood. Clearly, most countries do not have the financial capacity to implement all of these measures, so they would need to prioritize those that they felt would have the greatest positive impact on the OVC and, in turn, their ability to achieve their MDG targets. To do this, you can use the ranking tool presented in the "Deciding what to do" section.

Some suggested interventions that should be considered to benefit OVC:

- Ensure that inheritance laws protect surviving spouse and orphans
- Establish and enforce child labor laws prohibiting children under 15 from participating in unsafe labor activities.
- Offer free universal education, if financially feasible, to all primary school aged children
- If free universal education is not an option, offer conditional cash transfers targeted to OVC and linked to primary and secondary school attendance
- Likewise, offer conditional cash transfers for household with OVC that follows schedule of routine well-child visits.
- Ensure that all social service infrastructure designs are accessible to the physically disabled.
- Focus health care investment on public health and primary care interventions.
- Develop and implement a clear HIV/AIDS prevention strategy
- If financially feasible, offer treatment to pregnant mothers to minimize the likelihood of transmission to the child**,** and to parents with HIV/AIDS, to prolong the period that they can care for their children and delay orphanhood.

Use monitoring to ensure that OVC are not forgotten: Monitoring indicators can be a powerful tool to draw attention (and resources) to OVC. Both PRSP and CAS should suggest indicators that make it possible to track the number and relative wellbeing of OVC. More comprehensive lists of indicators for monitoring the situation of the various OVC groups are presented in the section on Monitoring and Evaluation. These indicators, in turn, can be used to monitor PRSC results, which is all the more reason to insist that they be part of the regular poverty monitoring measures that are part of PRSP.

Multi-Sector Demand Driven (CDD)

Introduction and overview of possible interventions

Multi-Sector Community-Driven Development (CDD) Projects, which include some Social Funds and Rural and Urban Development Programs, have the potential to reach all categories of OVC and to finance a wide range of preventive and coping interventions.

Multi-Sector CDD Projects often include the following types of activities:

- capacity-building for communities in participatory needs assessment, planning, project implementation, and operation & maintenance;
- capacity-building for local government in facilitating a participatory local development process;
- grant financing of sub-projects prioritized by communities and municipalities.

By definition, demand-driven projects respond to the demands of the communities they target. These demands tend to reflect the priorities of the adult majority, rather than those of children and certainly not those of orphans and vulnerable children. Therefore, to ensure that the demand-driven process does not forget about OVC concerns, it is necessary to make some adjustments to the community needs assessment and project identification process, which are described in more detail below. In addition, because communities may have little knowledge on how to deal effectively with OVC issues, it may be useful to give them ideas about possible interventions and to discourage proposals that are generated by the best intentions but have a bad track record (see the section on pitfalls).

Overview of possible interventions

In a demand-driven program, it is difficult to anticipate what types of sub-project ideas communities will come up with for OVC. It is recommended to use the checklist attached to screen community ideas. Here are some possible examples.

OVC Category	*Possible Interventions – Multi-Sector CDD Projects*
All OVC	• School feeding programs targeting the most vulnerable children (see sub-section on school feeding in the education section). • Income generating program to assist families caring for OVC to generate extra revenue to finance this added household burden.
Project Design Features by OVC Category	
Street Children	• Peer support for families at risk of rejecting a child to go live in the street. • Support to NGOs working with street children within a given municipality.
Orphans	• Assistance to de-facto orphan heads of households over 16 to improve household revenues (through job placements, inputs for agricultural and pastoral activities, etc.) • Direct cash or in-kind transfers to orphan heads of households, elderly care-takers, extended family care-takers, or foster families to finance school fees and other added expense of caring for orphans. • Development and support of networks of home visitors to provide assistance to orphan-headed households, extended family care-takers, and foster families (volunteers or paid social workers).
HIV/AIDS affected children	• All of the above. • Training program in appropriate care for AIDS patients, including prevention of transmission. • Development and support of network of home visitors to provide assistance to affected families (volunteers or paid social workers). • Information and Communication campaigns designed to prevent the spread of HIV/AIDS to children (eliminate misconceptions such as “sex with a virgin cures AIDS”) and to fight stigma.
Children living with a disability	• Measures for their inclusion in HIV/AIDS prevention activities, given their vulnerability to sexual abuse. • Standard guidelines to ensure accessibility of all infrastructure financed. • Community-based rehabilitation programs (see Community-Based Social Services: Practical Advice Based upon Lessons from Outside the World Bank)

Approaches for Stimulating and Responding to Demand for Sub-projects benefiting OVC

Ex-ante Targeting

- In deciding which parts of the country to target with the CDD program, prioritize areas with high rates of OVC and/or HIV/AIDS (since HIV/AIDS produces OVC). (See also section on targeting.)
- In countries with a high prevalence of OVC, consider earmarking funds to benefit them. For example, in post-conflict countries and countries with high HIV/AIDS rates, funds could be earmarked for orphans (regardless of the cause of parents' death) or children affected by HIV/AIDS.
- Include a component to fund assistance for vulnerable groups, including OVC. This component may require separate procedures, such as allowing for eligibility of sub-projects proposed not by beneficiaries themselves but by groups representing their interests (e.g., NGOs working with disabled people).

Guided Needs Assessments

- During the participatory needs assessment and planning process, include separate focus groups made up of OVC (for guidance in how to consult with children see the section on Consulting with Children) and/or OVC caretakers. These consultations may be part of a wider effort to understand the needs of other vulnerable groups at the community level, such as people living with a disability and elderly people and their caretakers. Ensure that all project staff and staff of executing agencies who will be involved in the needs assessment are familiar with OVC issues and trained in helping communities consider them. Often communities will focus on infrastructure as a solution to their problems because they have not been appropriately guided in analyzing their situation and identifying the range of possible solutions (see problem tree exercise as an example for analyzing situations and finding solutions)

Local targeting and incentives

- Once the special needs of OVC are understood, both from the perspective of the children themselves as well as from that of their caretakers, consider special measures to ensure that their priority sub-projects are selected for financing. This might include earmarking funds at the community or municipal level for this type of sub-project or giving OVC sub-projects bonus points in the sub-project review and prioritization process.

- Give a community that designs a sub-project benefiting OVC additional funding allowing it to finance a second sub-project serving the entire community. This will help eliminate the disincentive to presenting a sub-project serving OVC, when the community as a whole has other priorities.

- Require that community sub-projects include a plan to ensure that all members of the community can benefit from them, hence encouraging consideration and inclusion of OVC and other vulnerable groups (e.g., schools should be affordable to even the poorest children and accessible to children living with a disability).

- Analyze all OVC related needs identified in communities throughout the municipality and identify needed initiatives that are too expensive to implement in every community, but htat could be affordable at the municipal level, municipal-level programs that could be developed jointly, such as community-based rehabilitation programs for children living with a disability.

- The same might be done across municipalities to identify national level interventions that may be necessary to respond to common OVC needs that cannot be addressed at the local level (e.g., conditional cash transfers to help finance school fees for OVC). While a CDD project would not be able to finance these interventions, they should be brought to the attention of the relevant government agencies.

Other Design Features

- Hire one or more staff with background especially appropriate for OVC interventions (experience in community-based rehabilitation programs may be particularly precious).

- Adapt the MIS (management information system) to track interventions focused on OVC and the inclusion of OVC in community-wide interventions. The latter will require monitoring ex-ante measures, such as the accessibility of newly built or rehabilitated infrastructure, as well as outcomes, such as OVC school attendance.

- Promote the formation of peer support groups of OVC caretakers (with a special focus on child headed households and elderly caretakers) to share their common concerns, help each other find solutions, and amplify their voice locally and nationally to advocate for needed support.

- Promote the formation of networks of NGOs and other civil society organizations to engage in regional or national activities, such as capacity building for community organizations serving OVC, communication campaigns to protect the rights of OVC, and advocacy for policies and laws that benefit and protect OVC.

- Include a requirement that all beneficiary communities receive training on HIV/AIDS awareness and prevention, and include a session on orphans and other children affected by HIV/AIDS.

- When providing capacity building to NGOs and CBOs, include sessions on how to work on OVC issues.

- Use a checklist of selection criteria to determine whether proposed sub-projects for OVC should be financed (attached in the web-based version of the toolkit).

Selection Criteria for OVC Sub-projects in a CDD context

If your CDD project has a special sub-component for projects that benefit OVC, the following list of selection criteria might be useful in ranking sub-project proposals submitted.

All of the following criteria must be satisfied:

1. The sub-project was identified through a participatory needs assessment and sub-project identification process at the community level in which OVC and OVC caretakers represented the majority.
2. The sub-project can be implemented at the level of one community alone or the project is similar to other requests received from other neighboring communities and could be implemented collaboratively with other communities in that municipality.
3. The sub-project would not require a major policy change at the national level to be implemented.
4. The sub-project does not pose a risk of increasing the work burden for children living in the household.
5. The sub-project would not increase the time that young children are left unattended by their caretakers.
6. The sub-project proposal includes a viable targeting strategy to ensure that OVC and their caretakers are the primary beneficiaries.
7. The sub-project design helps to minimize the chance that non-OVC will benefit at the expense of OVC.
8. If incremental recurrent costs are required to sustain the sub-project, a viable approach to meeting these costs has been proposed by the requesting community.

At least one the following criteria must be satisfied:

1. The sub-project would decrease the gap between OVC and all children in their access to health services
2. The sub-project would decrease the gap between OVC and all children in terms of the percentage who are fully immunized
3. The sub-project would decrease the gap between OVC and all children in terms of their nutritional status.
4. The sub-project would decrease the gap between OVC and all children in terms of their primary school enrollment rate.
5. The sub-project would decrease the level of stigma experienced by the targeted OVC.
6. The sub-project would serve to better protect OVC and widows from unlawful property grabbing upon the death of a spouse or parent.
7. The sub-project would help to protect OVC themselves from HIV/AIDS and other STDs.

Multi-Country HIV/AIDS

Overview of Possible Interventions

Multi-country HIV/AIDS Programs (MAPs) have the potential to reach all categories of OVC and to finance a wide range of preventive and coping interventions. These programs should be mandated to earmark funds to benefit orphans (regardless of the cause of parents' death) and children affected by HIV/AIDS.

MAPs usually include three project components:

- a capacity-building component to prepare government and civil society organizations to implement a wide range of HIV/AIDS activities;
- investments to expand the public service response to HIV/AIDS in a broad range of sectors, with particular attention to strengthening health systems;
- grant financing to communities and civil society organizations for local HIV/AIDS initiatives.

Support for OVC has traditionally come out of the third grant-financing component of a MAP, but based upon the weaknesses detected by the results of the OVC Program Effort Index, capacity-building of government is critical to improving the quality and effectiveness of data gathering, action planning, legal protection, and M&E. In designing the details of the capacity building component, task managers should be sure to include activities to assist government to improve their performance in these areas.

Most of the possible interventions outlined below would either be part of public service responses to HIV/AIDS, or come out of the demand-driven process used to allocate grant resources to civil society organizations (NGOs, faith-based organizations, associations, etc.) and communities to support families and their communities to continue to provide care for and protect OVC.

Those interventions included in **burgundy** are those prioritized by The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS, a document prepared by a global network of agencies led by UNICEF and UNAIDS.

OVC Category	*Most Likely Project Design Features – MAP Projects*
All OVC	• **Support HIV/AIDS prevention programs in schools.** • **Organize youth groups that use drama and music to encourage HIV prevention and compassion for people living with AIDS.** • Invest in training new teachers to keep up with the high rate at which teachers are dying in most affected countries • Set up school feeding programs targeting the most vulnerable children. • **Offer conditional cash transfers to assist OVC to stay in school and stay up-to-date with well-child primary health care schedules.** • Develop community gardens to assist vulnerable households.
	Project Design Features by OVC Category
Street Children	• Offer street-based HIV/AIDS prevention services. • Offer shelter/nightly protection to children at particular risk. • Support family tracing and reunification efforts.
Orphans	• **Promote community-based models of care for orphans that meet minimum standards of care.** • Support residential care as a last resort for HIV infected children who are difficult to place in other care settings. • Offer free or subsidized health services (possibly including caretakers). • Develop simple protocol to diagnose psycho-social problems as part of routine health assessment, offer follow-up services and train primary care health providers in applying it. • Develop materials and train teachers to identify and provide psycho-social care to orphans. • Develop materials and train public health and social affairs officials to provide outreach services to children heads of households to enhance their ability to keep their siblings healthy (e.g., education on nutrition, hygiene, and immunizations). • **Assist de-facto orphan heads of households over 16 to improve household revenue (through job placements, inputs for agricultural and pastoral activities).** • **Direct cash or in-kind transfers to orphan heads of households, elderly care-takers, extended family care-takers, or foster families.** • Develop a network of home visitors to provide assistance to orphan-headed households, extended family care-takers, and foster families (volunteers or paid social workers). • **Assist caretakers in communities to organize groups where they share responsibility for the children allowing each other occasional periods of respite.** • Support communities to offer structured recreation, art, cultural, and sports activities that help orphans to become more socially connected. • **Make necessary changes to laws to protect inheritance rights of orphans and ensure laws are enforced.** • Supply free legal education and assistance to orphans and their caretakers.
HIV/AIDS affected children	• All of the above. • **Offer appropriate preventive and curative care to parents or guardians in order to extend their lives, thus avoiding or postponing orphanhood.** • **Ensure that HIV positive mothers have access to ARV regimes when feasible to decrease the chance that the newborn will develop AIDS.** • Modify school curriculum to cover prevention, care of the sick, de-stigmatizing, etc. • Develop guidelines and training materials for teachers to help them identify grief-related behavior among their students and offer appropriate support (including referral to existing support programs). • **Develop psycho-social support program for children living in HIV-affected households.** • **Involve older children and adolescents as "part of the solution".** • Develop training program in appropriate care for AIDS patients, including prevention of transmission. • **Ensure that HIV positive orphans are placed in a care setting where they can receive adequate medical attention.** • Ensure that HIV positive children receive preventive therapy against common

	opportunistic infections. • Develop network of home visitors to provide assistance to affected families (volunteers or paid social workers). • **Implement information and communication campaigns designed to prevent the spread of HIV/AIDS to children (eliminate misconceptions such as "sex with a virgin cures AIDS") and to fight stigma.** • Assist infected parents to prepare a memory box to help surviving children have a sense of family history. • **Assist infected parents to prepare a will and plan for their children's future, identifying who will become their guardian. When possible, siblings should be kept together.**
Children in the worst forms of child labor	• Include non-regular communities like mining sites and quarries in information campaigns and protection strategies. Many children live and work in this type of male dominated work places where normal community protection mechanisms are not in place, and sexual abuse is commonplace. • Child domestic servants are at a particularly high risk for sexual abuse and unsupervised early sexual debut, and both they and their employing households should be targeted by information and special protection initiatives.
Children living with a disability	• Ensure their inclusion in HIV/AIDS prevention activities, given their vulnerability to sexual abuse. (E.g. blind children cannot read/see information posters, deaf children cannot hear radio messaging or town criers). • In certain areas it is believed that individuals with intellectual disabilities have special (divine) powers, and they are at heightened risk for (assumingly curative) sexual approaches. In others, sexual intercourse with an individual with an intellectual disability represents challenging a taboo, also believed to be very powerful in witchcraft ceremonies. In these areas, special protective measurements should be considered for children with intellectual disabilities. • Ensure that any infrastructure built with MAP funds is accessible to disabled people.

The Strategic Framework of the Lead Agencies

In March, 2004, UNAIDS defined a strategic framework to guide work with orphans and other children made vulnerable by HIV/AIDS. The framework, which is based upon lessons learned around the world over many years, has the following five core strategies, which may be helpful to a MAP, during the design phase:

- strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support;
- mobilize and support community-based responses;
- ensure access for orphans and other vulnerable children to essential services, including education, health care, birth registration and others;
- ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities;
- raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV/AIDS.

A series of workshops in Sub-Saharan Africa concluded that five priority actions are required to operationalize this strategy:

- conduct a participatory situation analysis of OVC;
- review policies and legislation affecting OVC;
- establish coordinating mechanisms for OVC activities;
- hold annual stakeholders' meetings to review progress; and
- establish a monitoring and evaluation system.

UNICEF, USAID, and the Futures Group collaborated to develop a self-assessment tool that allows countries to determine the degree to which they are following the recommended OVC strategies. A country would earn a perfect 100% score, if its national response to OVC fulfills a given set of criteria (list of criteria attached in the web-based version of the toolkit). The OVC Programme Effort Index, as the tool is known, was applied in 36 countries in sub-Saharan Africa in 2004. The results of this test are available in a draft report entitled Guide to Monitoring and Evaluation of National Response for Children Orphaned and made Vulnerable by HIV/AIDS, 2005.

During the preparation phase, the MAP team should be sure to find out if the government has already completed the OVC self-assessment process and, if not, include it as part of the preparation process. The result of the self-assessment will help the MAP focus its investment to fill gaps in the country's OVC strategy.

The results for the 36 sub-Saharan countries that have used the tool to date suggest that:

- governments are doing quite well in coordination, consultation with stakeholders, national action planning and commitment;.
- existing plans often lack cost estimates, budgets, timelines, and guidance to all stakeholders involved;
- several countries only focus on orphans to the exclusion of other vulnerable children;
- less than half of the countries have done any research to better understand the OVC problem in their country;
- few countries have reviewed legislation affecting OVC resulting in little legal protection for OVC, and those that have enacted laws tend not to have the resources to fully enforce them.

- In the 13 countries that have enacted laws to protect orphans, most include protection from all forms of violence and abuse, all forms of exploitation, loss of inheritance, and stigma and discrimination.
- Monitoring and evaluation are generally weak, and in the minority of countries where M&E is being done, results are not applied to policy formulation and planning. Ideally, countries should establish one agency responsible solely for M&E of OVC.

During the course of project implementation, MAPs can play an important role in helping government's work toward the ideal policy framework outlined in the self-assessment tool. In addition to helping governments improve policies, MAPs have an important role to play in financing specific interventions that improve the lives of OVC. The interventions described in the sections that follow are some examples of interventions the MAPs could help finance to better serve OVC.

General Prevention Programs

Basically all HIV/AIDS programs include prevention both for the general public and for at-risk groups (e.g., sex workers, truckers). The principles for running a public information campaign apply to HIV/AIDS prevention as well: simple and clear messages (e.g., Uganda's "zero grazing"), a variety of communication channels (from radio talk shows to street theater to village focus groups), and careful testing with key audiences to get the message and the medium right. However, children are often disregarded as a possible audience, so that neither messages nor media are tested with children. In addition, only rarely is help provided to help parents relay messages to children.

When planning information, education and communication (IEC) campaigns, the design should take into consideration different age groups and not assume that children do not need to be targeted because they are too young for sex or too young to understand. Of course, IEC for children should cover not only messages on how to prevent HIV infection, but also on acceptance and support of HIV-infected people. This is particularly important as most prevention campaigns aimed at children tend to be school-based, while the majority of under 18 are out of school. (For how to target children in information campaigns, see the section on consulting with children)

Targeted Prevention Programs

Population groups considered at particularly high risk of infection tend to be targeted with more intensive prevention programs. Unfortunately, children at high risk are generally not included. A particular group that should be targeted is child domestic servants. Reaching them is difficult because they are often isolated inside the household where they work and have little control over their use of time. However, some creativity and knowledge of local working habits can suggest appropriate ways to communicate, for example with programs on the typical day/afternoon off for domestic servants or with programs aimed at employers. The handbook on research and action for child domestic workers can give some advice on how to do this.

School-based Prevention Programs

Reproductive health programs at the primary school level aim to reach students before they become sexually active. To be effective, the educational system should include prevention programs at all levels. An example of and effective school health program is the FRESH Framework (Focus Resources on Effective School Health), which is a joint venture involving the World Bank, UNESCO, WHO, UNICEF and others, currently being implemented in 20 African Countries. A more detailed discussion of the FRESH framework is included in Health section and in the Education section of this toolkit. In Uganda, a school health education program succeeded in lowering the percent of children who reported being sexually active in the final year of primary school from 43 to 11 percent.

See also: Preventing HIV/AIDS in transport sector projects.

Care for Orphans

A wide range of options exists for care of orphans. The most common types of orphan care include:

1. A statutory residential care facility, serving primarily HIV infected children.
2. A statutory adoption and foster care program, where a welfare society owns homes and appoints community mothers to care for a group of children (preferably no more than six).
3. An unregistered residential care setting, which houses HIV+ and destitute mothers with their children and offers continued care for the children when the mothers are ill or die.
4. Home-based care and support, where caregivers are identified and children are legally placed in foster care, and assistance is given through foster care grants.
5. Community-based support structures, where grandparents or other close relatives care for their orphaned grandchildren, with no government support.
6. Informal fostering or non-statutory foster care, where women in the community volunteer to care for orphans in a group home setting, with no government support

A 2001 study comparing the cost-effectiveness of these six models of orphan care in South Africa (See Desmond and Gow: The Cost-Effectiveness of Six Models of Care for Orphan and Vulnerable Children in South Africa) came to the following conclusions:

- The most cost-effective models of care are those based in the community, but often the quality of care was compromised due to the lack of adequate external support in the form of government grants to the caretakers.
- Community-based orphan care should ideally have a supervision component provided by an NGO or another more formal entity, to ensure that the caregiver receives some support and that children are protected against abuse and exploitation.
- Even when government grants exist, it is often too difficult for caretakers to access the support. This was especially true in rural areas. Therefore, government grant programs for foster families need to be relatively simple to access, while trying to minimize cases of fraud.
- Although it very high cost, statutory residential care for HIV infected orphans is necessary as a last resort, given the difficulty of placing these children in other care settings where they would be unlikely to have access to the medical attention they require.

A 2004 World Bank study (Subbarao and Coury: Reaching Out to Africa's Orphans: A Framework for Public Action) concluded that each arrangement has its pros and cons, but "whenever possible, orphaned siblings should remain together and with their kin and in their community of origin. When relatives are not available, placement in families willing to adopt or foster a child is the most appropriate solution. Institutions should always be considered a last resort, and small-scale foster homes should be favored over residential placements such as orphanages." (Subbarao and Coury *p*g. 39.). This study found that while 95 percent of orphans are currently taken care of by extended family and communities, many of these families and communities are over-extended and unable to ensure an appropriate quality of care. They present a methodology for determining whether a household is able to cope (Subbarao and Coury pg. 37-38.). For this reason, some form of foster care grant system is desirable if financial feasible.
For information on home visitor programs, please refer to the health section.

Box 1: The FOCUS Program in Zimbabwe

An example of an orphan care program built almost entirely upon community volunteers is the FOCUS (Families, Orphans and Children under Stress) program, inspired in 1993 by FACT (Family AIDS Caring Trust), Zimbabwe's oldest AIDS service organization, and piloted by a Pentecostal congregation. FACT organized FOCUS in rural Mutare in the Eastern Highlands of Zimbabwe, when its home health care workers noticed that many of the children of sick parents were being left orphaned and un-cared for. FOCUS assists communities to care for these children in the following ways:

- identifying orphaned children in the community;
- assessing and prioritizing children in greatest need;
- visiting the most needy at least twice a month;
- establishing partnership and cooperation with other community groups, leaders, and organizations;
- maximizing community response, involvement and ownership of the project, thereby reducing dependence on FACT;
- increasing sustainability by limiting provision of material support, and encouraging maximizing community resources, where possible.

FOCUS started with 25 women volunteers in 18 villages. A 1999 evaluation of FOCUS found that it had grown to include 178 volunteers, 97 percent female, serving 6,500 orphans and close to 3,000 households at an annual cost per family of $10. Close to 1,000 children were able to attend primary school because the FOCUS program paid their school fees. The FOCUS model has proven to be low-cost, requiring a minimum of external support, effective in reaching even the poorest orphan households, and replicable. By 2003, the model had been replicated four times. (For more information on the FOCUS project and many other relevant projects, see page 22–24 in Family and Community Interventions for Children Affected by AIDS by Richter, Manegold & Pather.)

How could a MAP support community-based care options?

A MAP could finance a formal, government-financed foster care program, whereby subsidies would be provided to households providing foster care. Like the conditional cash transfer program described below, these foster care subsidies could be tied to the child's attendance at school. The desired level of transfer – whether in kind or cash — will have to be set in a way that prevents opportunistic behavior (families taking in orphans just to get the grant) and makes sustainability possible. The design of the program would need to include a supervision component to ensure that the children placed receive at least a minimum standard of care and are not abused or exploited. If trained social workers from the Social Affairs Ministry are present at the local level, they can perform the supervision function. However, this is unlikely to be the case in most Sub-Saharan African countries, and the function may have to be sub-contracted to NGOs. If the subsidies are tied to school attendance, monitoring and supervision should also involve school authorities.

If government is unable or unwilling to commit to a formal foster care support system, a MAP could establish a competitive grant fund targeting NGOs and faith-based organizations who are helping to establish low-cost, community-based care options that provide at least a minimal standard of care to orphans. These intermediary organizations would play the role of helping to stimulate the creation of community-based group foster homes, provide on-going training, support and supervision to caretakers as a means of ensuring an acceptable level of quality.

Two projects currently financed by the World Bank can serve as examples of ways in which MAPs can offer a multi-sectoral package of services that supports family and community-based responses to orphan care:

Box 2: The Ghana Queen Mothers' Orphan Care Pilot Project

The Ghana Queen Mother's Orphan Care Pilot Project builds on a traditional approach to orphan care, which it seeks to expand to two new districts, covering an additional 1,000 orphans. The Queen Mothers and male Chiefs or Kings are the traditional leaders in much of central and southern Ghana. In this culture, the Queen Mothers are responsible for the well being of children in their community when parents die or become too ill to care for their children. Acting on this tradition, the Queen Mothers have organized in the Manya Krobo district and have absorbed up to 6 orphans into each of their homes. The Queen Mothers Association of the Manya Krobo district now supports nearly 600 orphans in the district and is expanding its support to a further 400 orphans in the neighboring Hiro Krobo district. With support from the HIV-AIDS project, the Queen Mothers Association pays for the orphans basic education, medical care, and feeding, clothing and miscellaneous expenses. The total cost of the pilot is just over $77,000 or $386 per child. Based on experience so far, this model of care holds promise for replication across a large part of Ghana.

Box 3: The Orphans Integration and Education Component of the Burundi MAP

The Orphan's Integration and Education Component of the Burundi MAP seeks to provide social protection to highly vulnerable groups of orphans by strengthening traditional family and community systems for protecting and absorbing orphans. Specifically, the component makes investments to improve the basic education, social integration, and nutrition of the most vulnerable groups of orphans toward the levels of other children in the community. The following criteria have been established to target assistance to highly vulnerable orphans:

1. orphans that have lost both parents and do not receive support from an adult, including orphans in orphan-headed households;
2. children who live in refugee or displaced persons camps and in other places where they are separated from their father or mother;
3. orphans that have lost one parent and whose surviving parent is unable to provide any assistance;
4. orphans that have lost both parents and live with very poor families.

A contractor, usually an NGO or church, is responsible for meeting with the community to identify the children that meet these selection criteria. The contractor verifies the recommended list before it is finalized.
The project finances the following package of services:

- Tracing of extended family members.
- Placement of priority groups of orphans into families, when possible, with members of the extended family.
- Support for families that absorb orphans through revenue generating activities and activities that improve their food security.
- Primary education fees, uniforms, books, and school supplies for the most vulnerable groups of primary school-aged orphans. These school subsidies are passed through an intermediary that is responsible for verifying school attendance by the beneficiaries before paying the school.
- Training for informal market jobs for adolescent orphans, particularly in orphan-headed households. This component also helps organize vocational training graduates into productive cooperatives.

Psycho-Social Support for Orphans

Children who have watched their parents die may show some symptoms of post-traumatic stress. These include withdrawal, a sense of guilt, depression, aggression, and eating, sleeping and learning disturbances. Some children do better than others in withstanding these shocks. Children who have a stable, affectionate relationship with an alternative caregiver seem to do better than those who don't. Often caretakers and teachers fail to detect the symptoms of psychological distress, either ignoring or punishing the child in response to the behavior changes they see. In addition, children whose parents have died of AIDS may confront secondary stress factors such as rejection by friends, neighbors, and teachers because of the stigma of AIDS. According to Save the Children, "the long-term threat to child development lies in the accumulation and interaction of distressing experiences and chronic secondary stress factors."

Save the Children argues that the best way to promote the psychosocial well-being of traumatized children are sympathetic caregivers, preferably from a member of the extended family; safety and security; familiar routines and tasks – regular school-attendance, for one – and interaction with other children in play and sports. Those children whose symptoms persist may benefit from a home visit from a community worker with whom they can discuss their troubles. Support groups for children is another approach that can be used. Individualized western trauma therapy in a residential treatment center would be inappropriate, possibly causing further harm, and a poor use of limited resources. As a general rule, activities that help to integrate the traumatized child into his extended family and the community are preferable to those that segregate him/her.

While teachers would seem to be ideally positioned to provide psychosocial counseling to OVC, a joint UNICEF-World Bank training module points out that there are a number of challenges to getting teachers more involved in this type of activity. If counseling is to be incorporated as an integral part of a teacher's duty, there will be a need to review their workload. Some school teachers may have to devote most of their time to counseling related to psychosocial trauma and how to stay in school, but there is usually no additional budget for paying assistants who can then provide regular teaching. Nor is there additional income for teachers who take up counseling and this makes it difficult to recruit interest. For these reasons, the document recommends to explore possibilities of other community figures who could perform this role, such as community leaders and semi-professional teachers trained in life skills and communication." (See Bundy et al. Education and HIV/AIDS: Ensuring Education Access for Orphans and Vulnerable Children – A Training Module. UNICEF-World Bank. Mombassa. November, 2002)

The Regional Psychosocial Support Initiative (REPSSI) program in Zimbabwe (See the REPSSI Psycho Social Support Portal) identifies the following factors as key to successful psychosocial support interventions: community ownership, engaging children and young people in planning and implementation, tailoring activities to local cultural practices and beliefs and to different age groups, since children at different ages respond to trauma and loss differently.

How can a MAP best promote the psycho-social well-being of children?

By making grant support available to local organizations (CBOs, NGOs, and FBOs) to:

For prevention

- Support community initiatives that can assist sick parents to prepare memory books or boxes that will help their children remember them and have a clearer sense of identity. (More on how to help parents talk to their children about death and dying can be found in the UNAIDS study Investing in our Future, Psycho Social Support for Children Affected by HIV/AIDS from Tanzania and Zimbabwe, pg 48.)
- Encourage sick parents to prepare wills to ensure that their assets are passed on to the remaining parent and/or the children.
- Encourage sick parents to organize a viable care taking arrangement for their children, preferably with a member of the extended family living in the same community.

For assistance

- Promote and monitor community-based foster care options.
- Organize recreational activities for all OVC in the community.
- Organize community-based networks of home visitors to monitor the psychosocial well-being of orphans and their caretakers and offer them moral support and problem-solving help.
- Implement local communication campaigns to ensure the orphans' rights are respected and that they are not victims of stigmatization.

At the national level, a MAP can:

- Advocate for conditional cash transfers to ensure that orphans stay enrolled in school after their parent becomes ill or dies. Conditional transfers can also be used to support basic health care and immunization for orphans.
- Advocate for laws to protect the inheritance rights of widows and orphans, increasing the chance they can keep their family home and other belongings after the death of a spouse or parent.
- Develop a training curriculum for teachers to prepare them to offer psychosocial support in a school setting to orphaned children or children whose parents are dying.

For more information on addressing psychosocial distress and trauma, please refer to the health section.

You can also consult the International HIV/AIDS Alliance and FHI OVC Support Toolkit on Children living with HIV/AIDS, see section on psycho-social support. You may also want to check out the sections on;

Awareness and Life Skills , Working with Volunteers , Succession Planning , Carers , Older Carers , Child-headed Households , Alternatives to Community Care in Extended Families , Resiliency , Responses.

Post-Conflict Projects

Overview of Possible Intervention

Some conflict-related projects supported by the World Bank were financed during a conflict, while the majority was financed during a post-conflict phase. Most commonly, these projects include demobilization and reintegration, macroeconomic stabilization, and community infrastructure reconstruction. The demobilization and reintegration projects are often one of the first two priorities and are designed to assist ex-combatants as they return to civilian life. Included among the beneficiaries of these projects are children who have been associated with armed conflict, and the demobilization of these children will be given special attention in part three of this section. The next priority are often projects designed to rebuild the community infrastructure so that returning community residents have a place to live, have access to health and educational services, and water and other basic necessities. Also these projects offer many opportunities to have a positive impact on OVC. In addition to these main project types, the Bank post-conflict portfolio includes numerous sector-specific projects, a few projects designed to create employment through large-scale public works rehabilitation and a handful of projects targeting HIV/AIDS, all of which have the potential to benefit OVC.

Below is an overview of some interventions that can be used to address the needs of OVC in a pre- or post-conflict situation.

OVC Category	Intervention types during conflict *(coping and prevention)*	Intervention types post conflict *(coping and rehabilitation)*
All OVC (Click here for a brief overview of the effects of conflict on OVC)	• Encourage efforts to keep schools running during conflict • Design tailored interventions to keep (vulnerable) children in school in order to reduce vulnerability (targeted school feeding programs, abolish fees, waivers, conditional transfers – see education section) • Target households with OVC to receive livelihood enhancing benefits, such as small livestock • Establish temporary crisis shelters to protect unaccompanied children from recruitment and other abuse/exploitation/injury, while developing more permanent household arrangements for them.	• Establish targeted conditional transfer arrangements to enable households to take in OVC • Give priority to restoring the school system • Provide incentives for enrollment of OVC (transitional catch-up classes, school feeding programs, abolish fees, waivers, conditional transfers – see education section) • Develop reintegration programs for the most critically traumatized (see part three of this section)
	• Consult with groups of children including OVC in participatory needs assessment process of post-conflict reconstruction projects. • Set up psycho-social services to help children deal with conflict-related trauma, school-based or community-based.	
Project Design Features by OVC Category		
Street Children (Click here for a brief overview of the effects of conflict on street children)	• Shelter and protect street children at risk for recruitment into armed groups, prostitution or who are exposed to violence, abuse and exploitation • Introduce efforts to enroll street children in school to reduce exposure	• Assist street children, who were at one time associated with armed groups, to obtain formal demobilization papers and access benefits due to them through the DDR* process.
	• Provide family tracing services to help (in particular newly recruited) street children to return to their (extended) families as quickly as possible • Provide psychosocial services and trauma canceling.	

Orphans (Click here for a brief overview of the effects of conflict on orphans)	• Support and stimulate community driven efforts for early identification and inclusion of newly orphaned (or socially orphaned) children • Target orphaned children with special support in any refugee project, or projects for returnees.	• Intensify family reunification efforts • When impossible, establish groups homes in the community (for an example, see the Eritrea war orphan project)
	• Provide family tracing services to help children find a member of the extended family willing to take them in • If not possible, try to identify foster families, ideally, in their own community, and stimulate these with various transfer arrangements • Target orphans in any conditional transfer or waiver scheme to make sure they are enrolled/stay in school and, if they are pre- schoolers, they receive proper medical care.	
HIV/AIDS affected children (Click here for a brief overview of the effects of conflict on children affected by HIV/AIDS)	• Establish preventive efforts to reduce child prostitution (and of mothers of young children) during conflict • Support awareness campaigns about how HIV/AIDS spreads targeting OVC and mothers in particular • Establish protective arrangement for children at special risk for prostitution and sexual abuse/violence by soldiers (orphans, social orphans, street children, refugee children)	• Target children in HIV/AIDS affected households in any conditional transfer/waiver scheme to make sure they are enrolled in school and, if they are pre-schoolers, they receive proper medical care.
	• Provide school-based or community based psychosocial counseling services for children who have been sexually abused by members of an armed group or other war profiteers during conflict • Support campaigns to de-stigmatize children infected with HIV/AIDS and children who have been sexually abused in general.	
Children in the worst forms of child labor (Click here for a brief overview of the effects of conflict on children in the worst forms of child labor)	• To the extent possible, keep the school system running and the most vulnerable children in school • Introduce efforts to protect the most exposed of OVC (like unaccompanied children) from recruitment into the worst forms of child labor as prostitution, soldiering, trafficking, and smuggling	• Promote a campaign aimed at both children and their parents to encourage return to school rather than work, targeting especially lucrative illegal activities (drug trafficking, prostitution). • Invest in rebuilding schools and training teachers so that the educational system is ready to absorb children who want to return to school.
	• Promote family tracing so that children can become reunited with their families and be less at risk of engaging in the worst forms of child labor. • Provide family and community mediation and counseling services for children who are/were involved in the worst forms of child labor like prostitution, soldiering, trafficking, and smuggling.	

Child Soldiers and other children associated with armed groups (Click here for a brief overview of the effects of conflict on children associated with armed groups)	• Set up child protection networks • Prevent family separation and reunify separated children with their families • Provide economic alternatives to joining fighting forces • Provide children with educational alternatives • Provide children with birth certificates and ID • Advocate with government or other relevant authorities to improve child protection • Target conditional transfers to households with OVC so that they send their children to school. (For more detail on these preventive efforts see part three of this section)	• Make sure that any DDR* programs have special components to address the needs of children • Provide brokering services to children who have committed atrocities • Encourage school-aged child soldiers to return to school as soon as possible. Offer educational catch-up programs to help them make the transition back to school. • Assist older returning child soldiers to gain the skills and start-up capital required to become self-employed • Offer informal educational alternatives for older child soldiers to ensure literacy and numeracy, and consider involving them in public works as an aid to help transition back into society (See example from the road sector in Sierra Leone) (For more detail on demobilization and reintegration efforts see part three of this section)
	• Provide family-tracing services to assist children associated with armed groups to become reunited with their families as soon as possible.	
Children living with a disability (Click here for a brief overview of the effects of conflict on children living with a disability)	• Support efforts to prevent that children with disabilities are left behind when families evacuate conflict zones • Targeting of children with disabilities in transfer/waiver programs to prevent them from being exclude from health services and education as family resources get scarce • Protect children with disability from sexual abuse and prostitution • Protect children from accessing risk areas (mines, frequent combat and violence areas) • To the extent possible, maintain health, nutrition an immunization programs to prevent outbreaks of disabling illnesses as trachoma, Vitamin A deficiency and polio.	• All reconstructed community infrastructure should use accessible designs. • Finance low-cost solutions to lower physical barriers to schools (e.g., avoid steps) • Support campaigns to de-stigmatize people/children with disabilities • Train teachers to be supportive of disabled children in their classroom • Finance peer-support programs where “successful” children with disabilities inform communities and coach children with new disabilities
	• Promote mine awareness campaigns targeting children to prevent accidents • Encourage disabled children to return to school • Support the development of regional or national centers that specialize in manufacturing and fitting artificial limbs for children and training them how to use them. Given that children grow, these centers would need offer regular check ups to each child, refitting larger limbs as the child grows. This would require the continual manufacture of new limbs and, if feasible, the creation of a revolving store of prostheses.	

*DDR programs: Disarmament Demobilization and Rehabilitation Programs

The effect of conflict on OVC

Consequences of conflict to be addressed by OVC interventions

Conflict has a negative impact on all children. It creates many more OVC and, and children who are already vulnerable become even more so. Below is an overview of the common consequences of conflict on different groups of vulnerable children. These are the consequences that will need to be addressed by post-conflict projects. (For a particular taxonomy of the mental health issues related to conflict and OVC see the attached table (for a link, see the web-based version of the toolkit) adopted from the document: Integrating Mental Health and Psychosocial Interventions into World Bank Lending for Conflict Affected Populations; A Toolkit. Also, for more information on addressing psychosocial distress and trauma, please refer to the health section.)

All OVC: Conflict has a disproportionally devastating impact on OVC. It often deprives them of adequate shelter as well as a safe, secure environment in which to live. It decreases their access to primary health care and basic education, as social infrastructure are destroyed or abandoned. It exposes them to epidemics in the often unsanitary and crowded conditions of camps for internally displaced people or refugees. It makes them vulnerable to traumas, such as separation from or the loss of their parents, siblings, and friends. It makes them vulnerable to recruitment into the armed forces, rape, injury, and death.

Street Children: Conflicts create more street children as children migrate to the cities in search of protection, help and opportunities, either because they have become orphaned or separated from their parents, or because insecurity, economic collapse, isolation or direct fighting afflict their home communities and prompt their migration to urban areas. Although street children are generally perceived as poor and undisciplined recruits (compared to the more docile children recruited from the countryside), some street children have been (forcibly) recruited into the armed forces. Yet others are severely exploited in the chaos that normally follows crisis and war. The lack of appropriate child care and child rearing, as well as exposure to violence and drugs make it a major challenge to rehabilitate former street children.

Orphans: Conflicts create more orphans, as parents die in combat, war acts against civilians or as a result of poor nutrition, lack of access to health care, land mines, etc. Conflict also produces social orphans; children who become separated from their parents by refuge and chaos, and who may not even know if their relatives and caretakers are alive. Children who are already orphans at the outbreak of conflict and who lack a stable and secure family situation are again at increased risk of being recruited as child soldiers. Conflict also puts a strain on the absorption capacity of the extended family as both resources get shorter and dependency burden higher. Finding living arrangements for orphans thus becomes an increased challenge. (For a project example, see the PAD for Eritrea's War Orphan Project)

HIV/AIDS affected children: Armed groups often spread the HIV/AIDS virus as they move from one region to another engaging in unprotected sex and in some cases rape. Prostitution also flourishes when armed men are around, often attracting under-age girls and the single mothers of (vulnerable) young. Soldiers globally have a 2-5 times higher incidence of STDs than civilians. Almost all the girls who had escaped the Lord Resistance Army in Northern Uganda were found to be suffering from STDs – including HIV/AIDS. It is often unrecognized that young boys also experience sexual abuse during conflict situations; therefore it is important to assess their HIV status as well.

Harmful Child Labor: During a conflict situation, school and education systems often collapse, locally and, in some cases, nationally. This produces a sudden surge in the number of children available in the labor market. Concurrently, the demand for child labor often also increases as adult males are in shorter supply. Farming is often affected by conflict, either because it becomes too dangerous, or because necessary supplies and markets are cut off from the production areas. This creates new income needs for already war-impoverished families, something that may result in children being sent early into the commercial labor market. The risk of exploitation increases, both due to generally reduced parental protection and the often increased distance to such labor markets. In addition, children are recruited into the armed forces to fight or to work as porters, cooks, and prostitutes. In a post-conflict situation, there is a risk that children, who have been out of school for several years, may not return, either because there are not enough schools and/or teachers left, or because their family cannot afford to pay school fees and needs their children to work to support the household.

Child soldiers and other children associated with armed groups: Conflicts are often caused by an up-swell of popular frustration. The conflict itself then causes even more popular frustration as people's lives and communities are disrupted by violence. Increased poverty, violence and a feeling of powerlessness lead many children to join armed forces (see for instance "Young Soldiers - Why They Choose to Fight"), and yet others are forcefully recruited. Life with the armed forces impacts on children both mentally and physically, and life skills learned during conflict are generally inadequate for making a living in a peaceful community. Injuries and illnesses of children who have been with armed forces must be urgently addressed, the latter not least to prevent a further spread of STDs. Part three of this section, "Demobilizing and reintegrating children associated with armed forces" further explains related issues and needs.

Children living with a disability: Disabled children suffer disproportinally during conflict. They are in many places the first to be neglected in times of scarcity, and they are at times abandoned together with elderly and other less mobile community members when families are fleeing a conflict area. Conflict also creates more disabled children, especially in countries where the conflict involves deliberate maiming and the use of landmines. Even in cases where mines are not involved, the conflict disrupts routine activities such as health care and immunizations and can result in an upsurge in disabling diseases such as polio, trachoma and other preventable diseases. Conflict sometimes leads to malnutrition and even famine when communities are isolated, farming abandoned or people are forced to flee into resource poor areas. This can result in both cognitive and physical stunting as well as nutritional deficiency related disabilities such as blindness. Children required to carry heavy loads for the armed forces may also suffer from injuries or deformations to their bones that result in later disabilities.

Intervention for Children Associated with Armed Groups

The recommendations provided in this section are drawn principally from two documents published by Save the Children UK: *Going Home: Demobilizing and reintegrating child soldiers in the Democratic Republic of Congo,* 2003 and McConnan, Isobel and Sarah Uppard, *Children Not Soldiers, Guidelines for working with child soldiers and children associated with fighting forces,* 2001.

1. How Can the Recruitment of Child Soldiers be Prevented?

Preventing children from becoming child soldiers is the most cost effective – and, by far, the most humane approach to dealing with children in a conflict situation. Since rehabilitating and socially reinserting children who have suffered such extreme exposure is both expensive and difficult, the preventive approach deserves much more attention than it currently gets.

- **Set up child protection networks –** Save the Children UK has experimented with Child Protection Networks in the Democratic Republic of Congo involving a wide range of local partners. These networks attempt to prevent recruitment by negotiating with local armed groups and facilitating family tracing of separated children who are very vulnerable to recruitment. In Sri Lanka, Save the Children UK has helped organize 315 village committees and 15 divisional committees to raise awareness about children's rights. Children make up 40 percent of the members of these committees. (See also Guidance on how to establish and maintain child protection networks , and page 19 - 22 of Going Home: Demobilizing and reintegrating child soldiers in the Democratic Republic of Congo)
- **Prevent family separations and reunify separated children with their families –** Separated children are highly vulnerable to recruitment into the military forces. During conflict such separations are very common. For this reason, it is essential that family tracing programs are financed early on. Successful programs require very close coordination among a network of NGOs, government and UN agencies. These programs tend to be quite costly and are better entrusted to specialized agencies such as ICRC, UNICEF and Save the Children.
- **Provide economic alternatives to joining fighting forces** – When fighting forces pay children to join their ranks, some poor families see this as the best option for their household economy, and some children perceive signing up for a fighting force as an attractive alternative to powerlessness and destitution in the conflict ridden countryside. Therefore, well-targeted Bank programs that seek to tackle the root causes of poverty and give poor households economic alternatives can indirectly help prevent some children from enlisting in the armed forces.
- **Provide children with educational alternatives** – Children who are not enrolled in school are at a higher risk of recruitment. Schools can also educate children about their rights and about the risks of joining a fighting force. At the same time, schools may also be targets for military recruiters.
- **Provide children with birth certificates and ID** – A birth certificate can allow children to prove that they are not yet 18 and therefore not legally eligible to join a fighting force. For children who have already spent time with a fighting force, receipt of an official demobilization document is essential to prevent re-recruitment.
- **Advocate with government or other relevant authorities to improve child protection** – At the same time they support practical initiatives at the local level, agencies should lobby at the national and international levels to fulfill their responsibility to protect children.

(For more on prevention see Recruitment Prevention, Demobilization Procedures & Reintegration)

2. What Is Involved in Demobilizing Children associated with armed groups?

Demobilization involves the disarmament and registration of former combatants, the receipt of formal discharge papers, some form of assistance to transition back into civilian life, and transportation back to their community of choice. For children the process involves verifying their participation in the fighting force, establishing their identity for the purposes of family tracing, assessing their needs, and preparing them for return to their family and community. Since most children in fighting forces are engaged in support roles, not combat, they should not be required to carry a weapon in order to demobilize. Child advocates recommend that children who have been associated with armed groups be immediately moved to a separate location far from the adult soldiers, in order to distance them from their influence. Like their adult counterparts, children should receive formal demobilization papers, which symbolize their break with the past and are also the ticket to receiving transitional reintegration support. Any reintegration benefits package should be equitable for both children and adults. The special needs and vulnerabilities of girls affiliated with armed groups, including those sexually exploited by the combatants, need to be considered in the design of Disarmament Demobilization and Rehabilitation (DDR) programs.

Because the use of child soldiers is considered a war crime, some commanders discourage their young recruits from participating in the disarmament and demobilization process. Girls are least likely to benefit from the DDR process, as they seldom have fighting roles and are easier to "forget" (see "From Combat to Community: Women and Girls of Sierra Leone" and "Child soldiers: What about the girls?"). Therefore, agencies responsible for demobilization may need special outreach strategies to give child soldiers an opportunity to demobilize formally. Networks and coalitions of parents have proven to be effective in negotiating with commanders to release children in armed conflict.

To ensure that the interests of children are met in the DDR process, the World Bank and its counterparts in government should make clear early on in the peace process a commitment to:

- include children in the DDR process and therefore to release and reintegrate boys and girls;
- stop cross-border recruitment of children and demobilize children from other countries engaged in the conflict;
- not prosecute children simply for their participation in fighting forces and to provide appropriate juvenile justice systems for children accused of committing war crimes;
- actively include child protection agencies and their government counterparts in the demobilization and reintegration of children, clearly defining roles and responsibilities for each of these partners;
- support key areas such as education, child protection and juvenile justice;
- provide adequate funding to support the reintegration of children into their communities over the long term.

Agencies expected to care for demobilized child soldiers need to make the necessary preparations for receiving them. These include:

- setting up a coordination system;
- agreeing on roles (documentation, family tracing, interim care, support to reintegration, etc) amongst national and international agencies;
- agreeing on policies on the care and protection of children;
- recruiting and training staff;
- providing temporary accommodation and interim care until family reunification is possible;
- pre-positioning food and relief items for children;
- liaising with families and communities to prepare the way for their return.

Tips to Design Transit Centers

During the period of time between the demobilization of children and their reintegration into their communities, children generally must spend some time in transit centers. The objective of the transit centers should be to facilitate the child's return to family and community. Below is a summary of Save the Children UK guidelines on how best to design transit centers for children:

Services

- Socio-economic activities, including vocational training, should be oriented to the community level rather than a featured activity of the transit centers. It is important, however, that vocational skills training is adapted to local demand structures, so the children are not educated to become unemployed or to join an already overcrowded professional market where the marginal return is already slim. Alternatively, the child's parents can be given tools so that s/he can assist them with agriculture or other productive activities that are feasible at the community level.
- Transit centers should provide living conditions (bedding and meals for example) that are similar to those in the children's home communities.
- No minimum stay – demobilized children should not be required to stay in transit centers for a specific period of time. Resources need to be invested in developing alternatives, such as foster care, for younger children who cannot be family reunified in the short-term.
- Transit centers should provide primary health capacity and make arrangements with local clinics or hospitals for other health care needs.
- In addition to basic needs, the transit centers should include social, cultural, recreational and educational activities. Themes should emphasize conflict management, peace education, and life skills. Literacy and catch-up education activities will need to be adapted to an informal schedule and the levels of the children.

Partners

- Local analysis in choosing partners for transit centers should include local authorities (in particular, the Ministry of Social Affairs) and local NGOs. Key questions to consider include:
    - Are there enough local partners to organize several smaller transit centers or is it more realistic to contract one organization to manage one large transit center?
    - How can the work of the transit centers be integrated with reintegration and longer-term work with all categories of vulnerable children?
- Clear, working level co-ordination mechanisms are needed at the provincial level between operational actors. Collaboration is especially vital between various actors and the ICRC and family tracing network. Expansions to family tracing networks should be based on the geographic role of community organizations.

Staffing

- Staff selection for transit centers should emphasize experience and capacity in working with older children. Specific training should be provided before a center opens.
- Staffing arrangements should aim for a 1:10 ratio between staff and children and should strive to build a consistent relationship between staff members and children.
- Stand-by staff and partnerships with local organizations to provide certain activities should also be prepared as part of staff arrangements and training.
- Preparation of the centers should include discussion with the community about the work of the center and how activities and interaction between the center and community contributes to the social reintegration of the children.

Reintegrating Child Soldiers: a community approach

In a post-conflict situation, child soldiers are not the only victims. Often communities throughout large parts of the country have been destroyed by years of violence. Community residents have either passed the war as internally displaced people, as refugees in a neighboring country, or staying in the community throughout the conflict. Community infrastructure has either been destroyed by violence or by years without maintenance. Returning families are often faced with the challenge of rebuilding their lives from scratch – rebuilding their homes, clearing their agricultural land, and acquiring basic cooking utensils and agricultural tools. In this context, returning child soldiers are not considered the most vulnerable members of the community and their reintegration should be pursued with a community-based approach, rather than individually tailored measures.
The key elements of a community approach to reintegration are:

- family reunification or other appropriate extended or foster family arrangement;
- social support, notably the role of community members in advising, mediating, and facilitating reintegration;
- opportunities to participate in civilian life, including:
- education through formal schooling (catch-up and preparatory courses may have been offered in transition center to facilitate this) or, more likely, informal literacy or accelerated learning opportunities
- economic or livelihood oriented activities adapted to the level of a child and his family.
- Vocational training should be considered with caution. Often, the realities of the market place are not taken into consideration in the design of such projects. Besides, such initiatives require a relatively high cost per child.
- Child soldier reintegration activities should be linked to community-driven development projects designed to benefit entire communities, rather than as a sub-component of DDR projects. If a child soldier reintegration project is the only aid program in a war-torn community, it is likely to lead to jealousy and serve to marginalize the young people it seeks to reintegrate.
- Activities for demobilized children should be integrated with activities for all vulnerable children, e.g., households with OVC could be targeted to receive some special benefits such as school fee waivers or participation in a revolving small livestock scheme.
- At a minimum, three-month follow-up visits with demobilized children and their families and communities are essential. This can be done effectively through the community child protection networks described above.

Early Child Development (ECD)

Background and overview of possible interventions

Fifteen percent of the orphans in SSA are under 4 years old, and 35 percent are between 5 and 9. Young orphans thus represent almost 22 million children, and are only some of the critically vulnerable young children on the continent – those most at risk for a negative outcome as a result of shocks. They all require particular attention and also special interventions. Many initiatives for OVC are school-based, but because the youngest children are preschool age, schools cannot be used as vehicles for interventions as they are for older OVC.

The youngest OVC are most often found within some sort of household environment, as they are generally incapable of surviving elsewhere (e.g., in the streets, in hazardous types of child labor, and relatively useless for armed groups). Besides, there seems to be a higher threshold for abandoning younger children, and a lower threshold for taking in the youngest who are orphaned or abandoned.

An important group of the youngest OVC is found among orphans although not all young orphans are critically vulnerable. Vulnerable young orphans are found in:

- households headed by elderly caretakers or children,
- households where the remaining parent or caretaker is ill, living with a disability or traumatized,
- households where the child is “unwanted” (e.g., by a step-parent) and therefore neglected, abused or exploited,
- streets, institutions and extreme work places (but this last group is relatively small for this young age group).

Other young OVC still live with parents or relatives who are:

- widowed or divorced,
- disabled or sick,
- traumatized or in other ways affected by war, conflict and other shocks, or
- dysfunctional due to social conditions like alcohol and drug abuse unable to properly care for their special needs, as in the case of children living with severe illness, trauma or disability.

Overview of possible interventions

OVC Category	Intervention type
All young OVC	• Campaigns to fight stigma, in the community, in schools, to traditional and religious leaders and through the media • health and nutritional support • Conditional transfers to improve access to ECD programs and health services • Psycho social support/Counseling • Cognitive stimuli • Support and training of caretakers
	Project Design Features by OVC Category
Young orphans	• When orphanhood is predictable, support memory book/memory box initiatives • Support the identification of other family caretakers or community-based foster care arrangements in advance of the death of parent, if possible. • If the above proves impossible, support development to of community based group homes (but beware that this much more expensive) • Consider conditional transfer programs related to health and nutritional check-ups • Support and train caregivers (in particular older relatives and children head-of-household) • Set up monitoring/ home visit program
Young children affected by HIV/AIDS	• Prolong the life of seropositive caretakers of young children, offering anti-retrovirals and other primary health care services • Prevent mother-to-child transmission • Promote the inclusion of seropositive children in regular ECD activities and services • Consider waivers or conditional transfer programs related to health and nutritional check-ups • In communities heavily affected by HIV/AIDS, support community based daycare services
Young children affected by armed conflict	• Include atypical communities, like displacement and refugee camps, in regular ECD activities • Protect and shelter unaccompanied young children in crisis areas • Strengthen psychosocial and conflict prevention aspects of ECD programs • Support therapeutic components/interventions like drawing and role play • Support counseling for primary caretakers living with injury and trauma • If many war orphans, support family reunification initiatives, identification of family care takers and community foster care arrangements • When the above is not possible, consider supporting the development of community group homes (but beware that this much more expensive)
Young children living with a disability	• Support efforts to actively include children living with a disability in ECD activities • Combat stigma at the community level • Combat stigma among other children • Support and train caretakers with young children living with disabilities • Include children living with disabilities among the prioritized beneficiaries in any targeted conditional transfer program (school, health)

For general information on Africa ECD portfolio characteristics and country examples of these characteristics, see this comprehensive list from the Directory of Africa ECD interventions.

Young OVC in regular communities; orphans, disabilities, others.

Assisting young OVC in "regular" communities: Orphans, children *on* the street, children living with disabilities and children affected by HIV/AIDS

OVC living in communities where the concentration of OVC is low can in some ways be privileged compared to those living in communities with a high concentration of OVC. For instance, the extended family systems may not yet be overstretched, and the chance to find a good foster family may therefore be better. There are also cases where stigma is much weaker vis-à-vis single cases of OVC, whereas in communities with many OVC they can easily be stigmatized and persecuted as a group with certain characteristics (e.g. street children).

But the opposite can also be the case. OVC in communities with a low concentration of OVC may face stigma based on ignorance and be seen as "more different" than they would be in a community with large-scale problems (e.g., deaf children are perceived as less intelligent in many communities with no experience with successful deaf people). Conversely, in areas with high density of certain OVC sub-groups there is a higher likelihood of finding or attracting specialized interventions tailored to the needs of a particular group (e.g., in post conflict situations there may be a broader base for promoting psychosocial projects), and a better potential for forming interest groups built around special needs (e.g., AIDS-networks).

ECD has a potential of reducing the gap between OVC and non-OVC by providing OVC with some of the benefits to which non-OVC have easier access. Unfortunately, fee-based ECD programs in many African countries have done just the opposite: they reflect the inequalities between children, or even contribute to widening the gap (see Helen Penn for CHIP with examples from Swaziland).

The harmful long-term effects of the discrimination and neglect often suffered by young OVC can be partly counteracted by contributing to promote their systematic inclusion. Regular ECD projects targeting poor children or poor communities more in general are a good start.

Examples. In Mali (Quality Basic Education Project), the World Bank supports an ECD component in a basic education project. As part of this component, the project commissioned a major study on the impact of HIV/AIDS on pre-school aged children under 6 affected by the disease. Such baseline studies inform the design of more inclusive strategies. The Eritrea Integrated ECD Project targets 560,000 children under 6 and 32,000 war orphans (more on these projects and other World Bank ECD initiatives can be found in the Directory of ECD Projects in Africa).

An ECD project targeting poor children or poor communities should:

(a) promote inclusion by:

- making non-discrimination an explicit objective,
- informing targeted households that all children are welcome in the project, in particular OVC,
- conducting participatory consultations that help bring issues related to the potential and equal value of OVC into the discussion;

(b) ensure equal participation by:

- leading a campaign to promote equal rights for OVC among community residents and OVC peers,
- adapting project design to OVC special needs (e.g., accessibility),
- training staff to combat prejudice and consistently promote equal participation of OVC in ECD project activities,
- adjusting the ECD curriculum and activities to facilitate equal participation,

- including fee waivers for OVC to eliminate the barriers to their participation in ECD projects.

Young OVC in communities in crisis

Assisting young OVC in communities in crisis: HIV/AIDS, conflict and social crisis

When a community is in a state of crisis, the premises for how one can help OVC change dramatically. Crisis drains the community of necessary project resources (both human and financial), and OVC needs will have to compete with many other urgent needs. Since (young) OVC are always an extremely weak constituency, their needs tend to loose out in the competition over scarce resources. Community-based solutions can be harder to achieve in such a context, and more external/centralized support and involvement may be required, both in preparing and running the program.

This situation is typical for conflict- affected communities, communities with a high burden of HIV/AIDS cases and poor urban areas characterized by high rates of unemployment, violence, crime and drugs (see model of risks facing young OVC borne into communities in crisis attached in the web-based version of this toolkit). Regardless of the dominant cause for child vulnerability in a heavily affected area, broad targeting of young OVC is recommended (e.g., all orphans, not just AIDS-orphans). Try to target deprived households in general to avoid contributing to stigma.

Children on the street: Deprived urban areas typically produce many children *on* the street (street children with a home, but who spend considerable time in the streets and public places – see the definition section). They come from dysfunctional households or households with poor, hard working single mothers who are working long hours in low-end jobs like domestic service or hawking. Since many are migrants to “new” (peri-) urban areas they tend to have a weak family and community network to help caring for their children, and the children either end up spending extensive time unattended or (insufficiently) attended only by older siblings (who are thus prevented from going to school). These young children often spend their time in the streets and public places around their shacks or around the mothers’ work place, where they are frequently put at risk of abuse, accidents and other health risks.

ECD projects in such areas should:

- focus on the 2-6 age group,
- to the extent possible be community-based,
- target poor women in the relevant neighborhoods broadly,
- be based on community- or home-based day care solutions, e.g. by appointing “community mothers” or “care points”,
- focus on protection, hygiene, nutrition, health, and cognitive stimulation (in that order),

(See Helen Penn for CHIP, chapter 8, for a further discussion of this topic.)

Children affected by armed conflict: During or after conflict, many young children are separated from their parents and/or families as they are sometimes left behind with relatives when the parents flee or migrate, or they are separated by accident during chaos and displacement. They also suffer trauma and so do their parents. If their situation is not taken seriously, they may generate considerable social costs in the future, and possibly even contribute to a resurgence of violence Young children who grow up outside or at the outskirts of families and communities are less likely to fully integrate social constraints on their behavior, and less likely to see their interest in maintaining the economic and political system. Hence, they become a cohort for recruitment by militia forces, urban gangs, and rural bandits.
ECD projects in conflict or post conflict areas should:

- engage in family tracing and reunification and integration with extended families for unaccompanied young children,
- provide ECD services in group homes and camps,
- give particular attention to prevention of long-term psychosocial harm and to psychosocial coping (both emotional and practical coping),
- assess state of trauma of caretakers, and if necessary also provide psychosocial care to caretakers -- you may also provide psychosocial support to the young child and the caretaker together, and in this latter case a focus on practical coping seems most promising (through counseling that contributes to finding strategies for solving everyday challenges the child/caretaker get a positive experience with solving everyday challenges),
- include exercises for peaceful conflict resolution for young children (for a good methodology on violence prevention among very young children, you can order Save the Children's manual An Eye for an Eye leaves Everyone Blind.)
- promote playing together to develop friendships and child networks,
- nutrition, health and protection.

For more information, see the Project Appraisal Document (PAD) for the Eritrea Integrated Early Child Development Project for war orphans and Helen Penn for CHIP, chapter 8.

Children affected by HIV/AIDS: Young children can be affected by HIV/AIDS in several ways. They can be infected themselves or at risk of infection (in particular through breast feeding), they may have a severely ill parent, have lost a main household provider, or be orphaned or double orphaned (for orphans and ECD, see next paragraph). They may also live in a community that is heavily affected and suffer indirectly from the break down of community structures and services, and/or may be neglected because their own family is overburdened by their responsibility for the care of extended family members. In short, in communities heavily affected by HIV/AIDS, young children may, more broadly, become further deprived of vital attention, care and nutrition.
ECD projects in such communities should:

- target poor households broadly (both because even poor households without an infected member will be affected by the situation, and to fight against stigma),
- target 0-6 year olds, but also potentially seropositive pregnant women to reduce the risk of mother-to-child transmission, preferably through home-visiting programs,
- assess the home situation of young children, e.g., through home visiting programs, and when possible, contribute to maintaining the health and prolonging the life of caretakers of young children through medication and education,
- where appropriate, contribute to preparing the young child for orphanhood through legal protection against property grabbing, preserving records, creating memory books and boxes, identifying caring relatives, etc.
- fight stigma in communities and among potential foster parents,

- when home is heavily affected, offer day care facilities where psychosocial support, cognitive stimulation, nutrition and health services may be provided.

Also see: the Operational Guidelines for Supporting ECD in Multi-Sector HIV/AIDS Programs in Africa.

Orphans: Although AIDS orphans may in some places suffer from a stronger stigma than other orphans, many orphans are – regardless of the reason for their orphanhood – critically vulnerable.
Priorities for ECD interventions for young orphans should be:

- help to identify good foster homes,
- protect the young orphan's legal records and legal rights,
- help to create memory books or boxes, even after the parents have died (by using information and objects provided by other family and community members),
- support child-headed households (protection, training, economic, nutritional and/or legal help), and support and protect older child caretakers,
- support to elderly caretakers of young OVC (protection, training, economic, nutritional and/or legal help),
- protect young orphans from abuse, (sexual) trafficking and exploitative child labor,
- support daycare options (preferably home based or community-based) that provide nutrition, health monitoring, cognitive stimulation and psychosocial support.

Eritrea : Integrated Early Childhood Development Project (IECDP)

The Integrated Early Childhood Development Project for Eritrea promotes the healthy growth and holistic development of Eritrean children. The project expands access to and improves the quality of services that address young children' s basic needs. There are five project components. The first component improves child health by providing on-the-job and pre-service training to health workers and caregivers; financing drugs, medical equipment, and supplies and strengthening procurement, storage, and distribution mechanisms; promoting adoption of healthy practices such as breastfeeding and the correct treatment of infections; using environmental health interventions to control childhood illnesses; and improving communications for behavioral change. The second component builds capacities for families and communities to improvise the nutritional and health status of children, by reducing micro- and macro-nutrient deficiency and improving food security; and builds capacity within ministries to implement the nutrition component. The third component improves quality and access to early childhood education, and institutional capacity at all administrative levels. The fourth component strengthens the traditional safety nets for childcare and protection through community-based reintegration and psychosocial support for orphans. Besides supporting the over-all management of the multi-sectoral program, the fifth component funds advocacy and sensitization campaigns and establishes an innovation fund.

Target groups

The IECDP program beneficiaries are the principal target groups which include about 560,000 children between zero and six years of age and about 310,000 primary school children. Interventions will be further divided into age-appropriate categories, i.e. those targeted towards younger age group of 0-3 years and those aimed at the older age group of 4 to 6 years. While some interventions such as Information Education and Communication (IEC) and Integrated Management of Childhood Illnesses (IMCI) efforts are expected to cover about 560,000 young children, some activities such as kindergarten provision and non-formal early childhood education and care are expected to cover only about 31,000 and 90,000 children respectively. Supplementary therapeutic feeding will target only severely malnourished children. About 32,000 orphans will also benefit from the IECDP program.

Risks facing young OVC borne into communities in crisis; AIDS, conflict, social crisis:

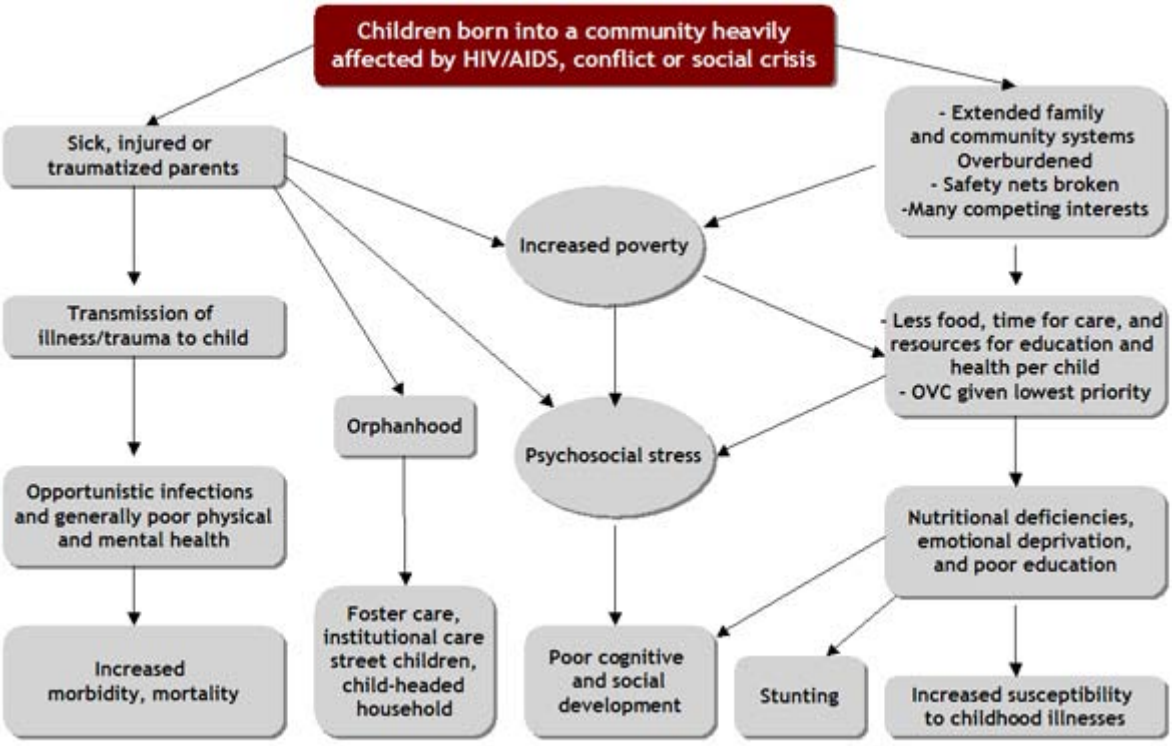


Chart inspired by similar model presented in the **Operational Guidelines for Supporting ECD in Multi-Sector HIV/AIDS Programs in Africa**.

Education

OVC in Education Sector Programs

Overview of Possible Interventions

The project design features outlined below are not intended to be an exhaustive list and only include interventions that are not likely to be part of a regular education project. If you have the time and money, we encourage you to organize a stakeholders meeting as described in the section on Working with Partners. While more time-consuming, a stakeholders meeting will both improve the quality of the information you gather and build local ownership and commitment.

Most Likely Project Design Features – Education Sector	
All OVC	• Abolish or subsidize school fees and uniforms, or introduce school fee waivers • Establish conditional transfers linked to school attendance to cover school fees, books, and/or uniforms • Establish conditional cash transfer linked to school attendance to cover all of the above plus a family subsidy • Develop school feeding programs • Develop school-based health and nutrition programs (the FRESH approach) • Develop youth friendly reproductive health program at school • Reintegrate out-of-school children back into school, and where necessary, help soften or remove rigid age limits to access the different class levels.
Project Design Features by OVC Category	
Street Children	• Collaborate with NGOs who are attempting to transition children back into mainstream schools or to provide non-formal education programs
Orphans	• Develop school-based psycho-social counseling services
HIV/AIDS affected children	• Modify school curriculum to cover HIV/AIDS prevention, care of the sick, de-stigmatizing, etc. • Where necessary, help remove legal barriers that allow public schools to discriminate and exclude children affected – and, in particular, those infected – by HIV/AIDS. • Develop guidelines and training materials for teachers to help them identify and support HIV/AIDS affected children. • Establish school-based psycho-social counseling services • Develop ECD programs in HIV/AIDS affected zones (See the Bank's ECD HIV/AIDS Initiative)
Children in the Worst Forms of Child Labor	• Promote flexible school hours for working children • Adjust school vacation to harvest season in farming intensive areas • Ensure that contractors who build schools do not employ children in dangerous jobs or in jobs that prevent the children from attending school • Promote a campaign targeted to the whole community that (a) encourages enrollment of *all* children – in particular vulnerable groups of working children like child domestic servants, herders and children working in agriculture, and (b) encourages parents to help children stay in school rather than drop out to work

	• Organize recreational activities and sensitization campaigns about the risks of prostitution and unaccompanied child migration to prevent child prostitution, labor migration and trafficking
Former Child Soldiers and other children associated with armed groups	• Collaborate with NGOs who are attempting to transition former child soldiers and other children associated with armed groups back into mainstream schools or to provide non-formal education programs • Develop vocational training programs for former child soldiers and other children associated with armed groups, particularly those unable to transition back into regular schools. (See Pitfalls Section for design advice) • Provide psycho-social counseling services to former child soldiers and other children associated with armed groups in school
Children living with a disability	• Make schools accessible to children living with a physical disability • Train teachers to integrate children living with a disability into the regular classroom • Help provide basic tools, for instance Braille bars for blind children and glasses for children with visual impairment (the latter constitutes a large group of children living with a disability in developing countries, while they would not be considered disabled in a more developed economy) • Promote a campaign targeted to community and parents to de-stigmatize children living with disabilities, with particular focus on showing their success stories from other places, where possible in collaboration with "successful" children and youth living with disabilities • Collaborate with NGOs who are attempting to transition children living with a disability back into mainstream or special schools or to provide non-formal education programs

Before deciding which interventions your education project should include, you will need to decide whether you intend to serve all OVC (recommended) or one or more specific groups. Your decision will depend on (a) how many children fall into each of these categories (see Background Data section); (b) which groups the government considers as high priority; (c) what local human capacity exists, (d) how much funding is available for OVC activities, and e) restrictions related to the source of funding.

Once you have decided which OVC groups your program will target, you will need to decide which interventions to finance. This section provides some information on a number of the interventions listed above to facilitate your decision. After selecting your preferred interventions, you may want to screen them against the criteria that appear in the section entitled "Deciding what to do". For help estimating costs, consult the section on Costing.

Elimination of School Fees

The elimination of school fees has proven to be an effective way to increase school enrollment and could indirectly benefit OVC for whom school fees represent a barrier to entry into primary school. The PRSP and HIPC initiatives offer a potential framework to push this type of strategy forward. When advocating for the elimination of school fees, one should consider the following:

- The financial feasibility and sustainability of the initiative. Many sub-Saharan African countries may lack the fiscal solvency to consider this option, as this approach implies an ability to finance both the capital and recurrent costs of operating enough schools to enroll all school-aged children without charging fees. For example, to support its Universal Primary Education program, the Government of Uganda had to increase its budget allocation for education from 2.6 percent of its GNP in 1996 to 4 percent in 2000. Uganda relied on over $100 million of donor support a year to meet these budget increases for education. For many countries, this is not feasible or sustainable Before making the decision to eliminate school fees, a government needs to have an accurate assessment of what impact cuts in other parts of the national budget, to finance these increases, will have on the country and its people. If a government plans to finance free education through an increased dependence of foreign donors or lenders, it needs to have a realistic understanding of how this will affect the country's debt burden down the road and whether long-term external financing is feasible and sustainable. (See Achieving EFA in Uganda: the Big Bang approach).
- The ability of the educational system to absorb the growing number of children at the primary level without hampering the quality of the teaching. A parallel program in building new educational infrastructure and training new teachers may also be necessary. These investments need to be included when assessing the financial feasibility of eliminating school fees.
- The ability to respond to the subsequent increase in demand for secondary and tertiary education within a constrained resource environment.

The elimination of school fees is a major policy initiative and should take place within the context of a broad national education reform strategy that includes essential inputs for education and learning, such as teacher training, curriculum reforms, and school environment. This is not a measure that would be taken solely to give OVC access to education. While it would be helpful to some OVC, it would not guarantee the enrollment of all out-of-school OVC, since school fees may not be the primary reason for non-enrolment. For many families, the opportunity cost of the lost income from child labor is the main reason for not sending children to school.

School Fee Waivers

If an across-the-board elimination of school fees is not an option, fee waivers may be a viable alternative as they are designed to allow only certain children to obtain free education (e.g., disabled children, orphans, rural girls). As for the elimination of school fees, important issues to be considered before engaging in such a program include:

- the financial feasibility and sustainability of the approach;
- the ability for the educational system to absorb the growing number of children at primary level without hampering the quality of the teaching;
- the ability to respond to the subsequent increased demand for secondary and tertiary education within a constrained resource context.

The following points should also be kept in mind when designing successful waivers programs (see Social Safety Nets Primer Note; Waivers and Exemptions for Health Services in Developing Countries, World Bank, Washington, DC 2003):

- Government must provide adequate and prompt financial compensation to schools who allow students to use waivers and exemptions.
- Eligibility criteria must be kept simple and clear, be easy to monitor by the school and not stigmatizing for the family/child.
- Additional school-related costs should be accounted for (such as transport costs and forgone earning linked to child labor), as waiving school fees may not be enough.
- If eligibility is based upon household income, income thresholds should be adjusted annually to account for the impact of inflation.
- The existence of waivers and exemptions should be publicized so that the targeted beneficiaries are aware that they are eligible.

Conditional Transfers

Conditional transfer programs generally provide money or in-kind support to poor families conditional upon certain desired behaviors. These behaviors are usually investments in human capital, such as sending children to school or ensuring that they receive regular health care.

Variants exist where support is given directly to the school, as in the cases of BEAM in Zimbabwe. If it is logistically and administratively feasible to give the transfer directly to the household, it is believed to be preferable since it more actively engages the family in ensuring the child's school attendance. In countries with poorly developed banking systems, this option may not be feasible. If the transfer goes to the school, the school will have to meet certain conditions, such as undergoing an annual audit to ensure that transfers are being managed transparently and submitting a school development plan. If the school fails to comply with these conditions, the transfers will be withheld in the subsequent year, penalizing all of the students the transfers are designed to help. This is another advantage of transfers that target households – if one household in a community fails to fulfill the conditions linked to the transfers, only the children in that household are penalized.

Conditional transfers appear to be a cost-effective and efficient way to prevent OVC students from dropping out of school and to increase the enrollment of OVC who are currently out of school. One of the most attractive features of the conditional transfers is that the program can achieve scale by reaching large numbers of children at a relatively low cost per child. In Zimbabwe, almost 1,000,000 children benefited from conditional transfers in 2003, alone. In Mozambique, the several donor partners including the World Bank will be financing a program to provide conditional transfers to 300,000 OVC students, roughly 10% of the 2.8 million primary school aged children at a total cost per child of $20 and in Swaziland, the Government of Swaziland is financing out of its own budget a similar program to reach 52,000 OVC, roughly 25% of primary school enrollment at a total cost per child of $58. The scheme is also supported by the Global Fund for AIDS, Malaria and TB and the World Bank through its technical assistance (Project up-date and concept note).

While conditional transfers are relatively new in Africa, they have been very successful in Latin America according to recently completed impact evaluations (for more on how to approach the possibilities for a conditional transfer initiative in an African country, see this mission note from Nigeria). Whether conditional transfer programs can be as effective in Africa as they have been in Latin America will depend, in large part, upon the management capacity of the implementing ministry.

Targeting poor or vulnerable beneficiaries is critical to the success of a conditional transfer program. Targeting methods will vary with the type of data available and the funding level of the

program. Generally, a combination of geographic and household level targeting is used with some screening at the community level. The participation of the community and other relevant local committees (such as school committees) will ensure transparency in the selection process of beneficiaries, promote community support and improve targeting outcomes by helping to identify the neediest children. The criteria used to select children who will benefit from conditional transfers need to be adapted to the local context. How restrictive the criteria are will depend upon how many OVC are competing for transfers relative to the amount of transfer financing available. Finally, whatever the criteria used, one must ensure that the selection process does not develop adverse incentives, and does not stigmatize children and their family. Here are some examples of categorical criteria that have been used in some conditional educational programs:

1. children who have never been to school or have dropped out of school for economic reasons
2. orphans, giving priority to double orphans or single orphans with a sick parent.
3. working children
4. vulnerable children, including: single orphans with an unemployed parent, single orphans with very a poor parent, and other destitute children as determined by school and local committees
5. children who possess “poverty certificates” given by the Ministry of Local Government.

An issue to bear in mind is that acquiring information about who is needy entails some costs (administrative, private, social and political costs). As a result, the costs and benefits of targeting must be assessed to decide whether, how finely and with what instrument it is appropriate to target (for a review of targeting methods and the costs and benefits attached to each, see Coady, Grosh and Hoddinott, 2002, The Targeting of Transfers in Developing Countries: Review of Experiences and Lessons).

The issue of trade-offs between the number of potential beneficiaries and the amount of the transfer is inherent given the nature of the program. The level of the grant needs to be high enough to both attract children to school and keep them enrolled, but also low enough to make the program sustainable from one year to the next.

A critical issue to assess is the financial sustainability and administrative capacity of the program. In this regard, before engaging in such a program, one may need to assess: (a) the financial feasibility and sustainability of the approach; (b) the ability for the educational system to absorb the growing number of children at primary level without hampering the quality of teaching; (c) and the ability to respond to the subsequent increased demand for secondary and tertiary education within a constrained resource context. Conditional transfers intended to increase school enrollment should thus be provided in tandem with investments in school, as most of the time, reasons attached to poor education attainment are often a consequence of both demand (parents lack the adequate resources to send their children to school) and supply constraints (the quality of teaching is deemed unsatisfactory, schools are not easily accessed).

Regardless of whether the benefit is given to the OVC’s family or to the school, a well-designed monitoring and evaluation system and a computerized database are essential to ensure that the required school attendance conditions are met (if they are not, expenditures will not be eligible for Bank financing). A detailed Project Implementation Manual, like the one used in Zimbabwe for the Enhanced Social Protection Project – Basic Education Assistance Module (BEAM), will also be necessary to guide the Ministry of Education during implementation.

For more information: go consult the Conditional Transfer discussion in the Health section of this toolkit and see Social Protection on Conditional Transfers, and in particular their Conditional Cash Transfers Related Reading site. (For more detailed project experiences, see the Evaluation of Bolsa Escola in Brazil and Evaluation of the Progresa project in Mexico, Evaluating the Impact of Conditional Cash Transfer Programs: Lessons from Latin America.)

School Feeding Programs (SFP's)

School feeding programs have been implemented in many countries in an attempt to improve the health, nutrition, and ultimately educational performances and attendance of school-aged children. Yet, the jury is still out on the effectiveness and sustainability of these initiatives. There is little evidence to suggest that school feeding programs have a positive impact on nutrition for participating children. For example, in some instances, parents may provide less food at home, with the school meal simply replacing a home meal rather than adding food to the child's diet; however, it appears that providing breakfast instead of lunch could diminish this substitution effect. While it has been shown that malnourished or hungry children are less able to learn, Supplementary Feeding Program improve learning only when the food is accompanied by other inputs related to school quality. On the other hand, the evidence strongly suggests that SFP can increase attendance rates, especially for girls.

Before advocating for Supplementary Feeding Programs (SFPs), one should be aware of the following:

- Programs providing a hot meal in the middle of the day have high opportunity costs for education systems, and there is little evidence of nutritional or educational benefits. An appropriate morning snack is more cost-effective and has been shown to have educational impact.
- To be most effective, SFPs should target relatively poor areas where school enrollment and attendance rates are low and where the value of food is sufficient to attract children to school. These programs should also be integrated into a broader package that promotes balanced nutrition, clean water and high sanitary standards, both at school and at home. Like conditional transfers, SFPs should be part of an educational reform program that addresses issues such as teacher training, curriculum reform, and student assessment.
- The sustainability of SFPs is questionable because of their relatively high cost. The average cost per student of the development SFPs of the World Food Program in 2000 was $0.19 per day, or $34 for a 180 day school year. These costs may be unaffordable for most African governments. In addition, SFPs are labor intensive and require skilled human resources to operate. Ministries of Education are therefore not encouraged to offer SFPs at the expense of other more important educational inputs.
- Providing food as a take home ration can be an effective incentive for school attendance, but alternative programs, such as cash transfers, may be more cost-effective and simpler to administer.
- In most situations, nutritional supplements are more cost-effective for preschool than school age children.
- SFPs may have an adverse effect on the global economy. Subsidies on food products tend to distort relative prices in the economy, which, in turn, can have negative implications for food production and marketing.

Lessons from past experience suggest the following steps for setting up a School Feeding Program (see also A Summary of the School Feeding/Food for Education Stakeholders' Meeting):

- Build a consensus on a policy and objectives that focuses on how school feeding can effectively contribute to improving education and to meeting the nutrition and health needs of school-aged children.
- Develop targeting criteria and mechanisms that concentrate program resources on high-risk children and communities.
- Analyze and identify alternative financing and cost options for SFPs, since these programs are expensive.
- Develop appropriate guidelines for ration composition and the timing of school meals.
- Identify and address any potential bottlenecks in implementation: such as the availability of supplies and other resources. On-site prepared meals, pre-prepared meals, and food in bulk or coupons are the primary school feeding program models. Each model is associated with a different set of potential bottlenecks related to program implementation.
- Develop monitoring systems that focus on program processes and institute an evaluation system to assess the impact of the program on specific outcomes.
- Integrate feeding programs with other interventions that address the primary nutrition and health problems of the school-aged population. These include de-worming, micronutrient supplementation, and health and nutrition hygiene education. (For more information, see Class Action: Improving School Performance in the Developing World through Better Health and Nutrition, Del Rosso and Marek, 1996.)

The FRESH approach to School Health

The FRESH (Framework resources on Effective School health) is the starting point for developing an effective school, health, hygiene and nutrition program in a more child-friendly and health-promoting school. The approach relies on four major components:

3. health-related school policies
4. access to safe water and provision of sanitation
5. skill-based approach to health, hygiene and nutrition education
6. school-based health and nutrition services

Implementation requires (1) inter-sectoral partnerships, especially between health and education; (2) partnership with the community, especially PTAs, and (3) active involvement of the school children.
For a comprehensive overview of the framework see FRESH.

Health

OVC in Health Sector Programs

Introduction and Overview of Possible Interventions

We recommend that you focus your attention on incorporating one or several of the project design features outlined below. This is not intended to be an exhaustive list. We have included interventions that either play a critical role in limiting the number of OVC (e.g., role of immunization in preventing disability) or those that are designed to address the special needs of OVC. If you have the time and money, we encourage you to organize a stakeholders meeting as described in the section on working with partners. While more time-consuming, the participatory diagnostic process will both improve the quality of information you gather and build local ownership and commitment.

After selecting your preferred interventions, we recommend that you screen them against the criteria that appear in the section entitled "Sample Worksheet to Rank OVC Interventions". For help estimating costs, consult the section entitled " Costing interventions".

Most Likely Project Design Features – Health Sector	
All OVC	• Conditional transfers linked to participation in well-child activities (e.g., immunizations, growth monitoring) • Fee waivers and exemptions • Offer school-based comprehensive health services, such as in the FRESH program (however, this approach will not reach out-of-school OVC)
Project Design Features by OVC Category	
Street Children	• Offer free or subsidized health services in collaboration with specialized NGOs. • Make health information available to children who live in streets and public places
Orphans	• Offer free or subsidized health services (possibly including caretakers) • Develop simple protocol to diagnose psycho-social problems as part of routine health assessment • Develop follow-up services for children suffering from psycho-social problems • Develop special outreach services for children heads of households to enhance their ability to keep their siblings healthy
HIV/AIDS affected children	• Develop psycho-social support program for children living in HIV-affected households • Develop training program in appropriate care for AIDS patients, including prevention of transmission • Develop home visitor programs to assist children in affected households to care for AIDS patients
Children associated with armed groups	• Develop psycho-social support program for children who have been associated with armed groups • Assess the special health needs of children formerly associated with armed groups

	• Provide voluntary STD testing and prevention information
Children in the worst forms of child labor	• Develop psycho-social support program for children who have been in the worst forms of child labor (in particular prostitution) • Assess the special health needs of children in or formerly in any of the worst or most hazardous forms of child labor • Ensure that health information campaigns reach children in secluded work places like mines and quarries • Provide voluntary STD testing and prevention information
Children Victims of Abuse	• Train primary health care professionals to recognize child abuse and advise parents of long-term emotional and physical consequences, especially regarding sexual abuse • Develop programs to discourage traditional harmful practices (e.g., female genital cutting, forced early marriages) • Organize Information and Education Campaign (IEC) to prevent abusive behaviors toward children, such as excessive corporal punishment and sexual violence (this may be done as part of a broader campaign against domestic violence or against all sexual violence)
Children living with a disability	• Ensure that all health care facilities constructed are accessible to disabled children • Educate the parents and caretakers of children living with a disability to provide routine therapy to prevent further deterioration • Offer specialized therapy to disabled children • Establish a community-based rehabilitation program (although it is not limited to children, children are the main beneficiaries) • Develop community-based home visitor program to assist home-bound children and their families • When providing health information, ensure that it is also available to children with sensory challenges like blindness and deafness

Fee Waivers and Exemptions

Waivers are designed to allow the poor or other specific groups (e.g., the elderly) to obtain free healthcare; exemptions allow all people to receive certain services for free. Of course, fee waivers and exemptions only make sense if health care services are actually available in the area covered by the project. The following points should be kept in mind when designing and implementing successful waivers and exemption programs (for more information see Waivers and Exemptions for Health Services in Developing Countries):

- Make sure that Government is willing and able to provide adequate and prompt financial compensation to health care providers who allow patients to use waivers and exemptions.
- Keep eligibility criteria simple and clear and make sure that health care providers can easily verify them during patient visits, without causing the patient shame or stigma.
- Keep in mind that there are other out-of pocket costs to accessing health care, such as transport, food, lodging and lost income from work. Consider reimbursing these costs.
- If eligibility is based upon household income, make sure that these income thresholds are adjusted annually to account for the impact of inflation.
- Disseminate the existence of waivers and exemptions so that the targeted beneficiaries are aware that they are eligible for free or subsidized care.

Conditional Transfers

Conditional transfer programs consist of transfers to targeted families on the condition that they comply with specific requirements (e.g., send children to school). They have been widely used in Latin America and have proven to be an effective strategy to improving access to basic social services for children in vulnerable households, transforming social assistance expenditures into investments in human capital development (for more on how to approach the possibilities for a conditional transfer initiative in an African country, see this mission note from Nigeria).

While more common in the education sector, conditional transfers have also been used to improve access to health care for children and pregnant and lactating mothers – of course, the pre-condition for this type of program is the existence of adequately equipped and staffed health posts or clinics. For children, health benefits are often offered in tandem with educational benefits. A targeted household receives a monthly transfer conditional on the children attending primary school and on 0–6-year-old children going for regular well-baby health check-ups.

In Nicaragua, the 0 – 6 year olds must show regular weight gain and mothers must participate in bimonthly seminars on nutrition, hygiene, early childhood development and other subjects in order for the household to remain in the program. If one child does not show weight gain as would be healthy during two payment cycles, the health grant is suspended unless the family presents a health certificate issued by a local health facility. About 95 percent of beneficiaries comply regularly with all conditions in Nicaragua (so far, there is little experience with these types of programs in the health sector in Africa).

Compliance with the conditions must be verified at least once every three months. This requires the existence of a reliable information management system for tracking attendance and other compliance indicators. Conditional transfers linked to health conditions are designed to improve the health status, weight gain and immunization rates among children aged 0–6. Grants to poor pregnant and lactating mothers serve to protect the unborn and newborn child.

Calculating the Value of the Benefit: The value of the benefit should have a strong relationship with the actual out-of-pocket costs of health care (including transport and medications). In the case of a Bank-financed conditional transfer program in Jamaica (See Jamaica Social Safety Net Project), the monthly transfer for a combined health and education program started at $6 per beneficiary per month and rose to $9 per person per month by the end of the program. In this case, the value of the transfer was equivalent to roughly 60 percent of the average monthly per person cost of education, health care and medications. The value of the grant for pregnant and lactating mothers was equivalent to that offered to children. In calculating the value of the benefit, the rule of thumb is to make it attractive enough for low-income households to adopt and maintain positive behaviors, and at the same time, low enough to ensure that better-off populations refrain from making illicit solicitation of benefits and payments.

Targeting: One of the biggest challenges for conditional transfer programs is targeting to ensure that the benefits reach the most deserving/relevant households. Information campaigns are important in getting the word out to eligible beneficiaries about the transfer opportunity. In turn, the potential beneficiaries must be screened against objective selection criteria. In Jamaica a means-tested system or scoring formula based upon data from a Survey of Living Conditions is being used to identify beneficiary households. Indicators may include location and quality of housing, ownership of durable goods, features of household demographics, human capital and sometimes labor force activity. In countries where household survey data does not exist, community-targeting methods may be the best option – and perhaps a more relevant strategy for identifying deserving OVC. (see the sub-section on Identifying eligible vulnerable children at the

community level) Here a carefully selected community committee identifies the poorest households, including those with orphans and other vulnerable children

A World Bank assessment of Targeted Conditional Transfers Programs in several Latin American countries found that these programs target well and result in little leakage of benefits to non-deserving beneficiaries. However, this study found that under-coverage rates (deserving beneficiaries who are not included in the program) tend to be high. Often, high under-coverage rates are due to the lack of government funds to cover all of the deserving beneficiaries. This is particularly true in decentralized programs that are meant to be financed by municipalities with their own funds because poor municipalities have fewer resources to distribute, but have a higher proportion of deserving beneficiaries. For this reason, such programs are best financed at the national level, allowing the transfer of resources from wealthier areas to poorer areas.

Getting the benefit to beneficiary households: Another challenge is getting the transfers to the beneficiary households. Options include food, small stock, food stamps, cash transfers , and vouchers. One option is to make payments through banks or even informal credit institutions in market towns, which most rural households visit at least once a month. In Africa, programs may need to be creative about finding effective approaches of getting the transfer out to the beneficiaries because the banking system in many countries does not have enough outreach. One option is to make the transfer to the health care provider rather than directly to the targeted beneficiaries, but this takes some of the accountability for ensuring compliance with the conditions away from the household, where it belongs, and transfers it to the health care provider. If the transfer is made to the health care provider, annual audits of the providers would be needed to verify compliance

Conditional transfer programs typically designate one household representative to receive the benefit payments. Usually, this is the mother, since research clearly shows that women are much more likely to spend cash assistance on food or the needs of the children. Payment to the mother may be difficult in some regions where the tradition is for the father to do the shopping in town and to control finances. When this is the case, consider carefully whether sticking to the principle of payment to mothers could help to empower women, or may become a probable source of domestic and/or community conflict. For households without mothers, it is important to specify who will receive the benefit payments on behalf of the household, so again, consider carefully who the most likely person to have the best interest of the OVC in mind could be

For more information on Conditional Transfers, go to the Education section and see the subsection on Conditional Transfers

FRESH – Focusing Resources on Effective School Health

Healthy young people are likely to complete more years of education, and be healthier and more productive as adults. One of the strengths of the FRESH approach is that it can be adapted to address the needs of children in different contexts, including communities with large number of AIDS Orphans, former child soldiers, and other children who have been disabled or traumatized by war. The FRESH program is a way of preventing children from becoming OVC and providing health education and health services to existing OVC. The main limitation of the program is that it does not reach out-of-school children. However, the availability of health services at school has proven to be an incentive to households to enroll children.

The FRESH approach was developed in light of the finding of a number of evaluations that confirmed the effectiveness of school health interventions for improving learning outcomes. These evaluations found that single strategy or "piecemeal" interventions that ignore the specific characteristics and needs of the target group are less effective than more comprehensive, coordinated and customized strategies. Evidence supports approaches in which policy development, health-promoting environmental change, skills-based health education and school-based health services are strategically combined to address priority health problems that interfere with learning for the targeted group. Such approaches extend the vision of health to include emotional and psychosocial well-being as well as physical health.

UNESCO, UNICEF, WHO, the World Bank and Education International, collaborated to develop a joint set of recommendations for the implementation of effective school-based health and nutrition program. These are summarized in the FRESH approach.
The FRESH approach has four basic components:

Component #1: Health-related school policies: Health policies in schools, mandating a healthy, safe and secure school environment, guaranteeing equal rights and opportunities and regulating the provision of health education and health services are necessary to harness the potential of health to improve education outcomes. It is best if these policies are developed by a representative cross-section of stakeholders, including education and health officials, teachers, students, parents and civil society. This builds awareness, while strengthening partnership. FRESH recommends that responsibility and authority for school health programs be designated at every level of education planning and administration. School administrators and teachers should be trained to implement the policies.

Component #2: Provision of safe water and sanitation: The provision of safe water and appropriate sanitation facilities are basic first steps to creating a healthy physical learning environment. School construction policies need to ensure that clean water and toilets are available at school. Separate toilets for girls are necessary to prevent them from dropping out or being withdrawn particularly around the onset of menses. Maintenance policies must ensure that these facilities are cared for and used properly over time. Healthy and hygienic schools may serve as an example to both students and the wider community.

Component #3: Skills-based health education: Quality skills-based health education helps young people to acquire communication, negotiation and refusal skills, and to think critically, solve problems and make independent decisions. Skills based health education contributes to the development of attitudes and values that promote respect for one-self and for others, tolerance of individual differences and peaceful co-existence. It results in the adoption of health-promoting habits and reduces risk-taking behavior associated with HIV/STD infection, unplanned pregnancy, drug and alcohol abuse, violence, injury, etc. Young people who receive quality skills-based health education are more likely to adopt and sustain a healthy lifestyle not only during their school years, but throughout their lives. Thus, FRESH interventions serve to prevent more OVC and protect those OVC who are enrolled in school.

Component #4: School-based health and nutrition services: It is well documented that school-based health services are very well received by the community as a whole. In particular, malaria treatments, micronutrient supplementation, de-worming and school feeding programs have been perceived as a substantial added benefit of schooling and have thus improved enrollment and attendance. As students become healthier, they participate more fully in education opportunities.

The success of school health programs requires an effective partnership between the Ministries of Education and Health, and between teachers and health workers. The health sector retains the responsibility for the health of children, but the education sector is responsible for implementing, and often funding, school-based programs. These sectors need to identify responsibilities and develop a coordinated plan of action to improve the health and learning outcomes of children. This program also requires teachers and other school personnel to be trained and supported in their new roles.

Effective community partnerships ensure broad-based agreement about the health issues that schools should address. Parent input and support increases the likelihood that health –promoting education will reach the entire family and be reinforced at home.

The FRESH approach argues that school-age children's health is one of the basic investments that governments must make to accomplish their education goals. The approach can be adapted to address the specific health psychosocial needs in an environment. For example, in areas with high rates of HIV/AIDS infection, the program uses participatory learning techniques to help children learn how to protect themselves and others from HIV. Research has confirmed that this approach is effective for producing behavior change that reduces the spread of HIV and the discrimination that complicates prevention, detection and treatment of this disease. FRESH initiatives can also provide support and counseling for students affected by HIV/AIDS.

For a comprehensive overview of the framework see the FRESH web site.

Home Visitor Programs

Because many OVC groups are not enrolled in school, school-based health initiatives will not reach them. Furthermore, some groups need some specialized assistance at home. These include children living with a disability who require therapy or children living in HIV/AIDS affected households who must provide care for their sick parents. The Community-based Options for Protection and Empowerment (COPE), funded by USAID and DCOF and implemented by Save the Children in Malawi, is one approach to providing home based services that benefit OVC and their caretakers. A description of this initiative, which does much more than supply home-based health care, is included in the box below.

COPE (Community-based Options for Protection and Empowerment (COPE)

COPE is a low-cost community mobilization program designed to moderate the impact of the AIDS pandemic on the lives and welfare of AIDS-affected children and families. Initially, when it started in 1995, COPE's focus was on problem solving and service provision, but this proved too costly. By 1997, it had developed a new approach that involved mobilizing and building capacity at the community level. COPE started to organize Community AIDS Committees (CACs) to co-ordinate both HIV/AIDS care and prevention activities at the sub-district level and these, in turn, are supported and monitored by the District AIDS Coordinating Committee (DACC). CACs are responsible for the mobilization, monitoring and support of Village AIDS Committees (VACs) in all villages in the CAC catchment area. The VACs:

- Identified orphans, ill people and other vulnerable people;
- Assisted the return and reintegration of orphans to school;
- Trained caregivers in the skills required for home-based care;
- Raised community funds to provide material assistance;
- Started Anti-AIDS clubs;
- Planned and organized recreation activities to address the psychosocial needs of orphans;
- Developed community gardens to produce food and income for the benefit of vulnerable households. Chiefs and well-to-do members of the community donated land for cultivation.

In 1997, COPE expanded from 16 VACs to 208 VACs with 4,420 members. More than 12,600 orphans receive material assistance and food; 735 youth received vocational skills training, more than 11,000 families benefited from agricultural inputs; 449 people were trained in care giving and community-based child care, 807 people received home-based care training, and 6,577 people received HIV/AIDS prevention training. A total of 248,967 people benefited directly or indirectly from the COPE program at an annual cost of $317,000.
The program has been evaluated a number of times and has led to a commitment by USAID to expand the program.

Addressing Psycho social Distress and Trauma

Many of the OVC groups covered in this toolkit have been victim to some form of psychosocial distress or trauma. These include children who have watched their parents die from illness or conflict; children living in the street who have fled an abusive situation at home or are subject to abuse from their peers in the street; and children formerly associated with armed groups who have been the victims of abuse and may, themselves, have committed atrocities.

Common symptoms of children under psychological distress include sleep-related problems – nightmares, bed-wetting, insomnia and irregular sleep patterns. Fear is also a common symptom – fear of darkness, fear of sleeping alone, fear of leaving the house, and fear of strangers. Other problems include anxiety, irritability, inability to concentrate, regression to developmentally earlier stages of behavior, withdrawal from friends and family, rebellion, aggression, and psychosomatic symptoms, such as headaches and skin diseases. Children become pessimistic about the future and feel as if they have no control over their lives.
Post Traumatic Stress Disorder (PTSD) occurs when a past trauma has not healed. The symptoms of PTSD are (Abudabbeh, Nuha):

- **Intrusions** or flashbacks, intense emotions, nightmares, and reenactments. These intrusions often leave a person feeling a sense of great loss, anger, helplessness, or betrayal.
- **Compulsive Re-Exposure to Trauma.** Victims of trauma are more likely to be re-victimized. Self-destructiveness is a common reaction of children who have been abused.
- **Avoiding and Numbing of Emotions.** Avoidance of the memory of the traumatic event can be done by staying away from reminders, consuming drugs or alcohol, and detachment from everyday activities.
- **Inability to Control Emotions.** People with PTSD can react with intense emotions, such as anger, fear, or panic, when they see something that reminds them of the source of their trauma. They often over react by threatening others or by seeing the world as an unsafe place. Children often regress under these circumstances.
- **Attention and Distractibility.** People with PTSD have difficulty sorting out relevant from irrelevant information.
- **Alterations in Defense Mechanisms and Changes in Personal Identity.** Trauma is usually accompanied by feelings of shame and inadequacy, but since these feelings are too painful to live with, the person with PTSD often denies them, which opens the door to further abuse.

Research has shown a strong connection between poverty and stress. Poverty is caused not only by the debilitating conditions created by stress, depression, and chronic disease but also by the reduced productivity of people as a result of these conditions. Therefore, it is critical that psycho-social distress and trauma be detected and treated.

In some of its work with children under distress, UNICEF supports strategies that help children feel secure, express themselves, understand their situation and develop constructive ways to deal with and overcome the adversities they face. Adolescents need a meaningful, non-violent way to participate in and support their community. UNICEF's psycho-social programming is built around four strategies:

- Promotion of psychological and social well being;
- Prevention of acute psychological and social distress;
- Early detection of psychological and social distress; and
- Treatment and rehabilitation of acute psychological and social distress.

Psychosocial Interventions should promote the following key competencies and outcomes among children and their caretakers:

1. Secure attachment with caretakers;
2. Meaningful peer attachments and social competence;
3. Trust in others;
4. Sense of belonging;
5. Self-esteem;
6. Empowerment;
7. Ability to access to opportunities for cognitive, emotional, and spiritual development and economic security;
8. Hopefulness or optimism about the future;
9. Sense of responsibility for own actions;
10. Empathy with the needs, rights and feelings of others;
11. Creativity; and
12. Adaptability.

Here are some examples of activities that can be implemented to support children in distress:

To raise parents and children's awareness on how to overcome adversity:

- Develop and broadcast educational radio announcements to enable parents and care givers to provide simple psychological support to their children. Some of these messages may need to be tailored to grandparents.
- Develop and distribute copies of a parents' brochure and teachers' brochures. This intervention could be effective in African countries with high literacy rates.
- Assist the Ministry of Social Affairs to produce dramatic performances involving children to educate them on their rights and problem-solving.

To prepare volunteers to provide support, mentoring and recreational/expressional activities for children:

- Training of youth psychosocial volunteers who provide mentoring, and recreational and awareness-raising activities for children and their parents.
- Training of volunteers to provide first hand psycho-social support and crisis intervention for children.

To train professionals to conduct psychosocial activities with children:

- Training for school counselors;
- Training of social workers on psychosocial support and supplying them with educational and therapeutical materials for their activities with children and families.
- Training of pre-school teachers and teachers in psychosocial interventions.

To benefit children in need of special protection:

- Recreational, expressional and education activities for children living near a zone of conflict or who are living in an AIDS-affected household;
- Individual and group psychological and social counseling for injured children.
- Counseling support to children in distress through face-to-face, play, family counseling, play and awareness-raising seminars.
- Support training course for professionals in psychology.

Essential training topics should include: psychological and social well-being; sources of stress/crisis and reactions to stress/crisis; crisis intervention, including problem-solving or healing process; common social and/or psychological problems and suggested guidelines; activities for intervention, which could include drama, drawing, writing, singing, dancing, discussions, play, role-playing or theatre; and group facilitation skills.

Training of trainers should be spread over a period so as to ensure that participants practice what they learn. The training style should be participatory and include role playing, small group discussions, worksheets, journals, etc. Training materials should be both theoretical and practical, ideally including materials that trainees can use with the children or adults they work with.

While not all of the interventions described above are appropriate in the African context, many can be adapted for use with children in Africa, particularly for those affected by HIV/AIDS and conflict.

Save the Children Alliance (Richter, Linda, Julie Manegold & Raishnee Pather) has developed some useful guidelines for working with children affected by armed conflict and displacement. These guidelines are consistent with UNICEF's approach described above and applicable to children living with HIV/AIDS and other stressful circumstances.

- Apply a long-term perspective that incorporates psychosocial well-being of children.
- Adopt a community-based approach that encourages self-help and builds on local culture, realities and perceptions of child development.
- Promote normal family and everyday life so as to reinforce a child's natural resilience.
- Focus on primary care and prevention of further harm in the healing of children's psychological wounds.
- Provide support as well as training for personnel who care for children.
- Ensure clarity on ethical issues in order to protect children.
- Advocate children's rights.

Psychosocial support – Masiye Camp, Zimbabwe

The Salvation Army developed the Masiye Camp Initiative in 1994 with the aim of addressing the lack of psychosocial support in programs that were working with OVC. The primary objectives of Masiye Camp were to put in place support interventions for children affected by HIV/AIDS that are both cost-effective and high-impact.

Masiye offers the following services:

OVC Camps – This is the primary activity of the Masiye Project. There are two types of camps – the first provides life skills training to children (one program focuses on 6-11 year olds and another on 12 – 16 year olds) and the second provides youth parenting skills primarily for children who are heading households. By the end of 2002, Masiye had trained 4,200 AIDS affected children in 10-day camps. These young people were then organized into Kids Clubs, which served as points of follow-up and support for children who had passed through the training camps. Evaluations showed that the camps had contributed significantly to strengthening the children's ability to cope and that youth who worked with orphans were more likely to change their own behavior with regards to AIDS. Young people who had passed through the psychosocial support training were then used as assistant group

leaders in subsequent OVC Camps.

The Strive Project – This project is implemented in partnership with Hope for a Child in Christ (HOCIC), an organization encompassing over 20 faith-based bodies, which has helped the Masiye Project do outreach at the community level and have access to a large group of volunteers. The Strive Project seeks to provide support to approximately 8,000 children affected by AIDS in eight locations; to increase safety nets for these children and strengthen HOCIC's capabilities in its area of operation. Strive's activities range from training teachers and child care workers in counseling to setting up an emergency fund to cover affected children's physical and practical needs.

Youth Drop In Center – This project provides counseling, information, talks, recreational activities, and entrepreneurship advice to AIDS-affected youth.

Memory Boxes: The Sinomlando Project, Pietermaritzburg, S.Africa

Memory boxes are designed to help the millions of families affected by HIV/AIDS in Africa to cope with disease, death and grief, and to plan the children's future. Created in 2000, the Memory Box Program is an initiative of the Sinomlando Project, an outreach program of the School of Theology at the University of Natal. The overall objective of the Memory Box Program is to enhance resilience in vulnerable children and orphans affected by HIV/AIDS. The memories of the families are kept in a 'memory box' which contains the story of the deceased parents as well as various objectives pertaining to their history. To achieve this objective the Program conducts two types of intervention: family visits and children's groups. In the first case, the program's 'memory facilitators' encourage the sick parents or the caregivers to tell the history of the family in the presence of their children as a way of facilitating the bereavement process for the children. The methodology of oral history is used for collecting the family's memories. Transcripts of conversations in Zulu are edited and compiled in a booklet that accompanies an audiotape of all the voices. These materials are presented to the interviewed family and placed in a 'memory box' created by the children with the help of memory facilitators.

To complement the work done with the families, the memory facilitators organize children's groups with the assistance of their partner organizations. Ten to 12 children of similar ages, usually orphans, attend 12 sessions, each of two hours, after school. Basic therapy techniques are used. The Memory Box Program draws inspiration from the Humuliza Project, an AIDS orphans support program in Tanzania. Special emphasis is laid on life stories, family trees and bereavement narratives. During the sessions, the children create memory boxes, which they fill with various artifacts.

Since 2002, the Program has trained various NGOs, FBOs, and CBOs in the methodology as a means of extending the reach of the organization.

More on memory projects: See Memorybooks in Tanzania and Zimbabwe

Addressing OVC Nutrition

Many of the OVC groups we have discussed in this toolkit are likely to be under-weight and stunted for their age. There are also a high percentage of children in the developing world, who may not fit into any of the OVC categories we have focused on in this toolkit, but who lack adequate nutrition and are, therefore, more vulnerable than their peers. The World Bank-funded program described below was designed to improve the nutritional status of children under the age of three, primary school children, and pregnant and lactating mothers in Madagascar. The strength of the Community Nutrition II (SEECALINE II) project is that it offers a continuum of nutrition interventions, both community-based and school-based, that make it feasible to reach some out-of-school OVC. Furthermore, the approach outlined below could possibly be merged with a more aggressive home visitor program component that could address a wider range of OVC needs – particularly in HIV/AIDS affected households – and serve as a means of identifying OVC who may be out-of-school because they are caring for a sick relative, are severely disabled, or who are being abused by their caretakers

COMMUNITY NUTRITION II – Madagascar

The Community Nutrition II project was a follow-on to an IDA financed project designed to address Madagascar's high child malnutrition rates. In 1998, stunting was evident in 50 percent of Malagasy children under five. The project involved an investment of over US$40 million ($27.6 million to come from IDA) over five years.

The project sought to achieve tangible and sustainable results in combating malnutrition by improving the capacity of village communities to address its determinants and increasing the quality and quantity of food intake by children at home. Specifically, the project sought to:

1. Reduce underweight in children under three by 30%
2. Reduce vitamin A deficiency among children under three by 30%
3. Reduce parasitic infections among pre-school and school-aged children by 25%; and
4. Increase community awareness of malnutrition and improve the capacity of communities to take appropriate action to address the determinants of malnutrition.

The project had four main components:

1. The Community Nutrition Program (PNC), which would focus primarily on pregnant and lactating mothers and under 3 year old children
2. The School Nutrition Program (PNS), which would focus primarily on children enrolled in primary school, as well as some primary school-aged children out of school
3. Inter-sectoral activities in the health sector, which involved training health workers on the Integrated Management of Childhood Illness (IMCI), and in the agriculture sector to disseminate technical guidelines on improved diversification and storage of agricultural and food products.
4. Information, Education, and Communication (IEC) training and project management

The Community Nutrition Program supported the following activities:

1. Growth monitoring and promotion for children under three;
2. Food supplementation for malnourished children under three and pregnant women;
3. Vitamin A supplementation for children under three and lactating women;
4. Rehabilitation of severely malnourished children;
5. Information, education and communication (IEC) and community mobilization; and
6. Support to community-based activities aimed at improving nutrition workers and social workers.

The School Nutrition Program supported the following activities:

1. Iron/folate supplementation for enrolled primary school children;
2. Deworming of enrolled and non-enrolled children aged 3 – 14 years;
3. IEC as well as nutrition and hygiene promotion in the classroom;
4. Monitoring of the iodization of salt;
5. Support of school based activities aimed at improving nutrition and hygiene in the school environment; and

6. Training of primary school teachers in nutrition and hygiene.

The implementation arrangements for the project included an Advisory Committee including representatives from the ministries of Education, Health, and Agriculture, donors, and NGOs, and a national Project Coordination Unit assisted by regional coordination units. The regional coordination units were responsible for implementing the community nutrition program at the village level in collaboration with NGOs; the Ministry of Education was responsible for implementing the School Nutrition Program; and the Ministry of Health and Agriculture were more tangentially involved in implementing component 3.

Given our interest in reaching out-of-school OVC, we will focus on the Community Nutrition Program and suggest ways that it might be adapted to more successfully reach the OVC targeted in this Toolkit.

As a first step, districts with a child malnutrition rate over 43 percent were targeted. NGOs were contracted by the regional coordination units to implement the project at the community level. The plan was to establish community nutrition centers within the targeted districts, each serving a population of 2000 people, which initially meant directly serving approximately 220 children under 3 years. After the mid-term evaluation, this figure was lowered 180, to allow for better quality service and more time with severely malnourished children. The final decision of whether or not to locate a community nutrition center in a village was made by the contracted NGO and depended upon whether the community had taken the initiative to find an appropriate site for the center and to select a Community Nutrition Worker.

The Community Nutrition Workers (CNW) were for the most part women with the necessary technical, organizational, and social skills to run the site, which in practice meant that she should be able to read and write, have experiences with taking care of children and be good at listening and advising women. The CNWs were elected by their communities and then put through 10 days of initial training to prepare them for starting up project sites. This initial training included information on how to register women and children for the centers, growth monitoring, cooking demonstrations, and nutrition education. The CNWs had difficulty following the training course content, so the curriculum was later adjusted to make it more practical and hands-on and less theoretical. Since they were expected to work full-time, the CNWs were paid, but at a below-minimum wage in an attempt to build sustainability into the model.

As their first task, the CNWs had to register all children 0 – 3 years old and pregnant women in the community. In a model of this project adjusted to better address a wider range of OVC, this activity could serve as a means of identifying other OVC in a community, who may not fall into either of these two categories, but are in need of improved nutrition or other special services. During the registration process, children were weighed and measured. This information was recorded on the child's health card, kept by the mothers, and updated regularly at the community nutrition center.

While food supplementation was considered as an important aspect of the community nutrition program early on, in part as a result of the legacy of the nutrition program that preceded this project, its importance declined during the project implementation period as it became evident that the lack of food is not the main factor causing malnutrition. Over time, more emphasis was put on addressing micronutrient deficiencies, the correct case management of sick children, and on activities that served to change the behaviors of mothers.

These included cooking demonstrations and nutrition and hygiene education. In making this change, the project enhanced the long-term impact and sustainability of its investment. Regional and national radio broadcasts were used to transmit messages on nutrition in the form of interviews, sketches and songs, to complement the CNW's educational efforts. Regional and national newsletters were also developed and read by the CNWs to the women the served. The CNWs also organized campaigns and competitions to ensure that children received their Vitamin A supplements. This activity was carried in partnership with the local health center. Immunization services were also offered at some of the nutrition sites.

While not a central part of their work, the CNWs did make home visits, first at the beginning of the project to identify the seriously malnourished children and then later, but only to the homes of malnourished children whose parents were not participating regularly in growth promotion sessions. This aspect of the project would need to be expanded under an adapted version of the project serving a wider range of OVC groups.

For the OVC groups that the toolkit targets, such as children living in AIDS affected households, disabled and abused children, the training should target older caretakers, and thus emphasize non-formal education styles, and be diversified to cover a wider range of relevant issues. Clearly, in expanding the scope of such a program, more community workers would be necessary and each capable of addressing a wider range of issues. An approach used by the project to make it more sustainable might be a way of increasing the number of CNWs without significantly increasing the project cost. The trained CNWs organized mothers support groups to assist them as volunteers in carrying out their duties.

One aspect of the project that was never fully implemented was the Community Evaluation and Micro-projects sub-component. The community evaluation was envisioned as a participatory activity involving the community in identifying the causes of and contributing factors to malnutrition in their own area. The project had funds available to finance micro-projects that could help mitigate the conditions contributing to malnutrition. The contracted NGO was expected to lead this process, but most were too busy just establishing and supervising Community Nutrition Centers. For an adapted model of this project, tailored to the needs of a more diverse group of OVCs, this community evaluation would be a good opportunity to shape the role of the community center to the specific needs of the OVC in the community. It may be useful in establishing a community committee that would be responsible for helping the CNWs to identify children and households most in need of services. (See also the community targeting section.)

Throughout the life of the project, more than 3,600 community nutrition sites were established, each serving about 180 children and mothers for a total number of direct beneficiaries of close to 650,000. A quick and dirty calculation, using the total cost of the Community Nutrition Program (US$28.11 million), yields a rough cost per direct beneficiary of $45, which would be considerably lower if one includes all of the indirect beneficiaries (for example, the children who were not direct participants in the nutrition centers, but whose mothers received education). Likewise the cost per beneficiary would decline if one expanded the range of services to be offered by the centers to a wider range of OVC. If we also include the 2 million primary school children served in the 9,000 schools that participated in this project, the cost per beneficiary is only US$2.12 per child reached.

Transport

Introduction and overview of Possible Interventions

While some might question how the transport sector can play an active role in preventing and supporting OVC, in fact, the Transport Team at the World Bank has being financing initiatives that, either directly or indirectly, benefit OVC since the 1990s. Long-haul truckers and road construction workers constitute high-risk groups for HIV/AIDS infection and have tended to spread the disease along the routes they travel. Along the Abidjan-Lagos Transport Route HIV infection rates among truck drivers were found to be considerably higher than the national averages. (In 1992 in Togo, for example, 33% of the truck drivers were infected, compared to an average infection rate of 6% for the country as a whole.)

HIV caught the attention of the Transport Sector at the Bank because of the large loss of manpower, including truck drivers and other service providers. Well before the MAPs were conceived, the World Bank Africa Region Transport Group took action to address the impacts of large mobile populations of road workers, who were at risk themselves and put residents of the communities they served at risk. The fact that transport projects generally trigger safeguards and thus require social and environmental assessments, may have helped to accelerate the sector's response to HIV and its impact on families and children. These efforts brought forth several interventions that benefit OVC and will be discussed more in detail below.

Overview of Possible Interventions

We recommend that you focus your attention on incorporating one or several of the project design features outlined below that either serve to protect a child from a risk or ensure that OVC and their families have equal access to the opportunities that the new transport project brings to the community or those that are designed to address the special needs of OVC. If you have the time and money, we encourage you to organize a stakeholders meeting as described in the section on working with partners. While more time-consuming, the participatory diagnostic process will both improve the quality of information you gather and build local ownership and commitment.

After selecting your preferred interventions, we recommend that you screen them against the criteria that appear in the section entitled "Sample Worksheet to Rank OVC Interventions". For help estimating costs, consult the section entitled " Costing interventions".

OVC Category	Possible Interventions in the Transport Sector
All OVC	• Give parents of OVC not needed at home for caretaking duties, priority in local hiring of construction workers (worker vulnerability targeting). • Include in the design adequate road safety initiatives targeting children (i.e., speed bumps, crossing areas, clearly marked sidewalks and walking areas, and signs around schools, • Support safety campaigns in communities served. • Make small grants available to communities to support the introduction of intermediary means of transport, such as animal carts for transporting goods, water, people etc. The gender and rural transport initiative of the SSATP has supported many small grants for this purpose.
Project Design Features by OVC Category	
Street Children	• Include organized truck stop market places, where adults can rent stalls to prepare and sell food and drink to construction workers and later passing traffic to discourage the spontaneous surge of child vendors.
HIV/AIDS affected children	• Require contractors to offer HIV/AIDS education and condoms to their workers to minimize spread of disease to children and their parents. • Support the creation of special testing and counseling stations on major trade routes at specific intervals targeting truck drivers and other at risk populations (sex workers, etc.).
Children in the Worst Forms of Child Labor	• International and national labor laws already prohibit contractors from hiring children under 15, in particular for hazardous work. Transport projects need to build in monitoring mechanisms and manpower to allow them to identify violations and report them to the relevant authorities. This is only valid in countries with a functional legal system capable of prosecuting violators.
Children in Post-Conflict Situations	• Include de-mining as a priority activity • Fund mines awareness education, perhaps in partnership with UNICEF, which has considerable experience in contracting with local NGOs to do this kind of work. • Recruit and train older children formerly affiliated with armed groups and too old to attend school to do construction work. The Sierra Leone project targeted young former soldiers as workers and used labor-intensive techniques to enhance opportunities for employment.
Children living with a disability	• Make sure that your transport project designs include access ramps in street curbs, at stations, and airports. • Make small grants to NGOs serving children with a disability to build or purchase hand-cranked tricycles for wheelchair bound children. • Protect open ditches and pits to prevent accidents (consider the blind)

Overview of Risks and Opportunities

The Transport Sector at the Bank is responsible for financing the construction of a wide range of transport infrastructure, including roads, bridges, water transport, railways and airports. These projects not only present risks to OVC, but they also create new opportunities for improving the lives of children, which may well prevent many from becoming OVC later on. The chart below analyzes some of those risks and opportunities.

OVC Category	Risks	Opportunities
All OVC	- New transport routes expose all children to multiple new risks, which are described more in detail below.	- New roads, bridges, and railways help improve OVC's access to schools and health facilities in communities that were once isolated. - The introduction of IMTs (intermediary means of transport) such as animal carts for transporting goods, water, people etc. serve to decrease the time that children, especially girls, spend transporting water and other items for the household, thus freeing them up to pursue their studies.
Street Children	- A new road or railway station usually gives rise to an army of street vendors of food, drink, cigarettes, and other essentials required by construction workers and, later on, by passing traffic. Many of these vendors are children (*on* the street) and some of them may eventually transition into sleeping in the street (turn into children *of* the street – see definitions section). - The new transport route also gives children and their families more access to cities. This may lead some families or children to migrate to nearby cities, where many of them end up living in the street due to a lack of alternatives.	- A new transport route creates employment opportunities for adults, which may give them the revenue they need to keep their children in school, instead of working in the street.
HIV/AIDS affected children	- Construction workers and later truckers who use newly built roads may be infected with HIV and may engage in unprotected sex with local adults or children, thus cause parents to die and infection among children.	- New transport routes improve communication and may increase a community's access to information about how to prevent HIV/AIDS, protecting parents and young people. In several countries, HIV/AIDS activities take place in the rail stations and bus stations that are built along these new routes. - These routes also improve access to HIV/AIDS counseling and treatment services, where available, thus helping to extend the lives of infected parents or preventing mother to child transmission.
Children in the Worst Forms of Child Labor	- Contractors in the transport sector need large numbers of cheap unskilled laborers. Some may hire under-aged children to do some of this heavy work. - Construction workers and truckers create a demand for sexual services. This may result in an increase in the number of child prostitutes as well as the most vulnerable children being forced to have sex against their will.	- Road and other transport projects create employment opportunities for adults in local communities, both during construction and often later on from the new economic activity stimulated by the new transport routes. This may decrease pressure on parents to send their children out to earn an income, in activities that may be harmful to them. Labor-based programs sometimes target vulnerable households and individuals when recruiting workers. These may include single-parent or low-income households, ex-combatants, etc.

Children in Post-Conflict Situations	- The process of building a new road or railway, may dislodge unexploded ordinance, causing it to explode unexpectedly, which may put passing children at risk. - During the road construction process, traffic may be temporarily re-routed to another route, which may have undetected mines that could harm a child.	- As roads are reconstructed in a post-conflict situation, the risk that a child will step on a mine in the roadway is reduced. - Large infrastructure projects create employment opportunities for older children formerly associated with armed conflict, who do not wish to enroll in school.
Children living with a disability	- All children are at risk of injury and disability from passing traffic	- New transport systems may improve access for disabled people to health and education services as well as to specialized therapy. - New paved roads and sidewalks may make it easier for wheelchair bound children to be mobile. (In the African context the wheel chair consists of a hand cranked tricycles.) New roads may improve access for all children and pregnant mothers to preventive health care services, thus decreasing birth defects and preventable childhood diseases such as polio.

A well done social assessment, led by a social sector specialist, will give you an opportunity to better understand the potential impact of your project on OVC during the design phase.

While the risks and opportunities vary somewhat from one group of OVC to another, it is recommended that you develop interventions that are open to all vulnerable children as well as those at risk of becoming vulnerable. Using rigid targeting criteria related to certain sub-categories of OVC in order to determine a given child's eligibility for project participation will in practice easily turn out to be both economically inefficient and will often also be perceived as "unfair".

Contract Clauses on HIV/AIDS, Child Labor and Vulnerable Groups

One of the simplest things a Transport Project can do is to make sure that all contracts used by the Ministry of Transportation are consistent with international and national labor law, which prohibits contractors from hiring children less than 15 years of age for (hazardous) work. In Mozambique, DFID requires its contractors to give priority to vulnerable groups in its hiring practices. These groups include households led by widows, single mothers, and households that lack a permanent source of revenue. Likewise, the MOT should include language in their contracts requiring construction firms to educate their workers on how to protect themselves and the people who live in the communities where they work from HIV/AIDS (see sample contracting language). Thus, preventing more orphans and infected young people in their work areas.

The success of both measures depends, in part, upon having the manpower, with the right skill set, to verify that the clauses are being respected and that sanctions are applied for those contractors who do not live up to their contractual agreements. This pre-supposes that you have the manpower to monitor adequately, which, unfortunately, is often not the case. Budgets for transport projects in countries with legal systems that have the capacity to prosecute such cases should be sure to include funding to pay for this type of monitoring.

But this is only half the problem, engineers feel competent building things, not distributing condoms and attempting to change people's behavior. While a contractor may be willing to commit to providing HIV/AIDS prevention education, he may have no idea about how to go about doing it.

The Ethiopian Road Sector Development Program (RSDP) (see Africa Transport – Technical Note, Working with Road Contractors on HIV/AIDS Prevention) worked closely with contractors to help them to comply with this new requirement of proving HIV/AIDS prevention education. First they had to educate the contractors about HIV/AIDS, many of whom were from China and Korea and were less familiar with the virus and its impact in Africa. In the process, the Roads Program staff helped the contractors identify two main HIV/AIDS prevention interventions that they could finance: Information, Education, and Communication (IEC) and condom distribution. Later on, they encouraged the contractors to develop partnerships with the health facilities in the host communities where they were operating. This helped them expand the scope of their IEC and condom distribution activities to include a wider range of community residents, not just those who worked for the company. It also gave its HIV/AIDS infected workers access to counseling and anti-retroviral treatment.

The project developed a format for the contractors to include with their monthly progress reports, which tracked their achievements in the areas of IEC and condom distribution. It tracked the number of condoms, posters, and brochures distributed as well as information sessions held and people reached through these sessions for each of their operational sites. Contract budgets eventually included a special line item for HIV/AIDS prevention activities, which also facilitated tracking.

While it took a while to get this component off the ground, it proved very effective, with 85% of the contractors' workers reporting that they had heard of HIV/AIDS and knew how it is transmitted. Ethiopia Roads Authority staff showed an even higher rate, with 90% reporting an awareness of HIV and its transmission. The 12,000 ERA staff went on to create an OVC fund, where they each contributed a portion of their earnings to assist orphans of ERA employees who have died from HIV/AIDS.

Among the lessons learned from this project and others are:

- MAP funds were critical for taking the HIV/AIDS prevention activities forward.
- There must be buy-in from the top management and workers of both the Roads Authority and the Contractors, if the initiative is going to be taken seriously and implemented effectively.
- MOTs may need to create a special unit dedicated to these social sector interventions. Such units need to recruit people with community development and adult education backgrounds.
- Change takes time and requires repeated and sustained efforts.
- Don't leave women out as target audiences and as information conduits.
- Truckers and migrant road workers can also serve a valuable role in spreading the HIV/AIDS prevention message.
- Strategic alliances with NGOs and other ministries are key; the transport ministry cannot do this alone.
- Committed Task Team Leaders are also critical to the success of such initiatives.
- Guidance on implementation, supervision, and monthly reporting is crucial in helping the contractors fulfill their commitments.
- These activities need to be properly funded through a special line item and tracked on a monthly basis throughout the life of the project.

Community Road Safety Initiatives

Communities need to be consulted on road safety issues early on in the project design phase. These consultations, which can be conducted through surveys or community meetings, should ideally include OVC and their parents. NGOs and community organizations can play an important role in gathering input from communities at the project design stage and later on in implementing traffic safety education sessions for community residents. Ideally, there should be a road safety education line item in the Ministry of Transportation's annual budget to finance this type of activity. In Ethiopia, the Road Fund Board pledged to use 3 percent of its earnings on road safety initiatives.

Many different media can be used to promote road safety at the community level, as illustrated by this long list of interventions promoted by BRAC, the largest NGO in Bangladesh:

- Review of road safety lessons in the non-formal education curriculum and training for teachers.
- Popular theatre for to promote road use awareness among community residents
- Basic motor cycle riding training
- Publicity through community libraries
- Village organizations focused on road safety
- Human rights and legal education class for awareness of road safety laws
- NGO network for road safety,

For some examples of projects that include both the HIV/AIDS prevention and Road Safety components, refer to the project links below:

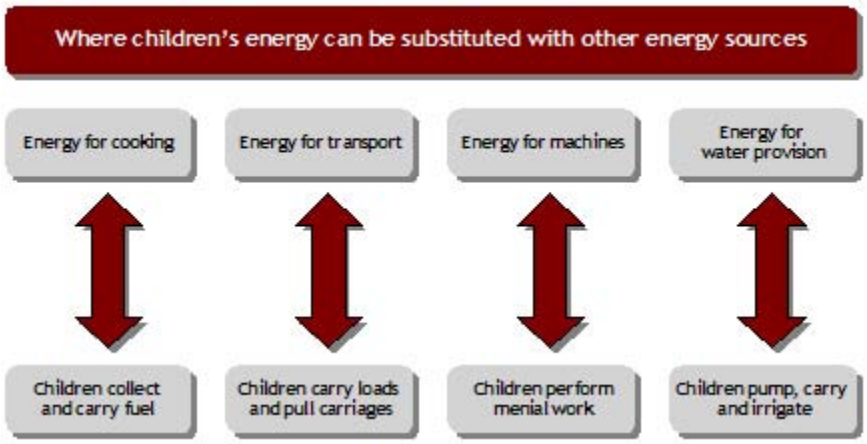
- Kenya: Northern Corridor Transport Improvement Project

- Mali: Transport Corridors Improvement Project

Energy

Why worry about OVC in energy projects?

When few other energy sources are available, affordable or socially acceptable, communities often choose to exploit the energy of their women and children for menial work tasks.



- **Children as fuel collectors.** In areas where energy is scarce, poor, marginalized and out-of-school children are widely employed as fuel collectors and carriers. The sale of biomass fuel may be a main source of income for poor women who provide for OVC, and an ever-present opportunity to put children to work and make them net contributors to their households. Among these children, we find many OVC who are either extremely poor or unwanted and thus discriminated against within their own households. Other OVC may use fuel collection and sales as a way to finance their own survival and the survival of younger siblings or other family members, as well as a means to finance their own education.

- **Children as transport.** In sub-Saharan Africa most energy is costly, in particular compared to the very low cost of having children transport goods. Transport is one of the main activities of working children in Africa. In addition to firewood, in particular rural (but also urban) children spend enormous amounts of time fetching water, transporting equipment and farm products on the farm and to and from local markets. OVC also widely engage as commercial porters in markets and car stations.

- **Children performing menial work.** The cost of available energy vs. the cost of child labor creates an enormous child labor demand of a sort that would be less common in most other parts of the world. A common and harmful example of this is children's labor in quarries. Cracking rocks into gravel could effectively and easily have been mechanized, but that requires energy input and machinery. Across Africa, poor children (many of them orphaned) are relocated to quarry sites where they work, and sometimes live, cracking each rock into gravel by hand.

- **Children and water provision**. A considerable share of child labor in Africa is related to the poor access to water of most African households. Water is crucial to everyday household needs, but also fundamental in agriculture. Where deemed necessary, children of all ages spend significant amounts of their work time pumping the water, fetching and carrying it, and watering food crops.

Overview of Possible Interventions

Because energy projects are generally meant to provide new, cheaper or more effective access to energy, they can greatly benefit children and women by reducing their work burden. But if those women and children make a living by providing access to the traditional forms of energy resources (e.g., selling fuel-wood), the project – if poorly designed – may make them even more vulnerable. In addition, energy projects may involve extensive construction (e.g. a power plant), and this may result in the proliferation of ancillary services that employ considerable numbers of children, especially girls (preparing and selling food for construction workers, washing their clothes, etc.). While some additional cash earned by children may be most welcome, this should not interfere with schooling and should not be done in a way that hurts their development.

Below are some ideas of project design features to consider. But this is a field where attention to social issues, and in particular to OVC, is not common and in the end it will be up to the creativity of the Project Team to find the best ways to integrated OVC concerns on the basis of the results of a social assessment.

OVC Category	Most Likely Project Design Features – Energy Sector
All OVC	• Carry out a social analysis to determine the need for compensatory measures for OVC and their caretakers. • In project preparation, include a dialogue with relevant ministries, e.g. the ministry of education, social protection, women and families to ensure adequate in-put. • Give preferential access to jobs and other benefits created by the project to vulnerable people, including OVC caretakers or OVC themselves if they are old enough (e.g., adolescent orphans heads of household). OVC should not loose out as a result of the project: The project should enhance OVC access to economic and social development opportunities. • Include a special component to support alternative income generating activities for relevant vulnerable groups, including OVC and OVC caretakers who will lose their livelihood as a result of the project (training, micro credit, grants – but be aware of the possible pitfalls for OVC related to such interventions. See the section on Pitfalls for more on this.). • For projects generating large profits, such as oil projects, consider setting up a special OVC Fund with part of the profits (it's also good for PR!). Make sure that these funds are used strategically to have a sustainable impact on the well being of OVC in the region and not just to finance a collection of small charitable initiatives, which don't add up. One option would be to invest these funds in conditional transfers to assist OVC to enroll in school and get basic health care (see the sub-section on conditional transfers). If there is a shortage of classrooms in the area, consider working in partnership with the Ministry of Education to build schools in the affected area. • If large commercial companies are involved, request whether they have a Corporate Social Responsibility program, and if they would be interested in allocating some of its funds towards vulnerable children affected by the project (for more on Corporate Social Responsibility see The CSR site)
Children in the Worst Forms of Child Labor	• Determine strict rules for local contractors to prevent them from employing children under 14, and agree on a fair way to determine the age of children in the absence of a birth certificate (e.g., height). • Run awareness campaigns in communities close to construction sites to discourage families from taking children out of school for work related to the project. • Run IEC programs in communities and with project workers to discourage the exploitation of child prostitutes (this can be done in the context of an HIV/AIDS awareness campaign, which should in any case be included in the project)

Including OVC in the Social Analysis of Energy Projects

When increasing access to modern energy services, the concern for the survival of those whose lives depend on income from the traditional energy markets must be taken into account. Therefore it is crucial to understand how your project can affect these most vulnerable groups, so as to take appropriate corrective or compensating measures.

If at all possible, you should conduct a full-fledged social analysis of your project (more on social analysis: The Social Analysis Sourcebook) In the social analysis, address issues related to the impact the project is likely to have on vulnerable children. If your budget and time are limited, make sure that the mandatory Environmental Assessment includes a section on the likely impact of the project on the social environment, with gender and children considerations being given particular attention.

Some OVC related questions include:

- Are children involved in activities that will be affected by the new energy project, notably in functions that can or will be changed as a consequence of the project? Are these children more likely to be boys or girls? Ask in particular about fuelwood supplies, availability of transport systems, and who does the menial work.
- Are they involved in these activities to cover their household internal demands or to earn cash?
    - If the latter: what consequences will the loss of that income mean to the child and/or to the child's family? Will the child have to do even worse types of work? Will the child loose his/her ability to support him/herself or his/her education?
    - If the former: will children's freed time be used for school and play, or to relieve the workload of other household members? Will all household children benefit equally from the time saved from energy-related tasks? (Explore: is there a school? Are there other obstacles to the children spending their saved time for education? Is it different for boys and girls?)

Can the project negatively affect adults that care for OVC? Could the project lead to adult job loss, forcing children into child labor? (The latter is a typical case with women fuel wood carriers, who are often heads of household with no other means of survival).

Providing alternative sources of income

Based on what was learned in initial consultations/social assessments, consider how the project design can be adjusted in order to limit negative impact on children who are already vulnerable, or to prevent new children from becoming OVC (for instance, drive children into more hazardous forms of child labor). Probably, the most important measure consists of identifying and supporting new ways of earning a living for those who are likely to lose their livelihood as a result of the project. Below are three options, going for the easiest to implement in the context of the project, to the most difficult

- The most straightforward measure is to give priority access to new jobs created by the project to OVC caretakers or older OVC, but jobs at the appropriate level (i.e., low) are probably going to be too few. Training could be provided to make these jobs more accessible to the target groups. For example, OVC caretakers and older OVC could be trained in making and marketing improved stoves.

- Some projects may create new opportunities for employment in activities that are not directly financed by the project itself but feed into it. For instance, a project to replace biomass fuel with more modern sources of energy would put women and children fuel wood carriers out of work, but could provide employment opportunities in tree nurseries to encourage reforestation. The standing World Bank operational model for traditional energy interventions is based on participatory community-based natural resource management systems. An "assets-based" development approach is recommended, where economic diversification and introduction of new and added value jobs are created at the local level. All ongoing World Bank energy operations that include biomass energy components follow this approach (e.g., Senegal PROGEDE, Burkina Faso AIJ/RPTES, Ethiopia EAP, Chad HEP, Madagascar EP3). Projects that will attract large numbers of workers from the outside, such as power plants, will probably offer opportunities to open small restaurants or canteens in the vicinity of the plant. Measures can include:

    - Studies to identify business opportunities and market niches, and then targeted dissemination activities;
    - Training in specific skills and/or in business-related skills, including paid on-the-job training with existing businesses
    - Access to grants or micro-credit (micro-credit is not a simple matter and sector guidelines for micro-credit activities should be followed. To learn more on this, see CGAP and their Key Principles of Micro Finance.)
    - Regular follow-up in the initial period for those setting up their own new micro-business.
    - Note: All the suggested activities could give negative effects for OVC. To learn more about the risks, see the "Pitfalls" section of this Toolkit.

When no (or not enough) employment opportunities can be identified in ancillary activities, the measures mentioned above could still be taken, but not limited to ancillary activities