MINIMUM PACKAGE OF SERVICES

FOR ORPHANS AND OTHER VULNERABLE CHILDREN AND YOUTH

Foreword

The SADC region is facing an unprecedented increase in the number of children and youth who are deprived of basic services that they need to survive and grow up well. There are many who are either not at all enrolled in school or who drop out before completing primary schooling. The region continues to be home to the majority of global children who cannot survive to celebrate their 5th birthday. Food insecurity also remains a major challenge. The majority of youth who live in very poor families and households are not skilled and can not find employment, and thus can no longer cope. There are still many cases where laws and cultural beliefs do not protect and safe guard orphans to inherit the wealth of their parents and guardians when they die. Cases of child abuse and child labour are high including trafficking for commercial exploitation. Deprivation and vulnerability of children and youth in the region is largely caused by high levels of HIV and AIDS, poverty (which has been exacerbated by the global financial and economic crisis) and in some cases conflict and natural disasters.

The vulnerabilities of children and youth pose a serious threat to regional socio-economic integration and development, peace and security. To mitigate these challenges, SADC has taken the position that it is more appropriate to define basic needs and services for vulnerable children and vulnerable youth, and to provide these services in a comprehensive and holistic manner across the region. This is particularly important because the basic needs required by children and young people to develop into productive citizens and to realise their full human capabilities are many, and equally important. They are also interrelated such that the absence of some can result in the absence of those that may be available. For example, with no birth certificates, children can not access basic services even in situations where they are offered free. In the absence of vocational or entrepreneurial skills, youth can not secure employment or transform innovative ideas to self employment and livelihoods earning opportunities which are necessary to provide for their health care, food security, protection from abuse and psychological and social wellbeing. In the absence of safety nets, they are likely to engage socially deviant and risky behaviours, such as criminal activities, violence,

transactional sex, early marriage or drug abuse. For such children and youth, social protection is one way to address their basic needs.

To provide basic services for children and youth effectively, SADC invites all actors - government, civil society organisations, private sector, older children and the youth, international co-operating partners and donors to collaborate and strengthen their capacities for service referral, and to 'knit' their efforts to provide all basic services to vulnerable children and youth in a holistic manner. Thus at every point of service delivery, each sector should identify other unmet needs of children and young people and refer them to respective sectors to provide them. They can also integrate other related services and provide them as part of their sector mandates. These links and referrals form the backbone of a coordinated service delivery approach for comprehensive services for vulnerable children and youth, and are elaborated in this Minimum Package of Services for orphans and other vulnerable children and youth.

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SADC Executive Secretary

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Executive summary

The majority of the children and youth in the Southern African Development Community (SADC) live precariously as a result of many issues: i) high levels of poverty and unemployment, which have been exacerbated by the global economic and financial crises and little industrial growth; ii) high incidence of disease, primarily HIV, AIDS, tuberculosis and malaria; iii) social and political conflict; and iv) recurring natural disasters, such as drought and floods. According to UNICEF (2006), the 15 countries that comprise the region[1] are home to nearly 17 million orphans. The numbers of vulnerable children and youth who are not orphaned and the magnitude of their problems are not very clear because of the weak systems for generating and managing information. What is known is that vulnerable children typically grow into vulnerable youth. And vulnerabilities go beyond HIV or AIDS. According to UNESCO estimates cited in UNICEF (2007), for instance, 90 per cent of school-aged children with a disability in the SADC region are not in school.

The disproportionate population of children and youth who are deprived of essential care and the chance to develop to their potential limits the ability of SADC Member States to meet its human development targets as well as its regional integration and development goals. That deprivation among young people also poses a major threat to political stability, peace and security in the region. Without their basic human needs tended to, children and youth become adults who cannot change their worlds for the better.

Much progress, but a need for collaboration and coordination

Much work has been done to improve the situation of orphans and other vulnerable children and youth (OVCY) across the region. All SADC Member States have ratified the United Nations Convention on the Rights of the Child, and all but one also has

1 Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe

ratified the African Charter on the Rights and Welfare of the Child. Member States have also ratified international and regional instruments covering such issues as gender equality, health and sanitation, education and skills development, protection of children and youth from exploitation and harm, prevention of child labour, food security and nutrition, poverty reduction and unemployment.

Pockets of good practice exist in Member States, much of which has not been formally documented or shared. Significant progress, for example, has been made in the realm of policy improvements. Countries have developed or are developing a costed national plan of action, which is critical in providing a framework for action for both governments and civil society because it lays out the strategies, activities and responsibilities for the care and support of children. Other Member States have begun to integrate a mitigating response to vulnerability into some form of comprehensive children's legislation (such as a Children's Act) and into national poverty reduction strategies. SADC Member States are increasingly ratifying and domesticating the African Youth Charter and putting in place relevant instruments and structures to accelerate youth development.

However, the current delivery of services in each SADC Member State is too piecemeal, vertical sector based, short term and grossly inadequate to respond to the complexity of needs of orphans and other vulnerable children and youth. Thus, SADC is promoting a more coordinated, holistic and comprehensive service delivery approach. This approach fosters collaboration between and within different service delivery sectors to address the continuum of needs of OVCY. It promises to reduce the number of children and youth who 'fall through the cracks' of the service delivery systems and to ultimately contribute significantly to breaking the intergenerational cycle of poverty and vulnerability for many children, youth and their families.

Recommended minimum package of services

SADC is moving to establish common standards and guidelines for improving the delivery of basic services for orphans and other vulnerable children and youth. The regional Strategic Framework and Programme of Action for OVCY, 2008–2015 is

being put into action through the Minimum Package of Services for Orphans and Other Vulnerable Children and Youth. The Minimum Package was developed through an extensive consultative process involving most actors in the region and approved by SADC ministers responsible for vulnerable children and youth at their joint meeting in Windhoek, Namibia in June 2011.

The Minimum Package is a guide to encourage the harmonizing of service delivery for OVCY across the region. Member States can adopt or adapt these standards and guidelines at the national level. The Minimum Package identifies the basic needs of children and youth and the services they require as well as complementing services needed to deliver basic services. It also identifies the primary and secondary sectors and actors that can respond and how their services can be delivered in a coordinated, collaborative, holistic and comprehensive manner. The urgency and relevancy of the services may differ significantly for different age groups. Having a minimum set of standards will allow for a comparative monitoring of progress across the region.

The basic and complementing needs and services outlined in the Minimum Package are classified under the following priority categories:

Education and vocational skills. This category covers early childhood development, primary, secondary and tertiary education, non-formal education and vocational training opportunities for children, adolescents and youth. The basic services required to fulfil the need for education and vocational skills are largely the responsibility of the education and skills development sector and include tuition fees, school uniforms, educational materials (stationery and instructional materials), skilled teachers and safe schools, psychosocial skills and support for all children and youth, and professional, entrepreneurial and livelihood training and income-earning skills for adolescents and youth.

Complementing services that could be provided with the support of other sectors include those without which effective teaching and learning for vulnerable children and youth cannot take place because they affect access to educational facilities and

opportunities, enrolment, retention and achievement, such as birth registration.

Health care and sanitation. The basic services required to fulfil the need for good health and sanitation and which are primarily the responsibility of the health and related sectors include immunization; micronutrient supplementing, therapeutic feeding and oral rehydration therapy for younger children; prevention, treatment, care and support for malaria, HIV, AIDS, tuberculosis and other diseases; sexual and reproductive health care and age-appropriate provisions for adolescents and youth; and counselling and support for psychosocial disorders and problems.

Among the complementing services that could be provided with the support of other sectors are the provision of clean water, sanitation and environmental protection services and social protection services that enable access to health care and sanitation services.

Food security and nutrition. The basic services required to meet the need for food and nutrition often fall under the primary mandate of the agriculture and natural resources sectors and include food security and the production and provision of nutrition-rich food for different age groups. Sectors that coordinate child and youth development also play a critical and direct advocacy and monitoring role.

Complementing services that could be provided with the support of other sectors include specialized supplementary and therapeutic feeding and nutrition education and counselling.

Child and youth protection and safety. This area covers basic needs for shelter and clothing, building psychosocial skills and competencies, and protecting and rehabilitating from physical, mental and psychological harm. The requisite services are often provided by different sectors relating to home affairs and security, social security and social welfare, child and youth development and gender equality. The services include birth registration, family tracing and reunification for abandoned and displaced children, counselling and rehabilitation, inheritance claims and legal support, alternative

care and access to a supportive adult. It also includes prevention of child labour and protection from human trafficking.

Psychosocial well-being. Satisfying this basic need is cross cutting and is required for all the other basic needs to be achieved and sustained. It can be provided primarily by many sectors and integrated as part of their routine services. The services required for psychosocial well-being address a wide range of needs that fall under: i) psychological and social skills and knowledge, ii) emotional and spiritual well-being and iii) social well-being.

Social protection. Because the immediate family care and support system for vulnerable children and youth is likely broken and can no longer cope, they require direct external financial and social assistance to restore services and rehabilitate often extreme cases of deprivation. In this regard, targeted social protection is essential and thus considered a basic need. Social protection is often provided by the sectors that are primarily responsible for coordinating finance, economic development and poverty reduction-related services as well as donors. It can also be provided by communities.

Delivering the Minimum Package in a comprehensive manner

Different options or strategies can be applied in different combinations to ensure that all the basic needs and requisite services are responded to and provided for vulnerable children and youth in a comprehensive manner at all times. This includes:

- advocating with leaders to engender comprehensive service delivery in all policies, strategies and programmes
- mobilizing and empowering communities, including strengthening the capacity of vulnerable children (consistent with their evolving capabilities), youth and their families to access or generate their own livelihoods
- strengthening the capacity of sectors to deliver services within their mandates and additional requisite services that may not be within their traditional mandate
- strengthening competencies and providing policy and legislative frameworks for evidence-based cross-sector collaboration and partnerships in the delivery of targeted services for children and youth; and

- developing and strengthening the coordination of service referral systems.

Recognizing that psychosocial support is an emerging subject matter and service area and thus often not well understood or applied in the region, a companion Regional Conceptual Framework for Psychosocial Support for Orphans and Other Vulnerable Children and Youth has been developed for SADC Member States.

Abbreviations and acronyms

ACRWC	African Charter for the Rights and Welfare of the Child
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
CRC	Convention on the Rights of the Child
DHS	Demographic Health Survey
ECED	Early Childhood Education and Development
EMIS	Education Management Information System
FAO	Food and Agriculture Organization of the United Nations
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICP	International Cooperating Partner
ILO	International Labour Organization
MDG	Millennium Development Goal
NPA	National Plan of Action
OVC	Orphans and other Vulnerable Children
OVCY	Orphans and other Vulnerable Children and Youth
PMTCT	Prevention of Mother-to-child Transmission
PSS	Psychosocial Support
REPSSI	Regional Psychosocial Support Initiative
RISDP	Regional Indicative Strategic Development Plan
SADC	Southern African Development Community
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TVET	Technical and Vocational Education and Training
UNESCO	United Nations Education, Science and Cultural Organization
UNICEF	United Nations Children's Fund

Definition of terms

Term	Definition
Abuse	An act of ill treatment that can harm or is likely to cause harm to one's safety, well-being, dignity and development.
Adolescent	According to the United Nations, this is a person aged 10 to 19 years.
Caregiver	A **caregiver** is any person giving care to a child in the home environment. **Primary caregiver** is the main person who lives with a child and provides regular parenting care for the child in a home environment. This often includes family members, such as parents, foster parents, legal guardians, siblings, uncles, aunts and grandparents or close family friends. **Secondary caregivers** include community members and professionals such as nurses, teachers or play centre minders who interact with a child in the community or visit a child at home but do not necessarily live with the child. **Child and youth caregivers** include children and youth who are caring for other children, ill parents and relatives and/or heading households.
Child	Any person younger than 18 years.
Comprehensive response	An intervention or effort that meets the complete set of basic needs or defined minimum standards across multiple services that addresses the survival, development, protection and participation rights of children and youth while addressing vulnerability.
Counselling	"Counselling is talking to a counsellor about your situation and your problems and worries. The counsellor will help you make plans and decisions, give you information and help you find answers to your questions. Counselling is not about telling you what to do; it is about helping you decide what you think is best to do and giving you support for following your decisions through."Counselling may take place in a one-to-one situation or in groups and may be facilitated by a professional or lay counsellor.

Term	Definition
Deprived	A situation in which the basic survival, development, protection and participation needs and rights of children and youth have not been met.
Developmental needs	Physical, biological, emotional, social, psychological, intellectual, spiritual and creative necessities for children to survive and grow well enough to sustain normal productive lives that last throughout their entire life cycle.
Disability	An umbrella term, covering social, mental and physical impairments that may lead to limitations in activity and restrictions in participation. An 'impairment' is a problem in body or mental function or structure; an 'activity limitation' is a difficulty encountered by an individual in executing a task or action; while a 'participation restriction' is a problem experienced by an individual with involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.
Family	A social unit created by blood, marriage, adoption or defined by common line of kinship or relationship of a paternal or maternal nature. This can be biological or adoptive. It can be described as nuclear (parents and children) or extended (the conjugal family as well as other relatives or descendants of the husband and/or wife).
Holistic approach	A procedure for ensuring that different options or strategies are considered and applied flexibly in appropriate combinations that ensure comprehensive or optimal fulfilment of the well being and development of a child.
Household	A social unit of people (not necessarily related) living together in the same house or compound, sharing the same food or cooking facilities.
Integrated approach	A procedure for incorporating additional approaches, interventions or services into existing programmes or services or social practices to ensure improved service delivery efficiency and comprehensive developmental outcomes.

Term	Definition
Life skills	Psychosocial, interpersonal and self-management skills that help people make informed decisions, communicate effectively and cope with adversity.
Mental health	"Mental health is a set of positive mental attributes in a person or in a community. It is a state of well-being in which an individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Mental health is a conscious, dynamic, evolving capacity and not a pre-determined, unchangeable, all-or-nothing state. Child and adolescent mental health is the capacity to achieve and maintain optimal psychological functioning and well-being; it is directly related to the degree of age-appropriate physical, psychological and social development achieved using available resources.
Orphan	A child aged 0–17 years whose mother (maternal orphans) or father (paternal orphans) or both (double orphans) are dead. The term 'social orphan' may be used to describe children whose parents may be alive but who are neglected or abandoned by their parents or whose parents are no longer fulfilling any of their parental duties.
Psychosocial	The term psychosocial is used to emphasize the close connection between psychological aspects of experience (thoughts and emotions) and the wider social experience (relationships, practices, traditions and culture), both of which interact to form the human experience. It also takes into account spiritual (values systems, beliefs) and physical aspects of an individual.
Psychosocial support	A continuum of care and support that addresses the social, emotional, spiritual and psychological well-being of a person, and influences both the individual and the social environment in which people live. Attempts have been made to distinguish between 'psychosocial care' and 'psychosocial support'. In different countries, the terms 'care' and 'support' have different meanings. For this document, 'psychosocial support', or PSS is used as shorthand for 'psychosocial care and support'.

Term	Definition
Psychosocial well-being	Refers to the state of being in which an individual has the ability to make sense of, and have a degree of control over their world, with hope for the futureand to be a responsible, productive and caring memberor leader of a community. It includes material, cognitive, emotional, spiritual and cultural aspects of a child's/youth's life and their interpersonal relationships. With regard to children, the Psychosocial Working Group defines psychosocial well-being as the positive age- and stage-appropriate outcome of children's development. It is characterized by the individual's ability to: i) make appropriate decisions that have short- and long-term benefits to the individual and to society, ii) assume and maintain social responsibility and healthy social relationships and behaviours and iii) maintain a condition of mental capability and absence of temporary or long-term mental impairment.
Risk	The possibility, chance or threat that one will be deprived in the immediate or long terms.
Social protection	All public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks and/or enhance the social status and rights of the marginalized, with the objective of reducing the economic and social vulnerability of the poor, vulnerable and marginalized groups.
Social transfer	Regular, predictable transfers (cash or in kind, including fee waivers) from governments and community entities to individuals or households that can reduce child poverty and vulnerability, help ensure children's access to basic social services and reduce the risk of child exploitation and some forms of abuse. Includes social security income transfers for people experiencing unemployment, poverty, disability or other forms of vulnerability.
Sustainability	To ensure that human development efforts achieve lasting improvement on the lives of children, youth and their families/carers and communities without bringing about any harm or compromising their well-being and that of others in the present or the future.

Term	Definition
Vulnerability	A state of high risk of deprivation or, according to the World Bank, "an expected welfare loss above a socially accepted norm, which results from risky or uncertain events and the lack of appropriate risk-management instruments".
Vulnerable children	Children who are unable or who have diminished capacity to access their basic needs and rights to survival, development, protection and participation as a result of their physical condition or social, cultural, economic or political circumstances and environment and require external support because their immediate care and support system can no longer cope.
Vulnerable households	Households that are unable or that have diminished capacity to access the basic needs and rights of their members.
Vulnerable youth	Persons aged between 18 and 24 years who are unable or who have diminished capacity to access their rights to survival, development, protection and participation and may be at risk of being harmed, exploited and/or denied necessary age-specific developmental needs as a result of their physical condition, such as disability, unemployment, HIV infection or AIDS, armed conflict and war, living on the street, neglected by parents, undocumented migrant status, substance abuse, among others.
Young person	According to the United Nations, this refers to any person aged 10 to 24 years and includes some children, all adolescents and youth.
Youth	SADC adopts the African Youth Charter definition of youth or young person as any person aged between 15 and 35 years.

1. Introduction

In this document, the following are used interchangeably: orphans and other vulnerable children and youth (OVCY) with vulnerable children and youth, and basic needs and services with essential needs and services.

1.1 Background

The Southern African Development Community (SADC) was established through a treaty in 1992, replacing its precursor, the Southern African Development Coordination Conference (SADCC), which was established in 1980. It consists of 15 Member States: Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe. SADC is a regional community with "a vision of a shared future" to be achieved through deeper regional socio-cultural, economic and political integration. Article 5(a) of the SADC Treaty outlines one of SADC's main objectives: "to promote sustainable and equitable growth and socio-economic development that will ensure poverty alleviation with the ultimate objective of its eradication, enhance the standard and quality of life of the people of Southern Africa and support the socially disadvantaged through regional integration" (SADC, 1992).

To facilitate its work and achieve a common understanding of the development priorities among Member States, SADC has made various policy commitments in the form of treaties, protocols and declarations. These policy commitments are being put into programmes through the 15-year Regional Indicative Strategic Development Plan (RISDP) and the Strategic Indicative Programme of the Organ on Politics, Defence and Security (SIPO), adopted in 2004. The Strategic Framework and Programme of Action, 2008–2015: Comprehensive Care and Support for Orphans and other Vulnerable Children and Youth is a part of the effort to implement the RISDP. It draws on existing global, continental and regional commitments on child and youth development and

combating poverty as well as experiences in Member States. The Strategic Framework promotes comprehensive service delivery for children and youth. The Minimum Package of Services for Orphans and Other Vulnerable Children and Youth (Minimum Package), which this document represents, is an instrument, collectively developed and agreed upon by SADC Member States, to guide the implementing of a holistic approach towards providing a minimum of basic (comprehensive) services required for the optimum development of children and youth.

The Minimum Package was developed within the context of deepening poverty and ravaging impact of HIV and AIDS in SADC. An estimated two-thirds of the population in the region live below the international poverty line of US$1.25 (World Bank, 2010) per day. Some countries are in or emerging from recent armed conflict, and the region is prone to devastating natural disasters, such as flood and drought, exacerbated by climate change. The recent global financial and economic crises aggravated the already dire poverty situation across the region.

That socio-economic environment leaves millions of children and youth across the region living precariously. Due to poor information management systems, the magnitude and depth of their problems, however, is not well known. What is known is that nearly 17 million of the children in the region are orphans (UNAIDS and UNICEF, 2006), many of them orphaned as a result of AIDS; more than 70 per cent, for example, of the orphans in Botswana and Zimbabwe lost their parents because of AIDS. Southern Africa remains the epicentre of the pandemic, with HIV prevalence as high as 26 per cent (UNICEF, 2009) in hyper-endemic countries.

While considerable progress has been made in the realm of policy improvements for orphans and other vulnerable children, significant gaps remain. There is a substantial disconnection between policy and practice. Vulnerable children typically become vulnerable youth. Poverty is endemic and employment scant. Many youth have limited training and are unable to find work and thus have increased vulnerability towards engaging in risky coping strategies to survive, which then traps them in a vicious cycle of vulnerability that transfers between generations. To confront these issues, the SADC

region decided it is necessary to meaningfully address the needs of orphans and other vulnerable children and youth (OVCY) collectively.

1.2 Rationale and purpose for the Minimum Package of Services

The Minimum Package covers the basic needs and services that are absolutely essential for children's and youth's optimum development and well-being. The emphasis is not just on the services and standards but more so ***on the delivery of all them where needed***. Most of the targeted children and youth likely require a combination of services. Without any one of these needs fulfilled, there is a risk that the affected child or the youth may not fully develop to realize and apply their human potential and capabilities.

Rationale

The increase in the numbers of vulnerable children and youth despite the policies and in some cases laws to promote child and youth development in most SADC Member States is evidence of systemic weaknesses in service delivery. Studies conducted in the region (SADC 2007, 2010; Dzirikure, 2010) revealed these weaknesses to primarily include vertical and/or parallel sector service delivery approaches that do not consider the child or youth as a holistic entity. There is little deliberate effort by service providers to ensure that a vulnerable child or youth receives a set of minimum basic services that they need to develop optimally. These services are in most cases partially defined and in some cases, there is no common understanding of what is a basic standard. Sectors and organizations that provide services for children and youth (and their caregivers) work seemingly in isolation, in some cases in competition, with little or no coordination of service delivery processes. Thus the quality of service delivery cannot be commonly monitored and measured and consequently cannot be compared between organizations in one country and across Member States in the region. In most cases, services that are provided to vulnerable children are terminated the moment they turn 18 years, on the assumption that they are now adults and required to take care of themselves.

At their different sector committee meetings, SADC ministers in charge of health, AIDS, education, skills training, employment and labour recognized that the basic needs and vulnerabilities of children and youth and their caregivers are many and diverse and cannot be addressed by individual sectors in isolation. The ministers called for a development approach that recognized the holistic links between the services needed by vulnerable population groups and service delivery processes.

Defining a minimum package of services for vulnerable children and youth in the region was thus critical for improving service delivery and to achieving the regional integration and development agenda of SADC. It was also necessary to enable comprehensive service delivery (SADC, 2008; Dzirikure, 2010) for vulnerable children and youth. The comprehensive approach seeks to meet young people's immediate needs, reduce deep-seeded vulnerabilities and break the intergenerational cycle of vulnerability and deprivation within households.

Purpose and function

The Minimum Package advances the comprehensive service delivery ideals of the Strategic Framework, moving broad concepts to more sector-specific recommendations. It is not intended to replace existing national OVCY policy and strategic and legislative frameworks; rather, it builds on these existing efforts. It offers a regional guide for international organizations, donors, governments, civil society and faith-based organizations, the private sector, academic and research institutions and communities on what services must be provided in a comprehensive manner to the vulnerable segment of the young population and the requisite strategies.

The Minimum Package also recognizes the importance of service delivery in the context of family and community-centred care and support. Most importantly, it promotes a sustainable strategy for comprehensive and quality service delivery for orphans and other vulnerable children and youth. The Minimum Package specifically seeks to:

i. Provide a common understanding among Member States and service providers at the regional and national levels of the essential needs and services for vulnerable children and youth, service delivery priorities and barriers that must be addressed.

ii. Spotlight policy and programmatic links that exist between the different needs and services and between the mandates of different sectors towards the delivery of each service. The Minimum Package proposes strategies for coordinating and collaborating between sectors and actors.
iii. Advocate among governments and regional and international partners on the scope and urgency of the challenges and priority needs of and services for vulnerable children and youth; and benchmark a set of basic services for the purposes of monitoring and evaluating, comparing and reporting progress among SADC Member States.
iv. Draw links in the continuum of developmental needs required from childhood to adulthood and promote continuity in services during the tumultuous transition from childhood to adulthood.

In sum, the purpose of the Minimum Package is to establish a more coordinated, holistic and comprehensive service delivery approach that focuses on fostering collaboration between and within different service delivery sectors and collectively address the continuum of needs of vulnerable children and youth. This approach is likely to reduce the number of children and youth who "fall through the cracks" of the service delivery systems and to significantly impact the intergenerational cycle of poverty and vulnerability.

Links with MDG targets

Additionally, reaching the desired outcomes of the Minimum Package will help Member States gain ground in achieving the Millennium Development Goals (MDGs). Many of the MDG target indicators have been adapted for use with vulnerable children and youth and are highlighted in section 4.

1.3 Developing the Minimum Package of Services

The Minimum Package is based on a regional assessment of the gaps in meeting essential developmental needs of OVCY that was conducted through a document

review and field interviews, including focus group discussions with children and youth. A Regional Technical Working Group and Technical Team of experts provided input and oversight during the development of the Minimum Package. It was also reviewed during two regional consultative forums by senior government officials at the levels of directors responsible for vulnerable children and youth or their equivalent, technical staff in ministries responsible for children and youth, United Nations agency specialists, regional civil society organization experts and young people.

A parallel process to develop a Regional Conceptual Framework for Psychosocial Support informed the psychosocial component of the Minimum Package. Both the Minimum Package and the Conceptual Framework for Psychosocial Support were reviewed and approved by SADC ministers responsible for vulnerable children and youth in June 2011, and endorsed by SADC Ministers responsible for Health and HIV and AIDS in NOvember 2011. The Minimum Package will be presented to SADC ministers in charge of employment, labour, gender and women's affairs, education, and food and agriculture at their separate sector meetings for endorsement of those aspects that are within their sector mandates.

1.4 Structure of the document

This Minimum Package document presents first a brief analysis of the situation of OVCY (section 2), followed by an outline of the guiding concept and principles (section 3). The essential needs and services are described (section 4), followed by proposals on how to provide the services in a comprehensive and holistic manner (section 5). A summary of the knowledge management arrangements for the application of the Minimum Package is then provided (section 6). The annexes present the detailed matrices, elaborating on the specific services.

2. The situation of orphans and other vulnerable children and youth

2.1 Summary of the situation of vulnerability

According to estimates by UNICEF and UNAIDS in 2006, there were approximately 16,808,000 orphans younger than 18 years living in the SADC region. These figures are a gross underestimate of the total number of all vulnerable children and youth in the region, largely because these groups often go unnoticed, making their numbers more difficult to quantify (Forster, 2005). The number of other vulnerable children who are not orphans and vulnerable youth is not well known due to weak information management systems. The distribution of orphans varies among Member States, as shown in table 1. AIDS is clearly a major contributor to the loss of parents in the countries that are worst affected by the epidemic.

Table 1: Estimated number of orphans in SADC, by country

Country	Total No. of orphans	% of children who are orphans	No. of orphans due to AIDS	Children orphaned by AIDS as a % of all orphans
Angola	1,200,000	14	160,000	13
Botswana	150,000	19	120,000	76
DR Congo	4,200,000	14	680,000	16
Lesotho	150,000	17	97,000	64
Madagascar	900,000	9	13,000	1
Malawi	950,000	15	550,000	57
Mauritius	23,000	6	-	-
Mozambique	1,500,000	15	510,000	34
Namibia	140,000	14	85,000	62
Seychelles*	-	-	-	-
South Africa	2,500,000	13	1,200,000	49
Swaziland	95,000	17	63,000	66
Tanzania	2,400,000	12	1,100,000	44
Zambia	1,200,000	20	710,000	57
Zimbabwe	1,400,000	21	1,100,000	77
Total	16,808,000	14.7 (average)	6,388,000	44 (average)

*No data available.

Source: UNICEF/UNAIDS, *Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS*, 2006.

Vulnerability impacts severely on the delivery of services to meet the basic needs of children and youth in the region. In the following sections, a summary of the extent to which children and youth are deprived of their basic needs is described under each of the six major needs.

Early childhood development

Despite the evidence suggesting that early childhood education and development (ECED) has long-term impact on children's learning capacities, including readiness for primary school and overall emotional well-being as well as improved nutritional and health status, most orphans and other vulnerable children are denied ECED due to issues of cost and access. Access to ECED is particularly essential for orphans and other vulnerable children who are typically denied the right to develop in a positive household setting.

Education and vocational skills

During the SADC-conducted situation analysis, children and youth consistently identified education as crucial to their future success. Despite positive trends in access to primary education in the region, a disturbing proportion of children (around 16 per cent of the total) remained out of school and nearly 40 per cent of the region's children fail to complete the full cycle of primary education. This is true even in situations where primary education is free because of reasons related to vulnerability and poverty, including indirect and opportunity costs, such as uniforms, exam fees, learning materials, transport fare to school or long hours of walking to distant schools. Young people with disabilities and learning difficulties experience serious challenges in accessing education. UNESCO estimates that 90 per cent of children with disabilities are not enrolled in school (UNICEF, 2007).

For those who have completed basic education, secondary education can be hard to access. Enrolment in secondary education is much lower than in primary education for various reasons, including limited prioritizing by parents, the fees charged, lack of physical access and teachers and the need to earn income. There are marked inequalities due to wealth quintile and location, gender-based expectations, disability and other aspects of vulnerability, such as caring for persons in HIV-affected households. The inequality in access includes older learners, returning learners, pregnant learners, HIV-positive learners, learners with disabilities and children and youth with learning difficulties across the spectrum of formal education, from early childhood to tertiary education, and informal opportunities as well as technical and vocational education and training (TVET).

Technical and vocational education and training has been much neglected in the region in recent years due to concerns over cost and rates of return on investment. This neglect particularly affects youth and adolescents who do not complete secondary and higher education. Training programmes are rare and/or of poor quality and are not always suitable for finding employment upon completion. Yet such services and skills are crucial for vulnerable children and youth to find employment or be self-employed and move out of the cycle of deprivation and dependency. For children and youth who have missed out on education, there are fewer options.

While the importance of life skills education in the holistic development of a child or youth is well documented, life skills instruction is often treated as a secondary priority behind assessed subjects. Thus, many children and youth lack the skills to make informed decisions, communicate effectively and develop coping and self-management skills that may help them lead a healthy and productive life and contribute to their own development and that of their families, communities, nation and the region. Youth lack skills that enable them to secure their own livelihoods.

Health care, clean water and sanitation

Sub-Saharan Africa is making insufficient or no progress towards all health-related MDGs. Despite intensified efforts and progress made by Member States to promote health care for pregnant women and for children through sexual and reproductive health and child health services, death rates among women during pregnancy and childbirth in the region continue to be among the highest in the world.

Sub-Saharan Africa also has the highest under-5 mortality rate in the world, at 129 per 1,000 live births in 2009. The main causes of child deaths in 2006 were: neonatal disease – 25 per cent, pneumonia – 21 per cent, malaria – 18 per cent, diarrhoeal disease – 17 per cent, AIDS – 7 per cent, measles – 4 per cent, injuries – 2 per cent, other – 6 per cent (UNICEF, 2008).

The region has a high burden of HIV, AIDS and other diseases of public health importance, such as tuberculosis, malaria and sexually transmitted infections (WHO,

2010). Orphaned and vulnerable children and youth in the region are disproportionately affected by those diseases because of their socio-economic circumstances. The main health problems among orphaned and vulnerable children and youth are high rate of early pregnancy among adolescents and a high incidence of sexually transmitted infections, HIV, AIDS, tuberculosis and malaria. Other contributing factors are early sexual debut among youth, exposure to multiple sex partners and increased risk of sexual violence. Less than 50 per cent of people aged 15–49 who engage in higher-risk sex use condoms.

Children and youth also have social and psychological challenges that predispose them to mental disorders, such as anxiety and depression. Children, particularly, those who have already lost one household member (through death), worry about their health and that of their caregivers. Children and youth living with HIV or AIDS have particular concerns, such as adhering to their antiretroviral (ARV) therapy regimes, worrying about their CD4 count and their inability to afford medications for opportunistic infections. Access to ARV therapy for children and young people and the quality of care and support for those receiving it is a major area of concern in the SADC region.

In most of the Member States, more than 20 per cent of the population uses unsafe water and more than 50 per cent do not have access to improved sanitation facilities.

Food security and nutrition

The unprecedented rise in global food prices, global climate change and corresponding natural disasters are particularly impacting the well-being of vulnerable children. Around 36.8 million people across the region are malnourished. Child under nutrition remains stubbornly high in many Member States.

Around 35 per cent of mortality among children younger than 5 years in the SADC region is attributed to under nutrition (UNICEF, 2008). Overall, "malnutrition is an underlying factor in 54 per cent of child deaths in Eastern and Southern Africa and is particularly acute among HIV-positive children (Raphael, 2007)." About 16 per cent of children younger than 5 years suffer from moderate or severe underweight; 16.5 per

cent suffer from wasting and 33 per cent from stunting (UNICEF, 2010). Micronutrient deficiencies of particular concern in the region include iodine deficiency disorder, vitamin A deficiency and iron deficiency anaemia (African Union, 2005).

Lack of food in many Member States has been shown to be a significant barrier to educational success because children are unable to learn if they are hungry. It affects school enrolment, educational attainment and productivity, thus contributing to the cycle of poverty. Additionally, across the region there is an acknowledged relationship between HIV, food insecurity and protection. Hunger increases the likelihood of HIV infection because people are driven to adopt risky coping strategies to survive. Certain groups of children are particularly vulnerable to nutrition problems. Infants (birth to 6 months) are extremely vulnerable if breastfeeding mothers are unable to provide sufficient milk or mix breast milk with formula feeding or other substitutes. Older children often receive fewer meals per day and may consume food of poor nutritional value.

Food insecurity is characterized by gendered dimensions in that women usually bear the brunt of shortages at the household level and men receive more of the available food.

Child and youth protection

Shelter and clothing are often major problems for children and youth who are vulnerable. Some studies suggest that children who do not have proper clothing may feel stigmatized and segregated by their peers (Dzirikure, 2010), may develop low self-esteem and may not attend or pay attention at school. Vulnerable children and youth often live in larger-than-average households and in crowded situations that put them at risk of sexual and physical abuse and other related problems.

Across the region and despite progress for some, many children's rights continue to be violated, including as a result of harmful social, cultural and religious practices. Early marriage is rampant in Southern Africa, at 27 per cent for the region (UNICEF, 2009); in some countries, more than 60 per cent of marriages occur among adolescent girls.

Early marriage increases the vulnerability of children. Girls who are married early are often withdrawn from school, thus denying them an education and increasing the likelihood of perpetuating the cycle of childhood deprivation. With early marriage also comes the increased likelihood of early pregnancy, with increased risks for the mother and child. Girls who marry early are more likely to be married to much older men, which puts them in an unequal power relationship and increases the likelihood of domestic violence, including marital rape (UNICEF, 2005). Girls who marry at an early age are less likely to have the knowledge needed to protect their sexual and reproductive health. Sexual abuse among children particularly girls is of great concern. In most cases, perpetrators are not reported.

Civil registration is very weak, ranging across the region from 8 per cent to 78 per cent, and with significantly lower registration in rural areas compared with urban areas. More than 33.6 million children in sub-Saharan Africa, or 66 per cent, did not have their birth registered. The challenges are particularly acute in the United Republic of Tanzania (where only 8 per cent of children were registered at birth) and Zambia (only 10 per cent of children were registered) (UNICEF, 2008). Early marriages occur more frequently in the poorest 20 per cent of society, thus involving the most vulnerable children (UNICEF, 2005). Mechanisms are lacking to accommodate people not registered at birth later in life and to ensure the registering of children born out of wedlock, children of foreign nationals, unaccompanied migrant children and youth, and children who are separated from their parents. Also of particular importance to orphans is a parent's death certificate that enables their rightful claim to property and other inheritance. Many children and youth affected by conflict, migration or AIDS do not have these documents.

Inheritance is a critical problem for many orphans. In many SADC Member States, women and children have no legal right to claim wealth or property and thus experience greater vulnerability and poverty. This, in turn, increases the likelihood of them engaging in risky behaviours to obtain food and income, of being exploited, engaging in conflict and violence and of becoming infected with HIV or other sexually transmitted infections. However, problems remain even in Member States where inheritance protections

exist when children and youth are unable or unsupported to pursue legal action to retain their rightful inheritance. In many SADC Member States, 'property grabbing' on the death of an adult is common practice, with widows, widowers and children being thrown out of the family home by relatives of the deceased and left destitute. Girls and children born out of wedlock typically experience greater difficulties in realizing rights to inheritance. Dual legal systems and subsequent conflicts between formal and traditional law render the protection of children's and young women's rights almost impossible.

Sub-Saharan Africa has the greatest incidence of economically active children – 26.4 per cent of all children aged 5–14, or 49.3 million children. Children working is also common in the SADC Member States. This is particularly so for orphans or other vulnerable children who are compelled to work as a result of household poverty, illness and, in some cases, the absence of an adult caregiver. Societies in the SADC region place a high value on children working at home or on the family farm, and this is not perceived as harmful but as socially necessary work that benefits the child. However, work is problematic when it is hazardous, interferes with a child's education or is harmful to a child's physical, mental, psychological or social development. The term 'child labour' is typically used to describe economic exploitation that is damaging to a child's development. Children must be protected from child labour and may only be encouraged to do work consistent with their evolving capabilities and as long as it does not infringe on their rights.

Children and youth often cross borders unaccompanied as a survival strategy. Reasons for unaccompanied migration between SADC Member States include seeking work opportunities and seeking out extended family following the death of a parent or caregiver (Save the Children UK, 2007). Children and youth are extremely vulnerable when they migrate, particularly at border crossings and upon arrival in a host country. They are especially vulnerable to abuse, violence and exploitation due to their age and undocumented status in the host country. The SADC region is a fertile ground for traffickers who capitalize on the vulnerabilities created by war, political instability, endemic poverty, minimal access to health and education, gender inequality,

unemployment and a general lack of opportunity for much of the population, especially women and children (SADC, 2009).

'Alternative care' refers to orphanages, babies' homes, orphan villages and other institutional care for children as well as foster care and adoption. Institutional care is widely considered as a 'last resort' in responding to the care needs of children, largely because of the negative impact on children of long-term institutionalizing. Despite this, residential care facilities for children continue to emerge across the region. Many are unregistered, and, as a result, their services are unmonitored and unsupported by national social welfare or social services departments. Additionally, there is a lack of continuity of services and support for children living in institutions or in foster care once they turn 18.

Fostering and adoption do not appear to be widespread practice in the region due to traditional and cultural beliefs that place importance on family and clan relations. Thus the burden of care usually falls on the extended family, in spite of poverty and other problems they may be enduring. However, Member States that do permit adoption lack laws (or enforcement of existing laws) to ensure that the best interests of the child are the paramount consideration in both international and in-country adoption.

Children living with disabilities are most vulnerable and tend to be abused most and often stigmatised and discriminated. According to UNESCO, 90% of children living with disabilities in developing countries are not in school (UNICEF, 2007).

Psychosocial well-being and support

For many children and youth, family and community provide necessary psychosocial support, which is vital to developing their well-being. However, the growing numbers of orphans and other vulnerable children and youth in the region has strained their capacity to respond to the psychological, social, emotional and spiritual needs. This has led to the development of programmes that target OVCY and their families or caregivers, particularly older people with psychosocial interventions.

The SADC region is home to around 900,000 HIV-positive children aged 0–14 years. Orphans and other vulnerable children and youth are at heightened risk of abuse, exploitation, armed conflict, displacement, extreme poverty, lack of adequate parental care and/or other emotionally disturbing events. Some children and youth may continue to struggle to cope within their existing care networks, may not progress in terms of their development or may be unable to function as well as their peers and require specialized care. Such specialized referral services are lacking in many Member States.

Meaningful participation and communication of needs and challenges is a crucial component of psychosocial well-being. Young children, children and youth living with disabilities, children who are separated from their parents and unemployed out-of-school youth, among others, find it particularly difficult to claim their right to be heard, let alone take leadership on matters relating to their development and that of their families, communities and countries. Many who work with children and youth issues are not confident on how to practise the ideals of meaningful and well-informed participation of children and youth; opinions vary widely regarding the specific objectives of young people's participation and the appropriate approaches to be used to facilitate effective participation.

Social protection

Poverty is the underlying form of vulnerability that often causes and reinforces all other forms of vulnerability (SADC, 2008). An estimated two-thirds of the population in the SADC region live below the international poverty line, and poverty is particularly acute among vulnerable groups, such as households headed by elderly people and children. The levels of unemployment among youth are very high. In the absence of safety nets, young people may engage in highly risky behaviour, such as criminal activities, transactional sex, early marriage or drug abuse.

In the SADC region, as in most parts of the world, poverty is multidimensional, resulting from the interaction of a number of factors, including nutrition issues, lack of access to and/or poor quality of education, lack of work opportunities and low

industrial growth and productivity. In addition, poverty is often transmitted from one generation to the next.

Most vulnerable children and youth live in very poor families and households who can no longer cope. As a result, they are deprived of basic services for prolonged periods of time. For such children and youth, social protection is one way to address their basic needs. However, one of the perceived challenges relating to social transfers is that of the apparent dependency on continuing receipt. In many remote locations, few livelihood opportunities (jobs or marketplace) exist. In addition, beneficiaries often receive little support to develop their own livelihoods (such as skills development, grants or affordable credit for starting a small business, provision of livestock, seed and fertilizer, etc.).

2.2 Progress and gaps in addressing vulnerability of children and youth

The plight of all children, and OVCY in particular, is recognized globally and articulated in several commitments and declarations, including: The Millennium Declaration (2000), World Summit (2005), the World Declaration on Education for All, the United Nations General Assembly Special Sessions on HIV and AIDS (2001) and on Children (2002), the Abuja Declaration, the United Nations Convention on the Rights of the Child, the African Charter for the Rights and Welfare of the Child (ACRWC), the Convention on the Elimination of All Forms of Discrimination Against Children (CEDAW), the African Union`s Call for Accelerated Action on the Implementation of the Plan of Action towards Africa Fit for Children (2008–2015), the African Union Second Decade of Education for Africa (2006–2015), UNESCO's Five-Year Plan of Action Plan for Youth Empowerment in Africa, several global and regional campaigns (such as the Unite for Children, Unite against AIDS in 2005) and the African Youth Charter.

Much work has been done to improve the situation for orphans and other vulnerable

children and youth across the region. A focus on children is emphasized in the SADC policy and strategic documents. These include protocols on education and training, health, gender equality and development; SADC declarations on agriculture and food security, HIV and AIDS, poverty eradication and sustainable development; the Charter of Fundamental Social Rights; and codes on social security, including social protection and child labour (2008). All SADC Member States have ratified the CRC, and all but one has ratified the ACRWC.

Reports from SADC Member States and international partners indicate that there are pockets of good practice, much of which has not been formally documented or shared. Significant progress, for example, has been made in the realm of policy improvements. Specifically, most countries have developed or are developing a costed national plan of action (NPA), which is critical in providing a framework of action for governments and civil society that lays out the strategies, activities and responsibilities for the care and support of children. Some SADC Member States are moving even further along and integrating approaches to mitigating vulnerability into comprehensive legislation (such as a Children's Act) and in national poverty reduction strategies. The adoption of the African Youth Charter by African Union heads of State in 2006 created a sense of urgency and a prioritizing of youth development issues on the continent in general and in the SADC region in particular. SADC Member States are increasingly ratifying and domesticating the Charter and putting in place relevant national instruments and structures to accelerate youth development.

There are positive examples of non-formal education for out-of-school children and youth, though mostly small scale. Gains in HIV and AIDS treatment access have kept hundreds of thousands of people alive. All Member States have legal frameworks to ensure mandatory birth registration.

A number of countries are recognizing the critical level of chronic malnutrition that has either remained stagnant or is on the rise in some Member States – with grave, far-reaching and irreversible consequences on child development. These countries are developing comprehensive national nutrition strategies to scale up integrated core nutrition interventions.

Member States in SADC have introduced social transfer systems for vulnerable people (families or pensioners, many of whom are taking care of orphans) in different ways. Even though the value of these transfers appears to be quite small, they have shown considerable impact on the lives of beneficiaries, including reducing malnutrition, decreasing child labour and increasing school attendance. In South Africa, for example, the social cash transfer system has reduced the poverty gap by 45 per cent, and in Mozambique the urban cash transfer programme increased household incomes in poor towns by 41 per cent. Cash transfer programmes in Malawi have led to improved nutritional status among children due to increased dietary diversity, with less sickness among children and reduced child labour.

However, significant gaps remain, and there is a substantial disconnection between policy and practice. Existing good practices are not put to scale and are not widely shared. Critically, younger children and children and youth with disabilities are largely overlooked in many programmes, and there is no continuation of service provision for vulnerable children once they turn 18. Too many youth are still denied their rights. Existing sector-based efforts are typically generalized to all children, without a specific focus on those in adversity, deprived and most vulnerable. Decision making, planning and monitoring and evaluation are often not based on adequate, reliable data.

Additionally, the NPAs do not provide a standardized and adaptive approach to deliver comprehensive services to OVCY. The current delivery of services in each SADC Member State is too piecemeal, short term or inadequate to respond to the complexity of needs of orphans and other vulnerable children and youth. Most services are delivered through a vertical sector approach, and different service providers do not coordinate their efforts in order to guarantee basic services for children and youth.

Most newly orphaned children are cared for within an extended family situation that provides shelter and hopefully caring relationships; but in some cases, these households do not earn sufficient income and the children may not have enough nutritious food to eat and are likely to leave school and find hazardous work. The home or even the school may not provide safe and trusting relationships. A newly orphaned child may take on head-of-household responsibilities for raising siblings. Or a newly orphaned child may find no home.

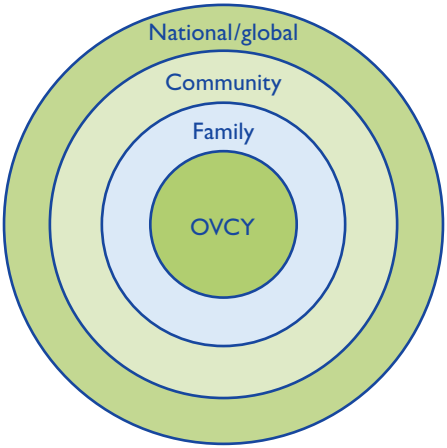
3. Concept and guiding principles of the Minimum Package of Services

3.1 Guiding concept: comprehensive service delivery

The Minimum Package is 'systems' oriented, which means that it recognizes that the needs of and services for children and youth are many, often complex and interrelated. The support and service delivery environment is also complex. Thus, services for vulnerable children and youth cannot be delivered as single commodities or by one sector or service provider alone in a simplistic manner. Different service providers are expected to 'knit' their efforts to provide all basic services in a holistic manner. "At every instance of service delivery, efforts must be made to ensure other needs of the child or youth are established and fulfilled at that point in time or referred to other service providers to fulfil" (Dzirikure, 2010). These links and referrals form the backbone of a coordinated service delivery approach for the delivery of comprehensive services for vulnerable children and youth.

Comprehensive service delivery refers to the responding to the basic needs in a holistic and complementing manner. It acknowledges that most children and youth live in families (including extended or foster), which, in turn, are supported by communities and by broader national and global support systems, as shown in Figure 1. Thus vulnerable children and youth are best cared for at the family and community levels. However, because their immediate care and support system (family) may no longer be coping, other external levels of support must be considered. The Minimum Package takes a rights-based approach to child and youth development, which regards vulnerable children and youth as having rights to basic services. They should not be regarded as objects of charity to be pitied and to be assisted as and when convenient.

Figure 1: Levels of service delivery for orphans and other vulnerable children and youth



Adults, family, community, national and international support systems, are considered as duty bearers with an obligation to fulfil the rights and unmet needs of children and youth. For example, when the immediate family care and support system can no longer cope, the next level of duty bearers – the community, civil society and faith-based organizations, the private sector, local and national government structures and international community should assume responsibility for a child or a youth. In addition, orphans and other vulnerable children and youth are considered as a resource. They should be empowered (consistent with their evolving capabilities) and assume responsibilities to play a sustainable role in the delivery of the services they need.

3.2 Guiding principles

The Minimum Package is based on guiding principles that define the values that should be adhered to when delivering services for orphans and other vulnerable children and youth in the SADC region. In a way, the principles form the basis for determining the quality of services. These guiding principles are intended to support and not contravene

existing principles in place at the national level and those detailed in international agreements. More specifically, at the minimum, the following equally important principles are integral to any efforts towards comprehensive service delivery for vulnerable children and youth. It is recommended that they be understood and taken into consideration when applying the Minimum Package at all levels – international, regional, national, facility, community and household or in policy making, research or advocacy efforts. Most of these principles have been drawn from the SADC Strategic Framework and Programme of Action, 2008–2015: Comprehensive Care and Support for OVCY.

- **Integrated and holistic programming –** Policies, strategies and programmes must promote basic comprehensive services for children and youth (the 'whole child' approach). All service providers, including government, civil society and the private sector, should coordinate their efforts and collaborate at all times to ensure referral and complementing efforts between them.

- **Child and human rights centred –** Interventions should mobilize adults (service providers, parents and other people who have obligations and responsibilities to provide care and support (duty bearers)), children and youth (based on their evolving capabilities) to take on their roles and responsibilities in meeting all children's and youth's development needs. All development service providers must act in the best interests of the children and youth they serve, with a view to protecting, promoting and fulfilling their rights.

- **Developmental perspective –** Interventions should recognize children and youth as a critical mass of human potential rather than collectives of problems and should empower and build their capacities to realize their full human potential (physical, psychological, moral, spiritual, emotional, economic and political). They should promote understanding of rights and responsibilities at an early age. Services should take into consideration age-specific needs of children and youth.

- **Inclusion and non-discrimination –** Policy makers, programme planners and service providers should consider non-discrimination in all forms, including

on the basis of sex, age, language, religion, socio-economic status, cultural group, ethnicity and disability status, particularly regarding availability and appropriateness of services, and ensure that resources and services crucial to development are available to all children and youth.

- **Gender sensitivity –** Policies, strategies and interventions should consider the specific gender needs of girls and boys and women and men at all levels of planning, implementing, monitoring and evaluating.

- **Participatory –** Children, youth and communities must actively participate in developing the policies, strategies, programmes, methodologies and tools that affect them and not be passive recipients. Interventions should be led, informed and owned by beneficiaries and communities, reinforcing the belief that families and communities are the first line of response. Programmes and services should be designed to be child and youth centred. Equal participation by all children and youth, in all activities, is encouraged, including across traditionally 'male' or 'female' activities.

- **Transparent –** All institutions should operate in an open and accountable manner. Mechanisms should be put in place that ensure accountability to communities, children and youth who are targeted by the development programmes. Different service providers should share their efforts and experiences with one another to enable synergy.

- **Evidence based –** Programmes should be context specific and informed by evidence from families, communities, countries and the region. Such evidence must be documented and shared within a wider network.

- **Sustainability** – Interventions and services should provide long-term benefits for children and youth, including benefits that have potential to last a lifetime. A continuum of adequate services should be guaranteed continuously over time, avoiding short-term, project-oriented service-delivery processes. It is important

to strengthen the capacity of families and communities to deliver the services needed by children and youth to ensure long-term sustainability. This also includes empowering children and youth with self-reliance skills and opportunities that will guarantee income generation and earnings.

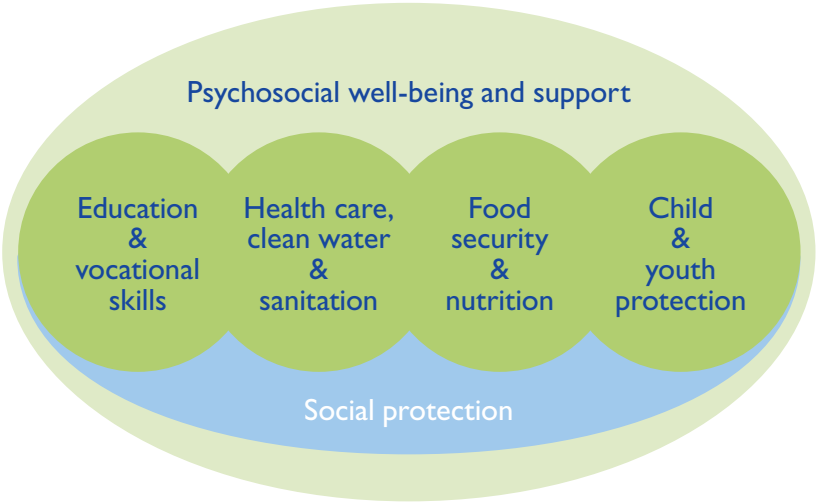
4. Essential needs of and services for orphans and other vulnerable children and youth

4.1 Introduction

A basic service in this context is an absolute minimum resource that human beings, especially children and youth, are dependent upon to survive, attain well-being and realize their full physical, psychological, social, and spiritual capabilities in the long term and to live a full and rewarding life. They are often in the form of consumption goods or services. The absence of a basic service is usually used as an indication of absolute poverty. They cannot be done without, and their absence threatens the life or compromises the growth and development of children and youth. In fact, the absence of one service could threaten or result in the reversal of other services that may be available. Thus, it is important that all the services are made available in a comprehensive and holistic manner at all times.

Consistent with the goal of regional integration and development of the SADC community, Member States shall endeavour to provide comprehensive basic services for all children and youth in the region. SADC has defined a set of essential or basic services that all children and youth, including those that are vulnerable in the region, should receive in order for them to attain their optimum development. These essential services are grouped into six primary areas, as summarized in figure 2: i) education and vocational skills, ii) health care, clean water and sanitation, iii) food security and nutrition, iv) child and youth protection, v) psychosocial well-being and support and vi) social protection.

Figure 2: Core needs and service areas within the Minimum Package



As depicted in figure 2, social protection of any form, underpins all other services, by making it possible for the poorest children and youth to regain and sustain deprived needs and services. Psychosocial well being and support is a standalone basic need and service as well as an integral, cross cutting component of other basic needs and services.

4.2 Desired outcomes

When the Minimum Packages is fully implemented in the region, the following benefits are expected:

- All vulnerable children aged 0–8 years get the care and stimulation they need to develop normally.
- All vulnerable children and youth enrol, attend and progress through school (pre-school, elementary, secondary) and/or tertiary, vocational or non-formal training that prepare them to earn an income.
- All vulnerable children and youth and their caregivers, where appropriate, access preventive and curative health care including that related to HIV and AIDS , clean water and sanitation services.
- All vulnerable children and youth receive adequate nutritious food daily.
- All vulnerable children and youth are protected from all forms of exploitation, unfair treatment and harm and have a national identity and appropriate clothing and shelter.
- All vulnerable children and youth and their families or caregivers are guaranteed an acceptable standard of living through a social protection system that includes social transfers, a functioning social welfare system and other safety nets.
- All vulnerable children and youth and their families or caregivers have the life skills and psychosocial support necessary to live healthy and productive lives.
- All youth who have completed formal or informal education or training or are out of school are able to earn income or engaged in a livelihood activity formally or informally.

4.3 Essential and complementary services and accountability

This section outlines the details for each core need and service area; the service delivery strategy options and links that can be applied are described in detail in annexes A–F. This section shows the component services that are required to respond to each of the

core needs. The component services, however, are indicative and not exhaustive. At the national and regional levels currently, these core needs and services are delivered through specific sectors but often in vertical and non-complementing ways.

The section also touches on some of the complementary services that, in addition to the component services, are necessary to fully and effectively fulfil each core need. The provision of the complementary services often falls under the mandate of other sectors or actors. The lack of these complementary services may constitute a barrier to the sector or actor with the primary mandate to deliver and fulfil a particular basic need or service.

Although many of the services listed are currently in place at varying levels across the region, this document emphasizes that it is the delivery of the comprehensive package of interventions that in total can best deliver for vulnerable and deprived children and youth. Links have been made between the core service areas and the MDGs targets wherever appropriate.

The following thus spells out the needs and services that shall be considered by Member States as a minimum for vulnerable children and youth, together with the complementary services required to attain them.

Education and vocational skills

Primary responsibility for this core need and service area rests with the sector and actors responsible for education and skills development. The sectors coordinating child and youth development shall be responsible for advocating and monitoring to ensure that vulnerable children and youth receive services.

Basic education shall cover pre-schooling for early childhood development and primary and secondary education.

Tertiary education, vocational training or non-formal education shall be provided for vulnerable adolescents and youth, based on established criteria and choice.

The sector responsible for education and skills development shall ensure the provision of tuition fees, school uniforms, educational materials (stationery and instructional materials), skilled teachers and safe schools, psychosocial skills and support for all children and youth, and professional, entrepreneurial and livelihood training and income-earning skills for adolescents and youth.

Education programmes should be designed to ensure access to appropriate education for all, including targeting older learners, returning learners, pregnant learners, HIV-positive learners, learners with disabilities and children and youth with learning difficulties, across the spectrum of education.

Complementary services (without which effective teaching and learning for vulnerable children and youth cannot take place because they affect access to educational facilities and opportunities, enrolment, retention and achievement) shall be provided when required in collaboration with other relevant sectors and actors. These shall include social protection policies and services that ensure vulnerable children and youth have access to basic services, such as social and cash transfers and subsidies, infrastructure development and transport, identity documents (birth certificates and death certificates for parents/caregivers) and psychosocial care and support.

Related MDGs and targets:

a. By 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling (MDG Target 2A)
    i. net enrolment ratio in primary education for OVC
    ii. proportion of OVC pupils starting grade 1 who reach last grade of primary
    iii. ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years
b. Eliminate gender disparity in all levels of education no later than 2015 (MDG Target 3A)
    i. literacy rate of 15–24-year-olds, women and men
    ii. ratio of orphan and other vulnerable girls to boys in primary, secondary and tertiary education and vocational skills training centres

Health care, clean water and sanitation

Primary responsibility for this core need and service area rests with the sectors and actors responsible for health care, water supply and environment management. The sectors coordinating child and youth development shall be responsible for advocating and monitoring to ensure that vulnerable children and youth receive services.

The basic services required to fulfil the need for good health and sanitation include immunization (against tuberculosis, diphtheria, whooping cough, tetanus, poliomyelitis, measles, Haemophilus influenza type b); micronutrient supplementing, therapeutic feeding and oral rehydration therapy for younger children; antiretroviral treatment for HIV-positive children and youth; protection and prevention from malaria, HIV, tuberculosis and all major diseases; sexual and reproductive health care and age-appropriate provisions for adolescents and youth; counselling and support for psychosocial disorders and problems; clean water supply; hygiene and sanitation information and materials; and pollution control.

Health care for children must begin before birth with quality maternal, newborn and young infant/child health services, including prevention of mother-to-child transmission (PMTCT) of HIV, volunteer counselling and testing for HIV, family planning, maternal nutrition, immunizations and appropriate infant feeding practices. Without support prior to birth and in the early neonatal period, there will be limited impact on the high infant mortality rates in the region.

The Minimum Package's essential health interventions are based on World Health Organization recommendations for cost-effectively preventing death and ill health from the major disease conditions in the SADC region. Currently, many Member States have health systems that are delivering these interventions generally. However, many orphans and other vulnerable children and youth are unable to use the services because of socio-economic challenges.

Complementary services (without which universal access to health care,

clean water and sanitation cannot be achieved) shall be provided when required in collaboration with other relevant sectors and actors. These include social protection services to enable access to health and sanitation services; education and awareness campaigns; adolescent- and youth-friendly services; and child and youth protection services; food and nutrition subsidies; and psychosocial support.

Related MDGs and targets:

a. Reduce by two-thirds, between 1990 and 2015, the under-5 mortality rate (MDG Target 4A)
   i. under-5 mortality rate among OVC
   ii. infant mortality rate among OVC
   iii. proportion of 1-year-old OVC immunized against measles

b. Achieve, by 2015, universal access to reproductive health (MDG Target 5B)
   i. contraceptive prevalence rate among sexually active adolescents and youth
   ii. adolescent birth rate
   iii. antenatal care coverage among adolescents and youth (at least one visit and at least four visits)
   iv. unmet need for family planning among adolescents and youth

c. Have halted by 2015 and begun to reverse the spread of HIV (MDG Target 6A)
   i. HIV prevalence among population aged 15–24 years
   ii. condom use during high-risk sexual activity among adolescents and youth
   iii. proportion of population aged 15–24 years with comprehensive correct knowledge of HIV and AIDS

d. Achieve, by 2010, universal access to treatment for HIV and AIDS for all those who need it (MDG Target 6B)
   i. proportion of children (0–14 years) and youth (15–24 years) with advanced HIV infection with access to antiretroviral drugs

e. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases (MDG Target 6C)
    i. incidence and death rates associated with malaria among children and youth
    ii. proportion of OVC younger than 5 years sleeping under insecticide-treated bed nets
    iii. proportion of OVC younger than 5 years with fever who are treated with appropriate anti-malarial drugs
    iv. incidence, prevalence and death rates associated with tuberculosis among OVC
    v. proportion of tuberculosis cases detected and cured under directly observed treatment of short course among OVC

f. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation (MDG Target 7C)
    i. proportion of households with OVC using an improved drinking water source
    ii. proportion of households with OVC using an improved sanitation facility

Food security and nutrition

Primary responsibility for this core need and service area rests with the sectors and actors responsible for agriculture and food security. The sectors coordinating child and youth development shall be responsible for advocating and monitoring to ensure vulnerable children and youth receive services.

The basic services required for food security and nutrition include food distribution to vulnerable households; vulnerability assessments and monitoring; agriculture subsidies for vulnerable families; food production, including policy and operational choices and promotion of nutrition-rich foods.

Food security is defined as "when all people at all times have both physical and economic access to sufficient food to meet their dietary needs in order to lead a

healthy and productive life". According to the 2010 Global Hunger Index, universal coverage of a package of preventive nutrition interventions for children younger than 2 years could reduce the global burden of childhood under nutrition by 25–36 per cent (International Food Policy Research Institute, 2010).

Food and nutrition are critically important to ensure the proper growth and development of children. Early childhood malnutrition is irreversible and inter-generational, with consequences for adult health, including impaired intellectual capacity, increased risk of diet-related chronic diseases and reduced resilience to shocks. Lack of food has been shown to be a significant barrier to educational success because children are unable to learn when they are hungry. It also affects adult productivity. All of which contributes to a continuous cycle of poverty. Food and agriculture policies and nutrition guidelines and interventions should respond to the different nutritional needs of communities and children of different ages and should acknowledge that good nutrition starts before birth.

Complementary services (without which universal food security and nutrition cannot be achieved) shall be provided when required in collaboration with other relevant sectors and actors. These include specialized supplementary and therapeutic feeding; providing vitamin A and zinc supplements when necessary; improving the nutrition of pregnant and lactating mothers; promoting breastfeeding; nutrition education and counselling; social protection support, including targeted food distribution for vulnerable and poor households.

Related MDG and target:

a. Halve, between 1990 and 2015, the proportion of people who suffer from hunger (MDG Target 1C)
    i. prevalence of underweight children younger than 5 years
    ii. proportion of population below minimum level of dietary energy consumption

Child and youth protection

Primary responsibility for this core need and service area rests with the sectors and actors responsible for national homeland affairs and security, social security and services, housing, child and youth development and gender equality. Other sectors and actors can also take primary responsibility in collaboration with each other.

Shelter and clothing, which fall under this area, can each be considered as core needs. Specific services include building psychosocial skills and competencies; protection and rehabilitation from physical, mental and psychological harm, and from all forms of abuse, including sexual violence and early marriages; birth registration; family tracing and reunification for abandoned and displaced children; counselling and rehabilitation; inheritance claims and legal support; alternative care and access, particularly within a supportive family or adult relationship; prevention of child labour; protecting and supporting children and young people with disability and protection from human trafficking.

The African Charter on the Rights and Welfare of the Child explicitly prohibits harmful social and cultural practices, including early marriage – it specifies 18 as the minimum age for marrying.[2] Civil registration is crucial for children and youth to realize their rights and access basic services.

Having a family is considered the most essential need for a child; thus remaining with extended family is best for children's development in the event of death or other absence of both parents – but only if that family provides trusting relationships. Institutional care should only be used as a last resort. Through social protection, extended families can be supported to keep children.

2 Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe

Related MDG and target:

a. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers
   i. proportion of urban population living in slums

Psychosocial well-being and support (For a detailed understanding of psychosocial support, refer to the Regional Conceptual Framework for Psychosocial Support)

Primary responsibility for this basic need is cross cutting and responding to this need is required for all the other basic needs to be achieved and sustained. It can be provided primarily by most sectors and integrated as part of their routine services. The services required for psychosocial well-being: i) psychological and social skills and knowledge, ii) emotional and spiritual well-being and iii) social well-being. They include love and care within a family environment; early mental stimulation for pre-school children; life skills (required for personal growth, understanding and mastery of one's social, economic, political and physical environment and relationships); counselling; parenting skills for adolescent mothers and older caregivers; leadership skills for adolescents and youth; sports and recreation/play; communication; participation; cognitive development support for children with disabilities and special needs; support to develop trusting relationships; support to build moral awareness and capacity for empathy; instilling behaviour for unconditional love and unconditional community service; and instilling positive attitudes and hope for the future.

Psychosocial support interventions improve the psychological, social, emotional and spiritual well-being of vulnerable children, youth and caregivers. Children and youth of different age groups require different psychosocial services because of the different vulnerabilities associated with their age group and developmental needs. While there is a need for some specialized psychosocial support, a holistic and comprehensive approach is better served through the integration of psychosocial support across all interventions. This 'mainstreaming' approach allows for multiple points of access to children and youth and allows for support to be delivered across the community.

Social protection

Primary responsibility is typically provided by the sectors that are responsible for coordinating finance, economic development and poverty reduction-related services as well as donors, the business community and the community support system. Sectors that coordinate child and youth development also play a critical advocacy and monitoring role.

Because the immediate family care and support systems for vulnerable children and youth are likely broken and can no longer cope, they require direct external assistance to restore services and rehabilitate often extreme cases of deprivation. Targeted social protection is essential for vulnerable children and youth.

Social protection transfers and services or interventions help individuals and households confront risk and adversity (including emergencies) to alleviate extreme poverty and deprivation and ensure a minimum standard of dignity and well-being throughout the life cycle (UNICEF, 2008). Social protection can take different forms, such as direct cash transfers or in-kind support to better access services, community-initiated and driven systems for supporting the vulnerable and the poor, assistance with income-generating activity or the pairing of child-headed households with an attentive caregiver or to institutions for livelihood support.

Social protection can be used to break the cycle of poverty, such as when older children and youth and families of vulnerable children are empowered with sustainable livelihood and self-reliance capabilities (through preferential laws, policies and programmes). Social transfers need to be supported by an effective social welfare system and poverty eradication strategy. A social transfer programme should take into account the ensuring of sustainable individual and household self-sustenance in the long term.

Related MDGs and targets

a. Half, between 1990 and 2015, the proportion of people whose incomes is less than $1 per day
   i. proportion of people living on less than US$1 (PPP) per day
   ii. poverty gap ratio (share of the poorest quintile in national consumption)

b. Achieve full and productive employment and decent work for all, including women and young people (MDG Target 1B)
   i. employment-to-population ratio among vulnerable youth (male and female)

c. Proportion of employed vulnerable youth (men and women) living on less than US$1.25 per day
   i. in corporation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
   ii. proportion of population with access to affordable essential drugs on a sustainable basis

5. Supporting and delivering the Minimum Package of Services

At the regional level, the Minimum Package will be supported by guidance and technical assistance from the SADC Secretariat. However, delivery at the country level will be the responsibility of each Member State. Initially, it is essential that each Member State evaluate its current situation and determine the most effective means for delivering the integrated essential services outlined in the Minimum Package within their national context.

5.1 Advocacy

Advocacy is required to enhance the overall coordinating and oversight of OVCY responses at the national and sub national levels. Civil society and development partners can work together to call for increased budgetary provision from all relevant ministries to deliver the Minimum Package. All advocacy efforts must stress the interrelated nature of the response and the need for a fully integrated response.

More work must be done to increase the focus on and response for vulnerable youth. There is insufficient data on their needs and situation because existing interventions and resources have primarily focused on children. Strong advocacy linking the situation of vulnerable youth to vulnerable children will help to institutionalize the concept of their shared vulnerabilities and the need for continued support through the transition to adulthood.

5.2 Developing cross-sector competencies

The Minimum Package is affixed to a rights-based approach that recognizes vulnerable children and youth as having rights and not as objects of charity. A solid understanding of the child- and youth- centred approach and the subsequent holistic view of vulnerable children and youth that derives from this perspective must underpin all programming. No longer can services be delivered in isolation; they must be designed with a keen awareness of all the potential links to other services. All service providers should understand what's available across other service areas; regular engagement across the service areas is essential to promote and maintain the linking relationships.

5.3 Coordinating and referring

At the regional and national levels, comprehensive support can be achieved through policies that target orphans and other vulnerable children and youth and their families or caregivers. The situation analysis conducted as a preface to developing the Minimum Package confirmed that the overall coordination of OVCY responses at both the national and sub national levels is weak. For the Minimum Package to be effective, the coordination must be strengthened from the inter-ministerial level to the district and community levels, including the development of effective partnerships between government, civil society and the private sector.

There is a need for harmonizing different structures and programmes that exist for orphans and other vulnerable children and youth to ensure a continuum of services that goes beyond age 18 and thus provides adequate support for vulnerable youth. Functional referral mechanisms and defined links between service providers are vital when providing comprehensive care and support. The Minimum Package will be best advanced through the development of one overall policy at the national level that addresses the needs of both vulnerable children and youth. This national plan must be accompanied by subsidiary and complementing operational plans at the national, district and community levels that are developed in conjunction with the community,

including civil society actors. These operational plans should use similar referral tools to facilitate understanding across the service areas. Referral systems need to be in place at the community level and also be supported at the district and national levels.

5.4 Legal framework

Delivery of the Minimum Package requires supportive legal frameworks in each Member State. These frameworks include mandating different actors and sectors to work collectively and collaboratively under particular coordinating mechanisms that promote comprehensive service delivery for vulnerable communities. The frameworks should be designed in accordance with the commitments made by Member States through their ratification of the CRC, ACRWC and the African Youth Charter as well as SADC regional agreements, including the Strategic Framework for Orphans and Other Vulnerable Children and Youth. Many countries have made strides in important issues, such as universal primary education and inheritance laws; however, there remain gaps that must be addressed, especially related to the rights of young women, children with disabilities and social protection. Member States should enact laws and policies that protect the rights of vulnerable children and youth and ensure their access to quality essential services. It is necessary to recognize and address inconsistencies between statute and traditional law and to ensure a rights-based approach. Service providers, other duty bearers and beneficiaries must be made aware of their rights and responsibilities to put these documents into concrete practice.

5.5 Participation and empowering children and youth, families and communities

At best, empowering vulnerable children, youth, families and communities with livelihood opportunities, such as entrepreneurial income-generating and employment skills (through training and, where appropriate, access to affordable credit), enables them

to better access all basic services (at the family level). Social protection programmes and preferential opportunity policies and strategies targeted at empowering vulnerable children and youth and their families are extremely useful for promoting self-reliance and reducing dependency on ad-hoc – unpredictable – short-term support associated with charity.

The engagement of all actors, from the direct beneficiaries up to the regional level, is essential to ensure sustainability and ownership. All actors must be involved from the beginning of the work on integrating the Minimum Package in order to build consensus on approaches and to determine what is appropriate at which point of service delivery. Moreover, caregivers and vulnerable children and youth have a right to be involved in planning programmes and policies that will impact and influence their lives. This participation will help to enhance the quality of services and ensure that they are provided according to the needs of the beneficiaries and in a socially and culturally appropriate manner.

5.6 Adequate human and financial resources

To implement the Minimum Package at the national level, there needs to be an investment in human capital and sufficient financial resources. Such resources should be dedicated over the long term to increase the sustainability of the response. Human capacity development is also essential to build skills to effectively deliver the Minimum Package. This should include training of personnel to ensure that human resources employed and involved with orphans and other vulnerable children and youth are sufficiently competent and appropriately skilled for their role or task. In addition, quality assurance and ethical imperatives oblige governments and service providers to adequately supervise and monitor agencies and individuals providing services to vulnerable children and youth and their caregivers. All service providers and policy makers need to be oriented to the practice of comprehensive service delivery that SADC promotes.

National governments and donors may explore aligning funding mechanisms towards comprehensive service delivery and integrating OVCY programming into national development plans. Such a change would ensure that the collective needs of children and youth are prioritized rather than specific sectors. Financial resources should be raised from the international and national donor communities and business sector by government and non-government organizations.

5.7 Effective partnerships

For programmes to be successful in the long term, there needs to be a strong link between the national government, the private sector and civil society. Currently, both civil society and government deliver services; these two entities must work together (plan, implement, monitor and evaluate policies, strategies and programmes) to meet the complete needs of orphans and other vulnerable children and youth. Civil society actions should be in line with a government's national OVCY policies and priorities, thus allowing for every level to provide the best care and services and ensure harmonization, cooperation and effective referral mechanisms between different service providers.

6. Knowledge management, monitoring, evaluating and reporting

To track and identify vulnerable children and youth before they experience deprivation as well as identify those already deprived requires a monitoring and evaluating system and robust information management, with competent human resource capacity down to the community level. This is particularly important because children and youth may move in and out of vulnerability at different times, depending on the changing situations in their environment. The system should be able to track the extent to which all basic services reach orphans and other vulnerable children and youth; the system should take a multisector and inter-sector integrated approach that draws on all the relevant and primary service providers. Through this system, Member States should coordinate the progress of delivering the comprehensive services across the sectors in a coordinated manner and report at the national and regional levels.

6.1 Knowledge management

There is a need to capture and share information on orphans and other vulnerable children and youth at the national and regional levels. Some databases exist, but few countries have nationally available databases. Where they do exist, the information is not always widely shared, there are issues with technology, and availability remains a concern.

There is interest in creating a regional knowledge management system. A variety of individuals consulted (when developing the Minimum Package) advised that an OVCY management information system should include: OVCY studies, good practices,

evaluations, reports, baselines, OVCY indicators, OVCY policies and frameworks, country profiles, numbers of OVCY per country, numbers of individuals accessing essential services, types of essential services available, numbers of individuals affected by poverty, HIV or AIDS, conflict, displacement and human trafficking.

Such a system would make for easy access to data, accommodate cost-effectiveness evaluations, facilitate the tracking of emerging issues around orphans and other vulnerable children and youth and the sharing of regional practices and lessons learned. Information sharing should be through forums, conferences, pamphlets, newsletters, network organizations in each country, the Internet (web sites and email) and reports.

For data to be aggregated up to the national level and to flow back down to the community, there must be community-based management information systems. If communities can analyse the data they collect and measure the improvements, they can better conduct their own advocacy.

6.2 Documenting, sharing and using practices that have proven to work

The delivery of the Minimum Package in a comprehensive manner is likely to be carried out using different approaches in different countries and communities. It will be important to identify methodologies and strategies that work well at the national and regional levels and share them for adapting and scaling up.

6.3 Monitoring and evaluating

It is necessary to define and measure quality and improvement at all levels: individual beneficiary, family, community and service delivery systems. At the individual level, the child/youth/caregiver beneficiary has a role in defining quality from their perspective and providing input into the measuring and ultimate improvement of services.

The process for continuous reflection on achievement of objectives is vital for improving service delivery. Communities should work with service providers to identify the barriers that hinder service delivery and work together to address the gaps. A community-based management information system is an absolute necessity.

Member States shall agree on the frequency with which the Minimum Package should be monitored. This can be incorporated as part of existing monitoring activities, such as the integration of indicators into the Education Management Information System (EMIS), the Health Management Information System (HMIS) and Demographic and Health Surveys (DHS)). Monitoring can be done through the use of checklists, surveys or full-scale evaluations. This regular monitoring is crucial to identify gaps in and barriers to provision that can then be corrected over time.

Further details on the monitoring and evaluation of the Minimum Package are articulated in the SADC Monitoring and Evaluation Framework and Capacity Building Plan for Orphans and Other Vulnerable Children and Youth.

6.4 Developing indicators

To measure progress on the delivery of the Minimum Package requires a set of indicators. These indicators may change over time. Monitoring the delivery of a Minimum Package will give a sense of progress towards meeting the MDG indicators. Programmes embracing these standards should thus adopt indicators that are easily measurable within the context of their programme and do not necessarily need large-scale evaluations to show evidence.

To implement a programme that takes a developmentally appropriate approach, it is necessary to monitor the results using age and gender disaggregation. OVCY indicators that are age and gender disaggregated should be integrated into strategic plans and existing information management systems (such as HMIS, EMIS and DHS).

Proposed sample of national indicators

Sample indicators are proposed in the following sections that can be used for monitoring and evaluating at the national level. Indicators to measure and track changes in social protection need to be developed in line with international and national standards. It is necessary to monitor results using age and gender disaggregation, thus indicators and data collection processes should be age and gender disaggregated.

Two cross-cutting indicators will be measured consistently for all services, as follows:

- The proportion of vulnerable children and youth who are successfully referred for any one or more of the basic services of the Minimum Package. This referral will be two-pronged, measuring the number of referrals received by a specific service provider or sector and the number of referrals for other sectors made by a specific service provider or sector.
- A composite index may be measured on the extent to which service providers adhere to the principles of comprehensive service delivery of the Minimum Package.

Education and vocational skills indicators

The following are suggestions for indicators for monitoring and evaluating the provision of education and vocational skills services:

Sample indicators	
National indicator	**Programme indicator**
• Proportion of OVCY attending school regularly • Graduation rates	• Proportion of OVCY enrolled in pre-school, school or a vocational opportunity • Proportion of children receiving ECED service • Proportion of OVCY moving forward to the next grade • Proportion of vulnerable children and youth in school successfully referred for other basic services

Health, clean water and sanitation indicators

The following are suggestions for indicators for monitoring and evaluating the provision of health care and sanitation-related services:

Sample indicators	
National indicator	**Programme indicator**
• Under-5 mortality rate • Infant mortality rate • Proportion of 1-year-old children immunized against measles • Contraceptive prevalence rate • Adolescent birth rate • Antenatal care coverage (at least one visit • Proportion of children younger than 5 years sleeping under insecticide-treated bed nets • Proportion of children younger than 5 years with fever who are treated with appropriate anti-malarial drugs	• Proportion of children aged 0–5 with full immunization by age 1 year • Proportion of OVC with normal growth according to age • Percentage reduction in number of girls and young women who report lack of access to sanitary pads, soap and other basic female-hygiene requirements • Proportion of vulnerable children and youth successfully referred for health treatment and services and sanitation and other basic services

Food security and nutrition indicators

The following are suggestions for indicators for monitoring and evaluating the provision of food security and nutrition-related services:

Sample indicators	
National indicator	**Programme indicator**
• Low birth weight • Exclusive breastfeeding • Iodine deficiency • Vitamins A supplementation • Iron deficiency and anaemia	• Proportion of OVC aged 0–5 whose health cards reflect normal growth for age • Proportion of vulnerable children and youth successfully referred for health, sanitation and other basic services • Proportion of vulnerable households with access to nutrition-rich food • Proportion of rural youth and households of orphans and other vulnerable children or youth with access to agricultural land and farming technologies

Child and youth protection indicators

The following are suggestions for indicators for monitoring and evaluating the provision of child and youth protection services:

Sample indicators	
National indicator	**Programme indicator**
• Number of countries with a mechanism to track and resolve reported cases of abuse • Proportion of OVCY in institutional care • Proportion of teenage girls who become pregnant and are married • Proportion of households headed by children	• Proportion of OVCY who report abuse and whose case is resolved • Proportion of OVCY who report basic material support • Proportion of vulnerable children and youth successfully referred for child and youth protection and other basic services • Proportion of children whose births are registered • Proportion of children and youth in armed conflict or emergency situations receiving basic needs • Number of new OVCY receiving psychosocial support • Number of new OVCY receiving legal assistance • Number of children living outside of family care newly reunited within a family environment • Proportion of children and youth with disability receiving specialized assistance • Number of new OVCY provided with housing or shelter assistance • Proportion of children and youth removed from situations of hazardous work

Psychosocial well-being and support indicators

The following are suggested indicators to use when monitoring and evaluating the comprehensive delivery of psychosocial support services to vulnerable children and youth.

Sample indicators	
National indicator	**Programme indicator**
• Proportion of children and youth and their caregivers exposed to abuse, trauma, armed conflict or an emergency situation who report having received an appropriate range of psychosocial support (PSS) services • Proportion of children and youth receiving PSS services who report a sense of security, self-confidence and hope for the future • Proportion of OVCY who report willingness to take social responsibility and a defined leadership role within the family or community • Proportion OVCY who report forming and maintaining positive relationships with caregivers, peers and community members around them after receiving PSS service	• Number of countries with legislation, policy or programmatic framework on prevention, protection, treatment and rehabilitation of abused children and youth • Number of OVCY, family members and caregivers who have received basic training on PSS services • Proportion of service sectors or providers that extend psychosocial support in all care and support programmes for children and youth • Proportion of vulnerable children and youth successfully referred for PSS and other basic services • Institutional capacity index for providing psychosocial support

Social protection indicators

The following are suggestions for indicators for use in monitoring and evaluating the provision of social protection services:

Sample indicators	
National indicator	**Programme indicator**
• Youth unemployment rate • Proportion of households headed by youth (aged 18–25) and older people with no source of income	• Proportion of unemployed youth receiving income-generating support • Proportion of youth engaged in income-generating activity • Proportion of OVC receiving cash or other social transfer • Number of sectors or government ministries reporting targeted support for OVCY and their families/caregivers • Proportion of vulnerable children and youth successfully referred for social protection and other basic services

References

African Union, *Food Security Assessment Research*, 2005.

African Union, *African Youth Charter*, African Union Commission, Addis Ababa, 2006.

Alma Ata Declaration: Wikipedia. Alma Ata Declaration. en.wikipedia.org/wiki/Alma_Ata_Declaration

Antonovsky, A., *Health, stress and coping*, San Francisco: Jossey- Bass, 1979.

Csaky, C., *Keeping Children Out Of Harmful Institutions.* Save the Children UK and the Save the Children Child Protection Initiative.

Dawes, A., *Report on the Child and Adolescent Mental Health Policy Guidelines Workshop*, Study Commissioned by the National Department of Health, South Africa, HSRC Library, Cape Town, 2003.

Dzirikure, M., "Towards A Management Approach for Sustainable Social Development Programmes for Orphans in Southern Africa: Application of Systems Theory", Doctoral Thesis in *Leadership Studies*, University of Kwazulu Natal, Durban, 2010.

Geoff Foster, *Bottlenecks and Drip-feeds: Channelling resources to communities responding to orphans and vulnerable children in southern Africa*, Save the Children Fund, London, 2005.

Glynis Clacherty, *Poverty Made this Decision for Me: Children in Musina: Their experiences and needs*, 2003.

Hermann, H., Saxena, S., Moddie, R., eds., *Promoting Mental Health, Concepts, Emerging Evidence and Practice*, 2005. Available at: www.who.int/mental_health/evidence/promoting_mhh.pdf

Inter-Agency Task Team on HIV & Young People, *Overview of HIV interventions for young people guidance brief,* 2008.

International Food Policy Research Institute, Concern Worldwide and Welthungerhilfe, "Global Hunger Index: The Challenge of Hunger – focus on the challenge of child under-nutrition", IFPRI Brief Issue 65, October 2010:6.

Organisation of African Unity, African Charter on the Rights and Welfare of the Child, OAU Commission, Addis Ababa, 1999.

Pinheiro, P. S., *World Report on Violence Against Children* 2006. Independent Expert for the United Nations Secretary-General's Study on Violence Against Children. New York: United Nations, 2006.

Psychosocial Group Working, *Psychosocial intervention in complex emergencies,* The Psychosocial Working Group Session, October 2008, Edinburgh.

Raphael, A., *Children and AIDS: Scaling up UNICEF's response in Eastern and Southern Africa,* UNICEF, Nairobi, 2007.

REPSSI, *Glossary of Key and Related Psychosocial Terms,* REPSSI, Johannesburg, 2010.

SADC, *Comprehensive Care and Support for OVC & Y in the SADC: Strategic framework and programme of action 2008-2015,* SADC Secretariat, Gaborone, 2008.

SADC, "SADC Protocol of Gender and Development", SADC Secretariat, Gaborone, 2008.

SADC, "Ten-Year SADC Strategic Plan of Action on Combating Trafficking in Persons, Especially Women and Children (2009-2019)", SADC Secretariat, Gaborone, 2009.

Save the Children UK, *Care for Children Infected and Those Affected by HIV/AIDS: A Handbook for Community Health Workers,* Kampala, Uganda, 2003.

Save the Children UK, *Children on the Move,* 2007.

The Hague Convention on Protection of Children and Co-operation in Respect of Inter-country Adoption, 1993 (entered into force in 1995)

UNAIDS, World Health Organization and UNICEF, *Towards Universal Access: Scaling up priority HIV AND AIDS interventions in the health sector: Progress report,* UNAIDS, Geneva, 2009.

United Nations Development Programme, *Human Development Report*, 2008.

UNESCO, 2008 stats.uis.unesco.org/unesco/TableViewer/tableView.aspx

United Nations, Convention on the Rights of the Child, United Nations, New York, 1989.

UNICEF, *Children on the Brink,* UNICEF, New York, 2004.

UNICEF, *Early Marriage: A harmful traditional practice: a statistical exploration,* 2005. Available at: www.ilo.org/ipec/Regionsandcountries/Africa/lang--en/index.htm

UNICEF, *Africa's Orphaned and Vulnerable Generations: Children affected by AIDS*. UNICEF, UNAIDS and PEPFAR, New York, 2006.

UNICEF, *Children with Disabilities: Ending discrimination and promoting participation, development, and inclusion*, UNICEF Programme Guidance, 2007.

UNICEF, *Social Protection in Eastern and Southern Africa: A framework and strategy for UNICEF,* UNICEF ESARO, Nairobi, 2008.

UNICEF, *The State of Africa's Children 2008: Child survival*, UNICEF, New York, 2008.

UNICEF, *Children and AIDS: Fourth stocktaking report,* UNICEF, New York, 2009.

UNICEF, *State of the World's Children Report*, UNICEF, New York, 2009

UNICEF, UNAIDS, WHO and UNFPA, *Children and AIDS: Fourth stocktaking report.* UNICEF, New York, 2009.

UNICEF, *State of the World's Children 2010,* UNICEF, 2010.

UNICEF-ESARO, www.unicef.org/infobycountry/esaro.html

World Health Organization, *Multi-Country Study on Women's Health and Domestic Violence Against Women,* 2005.

World Health Organization, *World Health Statistics 2009,* WHO, Geneva, 2009.

World Health Organization, *World Health Statistics 2010,* WHO, Geneva, 2010.

Annex: Detailed matrices of basic and complementary services

The matrices are presented for each core needs and service area and labelled annexes A–F.

Each matrix consists of five sections: the challenge or gap that needs addressing, the service needed, who has responsibility for delivering it, how it is to be delivered and which other complementing sectors or services does it link to, as the following explains:

Challenge cites the gap or issue currently that needs addressing and that compromises vulnerable children's and youth's access to basic needs or services. These can also be described as barriers that make it difficult for specific service providers or sectors to effectively deliver services that fall within their mandate.

Service cites the goal or specific activity to address the challenge or gap that compromises the fulfilment of a particular basic need.

Accountability or responsibility cites the providers that have primary responsibility to deliver a particular essential service and the secondary service delivery sectors or providers that are required to work closely or collaborate or coordinate with them. The service or strategy requires commitment from the different service providers to 'knit' their efforts in delivering the basic minimum of services required at the regional, national, community and family levels.

Delivery mechanism cites the process for delivering the service.

Linking with complementing sectors offers a brief elaboration of the inter-sector links that should be developed to ensure comprehensive service delivery.

The interventions are directed at the individual level, parent/caregiver/family level, at the community level and at the systems level.

Annex A: Education and vocational skills

The following matrix identifies some of the major barriers for vulnerable children and youth in accessing education and proposes strategies towards addressing them so that they have the same rights and access to education as others in their country.

NOTE: It is important to recognize that the list of challenges is only an example and not an exhaustive compendium; barriers to education are also country and community specific

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links and other responsible sectors
ESSENTIAL SERVICES FOR EARLY CHILDHOOD, PRIMARY AND SECONDARY EDUCATION				
1. Poor cognitive, social and developmental stimulation for pre-school- aged OVC (regional gross enrolment ratio for pre-primary school in sub-Saharan Africa is 16.8%) (UNESCO, 2008)	Early learning education and development opportunities for OVC of pre-school age	Ministry for social welfare, ministry for education and civil society organizations	National campaign and roll out of basic early childhood development centres at the community level that include OVC	Ministry for local government, ministry for public works, ministry for finance, ministry for economic development, civil society organizations and the private sector provides social protection subsidies for early childhood development Communities contribute to early childhood development and psychosocial well-being by setting up local support systems
	Psychosocial support for pre-school-aged children	Ministry for social welfare, ministry for education and civil society organizations	Integrating psychosocial support for children into early childhood education and care practices	

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links and other responsible sectors
2. Lack of resources to pay school fees and levies for enrolment and exams (UNICEF, 2008) (an estimated two-thirds of the population in the SADC region live below the international poverty line of US$1.25 per day)	Fee and levy waivers for OVCY	Ministry for education at national and sub national levels	National policy and legislation on free education and subsidies for OVCY	Ministry for finance, ministry for social welfare, international cooperating partners (ICPs), civil society organizations, the community support system and the private sector contribute funding to social protection and subsidies
	Scholarships for OVCY	Private sector, civil society organizations, donors, communities, ministry for education and ministry for social welfare	Corporate social responsibility activities and community support for OVCY	
3. Lack of resources to purchase uniforms and learning materials	Funds or uniforms and learning materials for OVCY	Ministry for education and ministry for social welfare	Funding to schools or direct provision by district authorities	Ministry for finance, ICPs, civil society organizations, community support systems and the private sector provide social protection and subsidies
4. High pupil-teacher ratios in remote areas (average for primary schools in SADC is 39 pupils to 1 teacher; highest national average is 64 pupils to 1 teacher) (UNDP, 2010)	Equitable distribution of teachers across geographic locations	Ministry for education and teacher service commission	Staffing norms and incentives Partnerships with the private sector, civil society organizations, ICPs to expand education infrastructure to rural and hard-to-reach areas to attract teachers	Public works and housing departments, civil society organizations, the community support system and ICPs provide infrastructure, services and utility support

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links and other responsible sectors
5. Lack of teachers competent to address OVCY needs	Psychosocial support, guidance and counselling in pre- and in-service training	Ministry for education, teacher education and institutes/colleges of education	Teacher education curriculum review, teachers' training on identifying and addressing OVCY issues	Civil society organizations, community support groups and ICPs provide psychosocial support training and services
6. Curriculum lacks relevance to the needs of specific groups of OVCY	Flexible curricula to meet the needs of different learners	Ministry for education, curriculum development units	New curricula development, include life skills and vocational skills in appropriate languages	Community, formal and informal industries, civil society organizations and research institutions contribute consultations and input to curricula and teaching tools
7. Formal schooling does not meet the needs of OVCY, such as working children and out-of-school youth	Alternative approaches to basic education	Ministry for education, civil society organizations and the private sector	Specific curriculum, training of facilitators and community education systems Partnership agreements with employers of vulnerable youth that allow for in-house training and further education opportunities	Ministry for labour, ministry for social welfare, civil society organizations and research institutions provide a network of referral mechanisms for on-the-job skills training opportunities

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links and other responsible sectors
8. Children abused by teachers and peers in school	Safety and safety monitoring, guidance and counselling mechanisms in school	Ministry for education, communities and civil society organizations	Training of key personnel on child abuse prevention and mitigation Enhanced school fences and security systems Legislation and policies to protect children from abuse by teachers	Ministry for education establishes partnerships or referral systems with or through the ministry for social welfare, ministry for public works, ministry for police and security, communities, school committees, security companies, the private sector and civil society organizations
9. About 90% of children with disabilities not enrolled in school	Mainstream schools accommodate students with mild disabilities and special schools provide for severe cases Adapted school environments for children with disabilities	Ministry for education, ministry for social welfare and communities	Teachers' training on special education needs Learning and support materials Community sensitizing on need to de-stigmatize disability	Ministry for education links with the ministry for finance, civil society organizations and the private sector to provide social protection to support education of children and youth with disabilities Ministry for education partners with the ministry for public works to adapt educational buildings Ministry for health, ministry for social welfare, civil society and faith-based organizations provide special education for teachers to manage disability and services in schools

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links and other responsible sectors
10. Lack of specific provision for OVCY at the school level	Specific provision in school development plan for identifying and addressing the needs of OVCY in the community	Ministry for education and ministry for local government	School development plans, links to district OVC plans	Ministry for education engages in joint planning with the ministry for education, ministry for local government, ministry for finance and economic planning, ministry for social welfare, civil society organizations and social protection provisions
11. Children remain vulnerable to HIV infection and other risks (youth aged 15–24 accounted for 45% of new adult infections in SADC in 2008; HIV prevalence among youth aged 15–24 = 3% for men and 8.8% for women) (36% of youth aged 15–24 have comprehensive knowledge of HIV prevention) (UNCEF et al., 2009)	Life skills and sexual and reproductive health education	Ministry for education and ministries for youth, sports and culture	HIV education in school curriculum Child- and youth-friendly services Technical and financial resources from ICPs, civil society organizations and the private sector	Ministry for education reviews curricula with the ministry for health Ministry for local government and municipal councils provide services Link with ICPs for technical and financial support

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links and other responsible sectors
COMPLEMENTARY/SUPPORTIVE SERVICES FOR EARLY CHILDHOOD, PRIMARY AND SECONDARY EDUCATION				
12. Children learn little or drop out due to poor nutritional status	Free meals at school or learning centres Food security for households of OVCY	Ministry for agriculture, ministry for social welfare, civil society organizations, World Food Programme and local authorities	Government school-feeding policy and programmes for children Feeding referrals to civil society organizations and community development programmes	Ministry of education, ministry for social welfare and civil society organizations conduct advocacy Ministry for finance, ministry for economic planning, ministry for agriculture, World Food Programme and the Food and Agriculture Organization initiate social protection food security programmes for food-insecure households of OVCY and through schools Schools and ministry for education make referrals to civil society organizations, ICPS and community development programmes

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links and other responsible sectors
13. Long distance to schools discourage school enrolment and attendance (average net primary school enrolment/ attendance for SADC Member States = 79%; average net secondary school attendance = 28% (UNICEF, 2009))	New schools or access to boarding facilities	Ministries for infrastructure development (roads, houses, electricity, water, communication)	Schools constructed or boarding facilities and transport arrangement	Ministry for education, ministry for social welfare, communities and ICPs conduct advocacy and submit budgets and plans to central government
14. Children learn little or drop out due to poor health status	Immunization, health monitoring and de-worming	Ministry for health and ministry for water and sanitation	Free health delivery and subsidies for OVCY Awareness raising for school staff and referral to local health services by ministry for education	Ministry for education advocates with ministry for health for wide health coverage to vulnerable families Ministry for education and ministry for health jointly plan on health delivery for school children Ministry for information/ communication and community structures conduct public awareness campaigns

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links and other responsible sectors
15. Lack of access to water and sanitation facilities lead to girls dropping out and illness	Water and sanitation facilities in school and separate for girls	Ministry for water resources, ministry for education, civil society organizations and public works programmes	New toilets, washing facilities and safe water points in schools	Ministry for education and school authorities jointly plan with ministry for water, ministry for environment and civil society organizations Ministry for social welfare, ministry for finance, donors, civil society organizations and communities provide social protection support for sanitary hygienic items for girls
	Adolescent sexual and reproductive health (ASRH) education and services for girls	Ministry for education and ministry for health	ASRH integrated into schools as an examinable subject Teachers' training on ASRH competence and teaching confidence	Ministry for education makes referrals for ASRH services to health facilities Ministry for education works with health experts to design school curriculum

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links and other responsible sectors
16. Children missing from data systems and service delivery reach	Database with every vulnerable child accessible to ministry for education	Ministry for education (monitoring and evaluation and EMIS units), district statistics officers, central statistics office, ministry for social welfare, ministry for higher education and communities	EMIS and other surveys on vulnerable children in and out of school Community-based mapping system Mapping of vulnerable children and out-of-school children at national, district and community levels	Ministry for education, ministry for health, ministry for social welfare, ministry for police and security, ministry for agriculture, ministry for housing and amenities and ministry for youth share and coordinate management information systems All service delivery sectors track OVCY indicators in service delivery
ESSENTIAL SERVICES FOR THE VOCATIONAL EDUCATION AND TRAINING SECTOR				
17. High cost of tertiary education and TVET prohibits OVCY from gaining skills and experience that enable them to earn income	Bursaries, scholarships and fee, tuition and transport waivers for OVCY and assistance with other indirect costs	Ministry for higher education, ministry for youth and vocational training institutions	Preferential policies that allocate places for OVCY (both boys and girls equally) and take into account cost as a barrier to accessing TVET facilities TVET priority for OVCY (boys and girls) in national plans and budgets	Ministry for finance and ministry for development planning provide social protection services in collaboration with ministry for social welfare, ministry for economic planning, ministry for finance, civil society organizations, the private sector, community support systems and ICPs

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links and other responsible sectors
18. Tertiary and TVET facilities are often not available (tertiary enrolment ratio for sub-Saharan Africa = 5.5%) (UNDP, 2009)	TVET centres and facilities, including community-based training TVET facilities for OVCY Free transport Budget allocation to relevant ministry	Ministry for higher education and ministries for infrastructure development (roads, houses, electricity, water, communication)	National development planning of TVET New or expanded TVET facilities Community-based training Bursaries and scholarships for OVCY Policy on quota system for OVCY Transport waiver scheme	Ministry for education, ministry for youth, youth organizations, civil society organizations, communities and ICPs advocate and submit budgets and plans to central government Ministry for education establishes public-private partnerships with the private sector

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links and other responsible sectors
19. Girls and young women have less access and opportunities to TVET	Equal TVET opportunities for young women and men, boys and girls	Ministry for higher education, ministries for youth, gender and women's development, and vocational training institutions	TVET curriculum review Preferential policies that allocate places for OVCY (both boys and girls equally) and take into account cost as a barrier to accessing TVET facilities Career guidance for girls, including encouragement to enter male-dominated vocations	Ministry for finance and ministry for development planning provide social protection services (including household livelihood opportunities that allow girls to take time off from earning income and other caring roles to attend training) in collaboration with ministry for social welfare, ministry for economic planning, ministry for finance, civil society organizations, the private sector, community support systems and ICPs
20. Lack of psychosocial competencies for young men and women to cope with life	Psychosocial support for young men and women in tertiary and TVET institutions	Ministry for higher education, ministry for youth and ministry for labour	TVET curriculum review and training methods that integrates psychosocial support	Ministry for education refers and collaborates with different ministries, civil society organizations and private training institutions to provide psychosocial support

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links and other responsible sectors
21. Lack of access to apprenticeships and internships	Placement opportunities for OVCY in formal and informal industries	Ministry for labour, ministry for youth, the private sector and community support systems	Policies and programmes for corporate social responsibility Formal arrangements with public and private employers to enrol OVCY for apprenticeships and internships Career guidance for girls, including encouragement to enter male-dominated vocations	Ministry for education advocates and signs and implements memoranda of understanding with ministry for trade, ministry for industry, ministry for agriculture, public service commissions, the private sector and civil society organizations

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links and other responsible sectors
22. Adolescents and youth with disabilities have no access to tertiary and TVET training institutions	Vocational skills and tertiary education training for children and youth with disabilities	Ministry for higher education, ministry for public works, ministry for health, ministry for social welfare, human rights commission, and civil society and faith-based organizations	Policy and legislation review to ensure inclusive education for children & youth with disabilities Special schools provide for children & youth with severe learning difficulties and disabilities Adapted school environments that enable access for children & youth with disabilities Teachers' training on meeting special education needs Community sensitizing on need to de-stigmatize disability & right to education for children with learning difficulties/ disabilities Adapted buildings Appropriate learning & support materials	Youth organizations, ministry for youth, ministry for social welfare and community support systems advocate with central government and legislators

Annex B: Health care, clean water and sanitation

The following matrix identifies some of the major barriers and strategies for addressing them so that vulnerable children and youth have the same access to health care and improved sanitation as others in their country.

NOTE: It is important to recognize that the list of challenges is only an example and not an exhaustive compendium; barriers to education are also country and community specific.

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
ESSENTIAL SERVICES FOR HEALTH SECTOR				
1. OVC are often missed from vaccination against the major childhood illnesses (immunization coverage among 1-year-olds is 80%, but significantly lower for OVC (WHO,2009))	Free vaccination against tuberculosis, diphtheria, whooping cough tetanus, poliomyelitis, measles, Haemophilus influenza type B	Ministry for health	Vaccination campaigns among vulnerable communities and families National policy on compulsory vaccination against major childhood illnesses Vaccines readily available in hard-to-reach areas	Refer to community structures and campaigns through ministry for information and ministry for education and private sector health providers

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
2. OVCY experience difficulty in accessing health services due to cost (9.7% of children in SADC Member States die before their fifth birthday and 3.4% die within a month of birth (WHO, 2009)) 7.1% of all deaths of children younger than 5 years are caused by malaria; 20% of children younger than 5 years sleep under insecticide-treated bed nets (ITNs); 29% with fever treated with anti-malaria medicine	Free health services for OVCY	Ministry for health and ministry for social welfare	Policies in place on free health services for OVCY and their families	Provide social transfers to households of OVCY for health services through ministry for finance, civil society organizations, private sector and donors and with advocacy through ministry for youth
	Access to health facilities for children and youth with disabilities	Ministry for health, ministry for social welfare and ministry for youth	Outreach health services for poor/vulnerable communities and for children and youth with specific disabilities Adapted health service buildings to facilitate access for persons with disabilities	Link with ministry for public works to provide or adapt access to buildings/structures Link with ministries for children, youth and gender to identify and refer children and youth with disabilities
	Health care services to OVCY in rural areas and poor communities	Ministry for health, ministry for social welfare and ministry for youth	Strengthened primary health care programmes for vulnerable population groups (outreach and mobile facilities, community health workers and NGOs)	Provide social protection transport vouchers to travel to health care centres Link with ministry for finance, local government, civil society organizations, the private sector & community support structures
	Free ITNs and malaria treatment to OVCY households in malaria-prone areas	Ministry for health	System to ensure that ITNs, rapid tests and anti-malarial drugs are easily available to OVCY and their families	Link with social protection initiatives with ministry for finance, social welfare, civil society organizations, ICPs and the private sector

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
3. Vulnerable migrant children and youth experience difficulty in accessing health services	Free health services for migrant children Outreach health services	Ministry for health, ministry for social welfare, ministry for home affairs and ministry for youth	Policies that ensure that migrant children and youth have access to health services Assistance to register migrant children in host country	Refer between countries and with civil society organizations and private sector health service providers Link with social protection in the form of subsidies on health fees for migrant children and youth who are vulnerable Link with ministry for home affairs, civil society organizations, ICPs and the private sector

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
4. About 50% of all new HIV infections occur among youth aged 15–24 years; girls account for 75% of young people with HIV; 90% of young people do not know they are living with the HIV. In Eastern and Southern Africa, only 30% of 15–19 year olds possess comprehensive knowledge about HIV prevention; young women consistently have less knowledge than young men.	Free and friendly HIV prevention and testing services for all adolescents and youth at risk who need them, including special attention on girls and young women	Ministry for health, ministry for youth, ministry for gender and women's development and civil society organizations	Expand low cost child- and youth- friendly health and social services Intensify HIV/STI prevention, treatment and care and support services among adolescents and youth	Links with local government to provide youth-friendly facilities and services Work with ministry for finance, ICPs, civil society organizations, the private sector and social services to finance services for adolescents and youth

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
5. Most children and youth living with HIV and AIDS do not have access to treatment and those on treatment face problems of non-adherence treatment. Adherence to treatment also a challenge to children and youth on TB treatment and epilepsy drugs (the number of children receiving ARV therapy in SADC region is 50% of the estimated need; (UNICEF et al., 2007) 18.5% of deaths of children younger than 5 years in the SADC region are related to AIDS (WHO,2009)).	Free ARV treatment and cotrimoxazole to all eligible children and youth who need it	Ministry for health	System to ensure universal access to HIV and AIDS treatment for all children and youth with HIV and AIDS	Link with social protection to provide health care services with ministry for finance for budget allocations, ministry for social welfare, ministries for children, youth and gender, civil society organizations, the private sector and ICPs
	Adherence counselling, education and monitoring to all vulnerable children and youth who are on TB, ARV or epilepsy treatment	Ministry for health and community-based organizations	Community-based support groups Home visits to support adherence Nutrition programmes Clear referral systems to specialized psychosocial support services	Refer to specialized psychosocial services when needed through ministry for education, ministry for youth, ministry for gender and children community-based support structures, and civil society and faith-based organizations

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
6. OVCY do not have access to clean water supply and sanitation facilities (71% of population used improved drinking water and 45% of population used improved sanitation" (WHO, 2009))	Basic sanitation and clean water for households of OVCY	Ministry for water affairs and ministry for lands, housing or public works	Clean water services and sanitation facilities for communities and households of OVCY	Link with social protection services to support vulnerable communities to improve sanitation conditions with links to ministries of local government, public works, construction, health and youth, ICPs, civil society organizations and the private sector
7. Children born to HIV-positive parents not protected from HIV infection (PMTCT coverage is 57% for SADC region, but not available in all countries (WHO,2009))	Free cotrimoxazole prophylaxis to all those born to HIV-exposed mothers until HIV infection or risk is excluded	Ministry for health	HIV testing and counselling offered to all pregnant women Community-based support groups for HIV-exposed mothers	Link to psychosocial support services for counselling through civil society and faith-based organizations

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
8. Children suffer from severe malnutrition	Therapeutic feeding for severe malnutrition	Ministry for health	System to ensure malnourished children are identified and referred Community- and household-level food security initiatives Nutrition programmes	Provide social transfers to households of OVCY for food through ministry for finance, civil society organizations, the private sector and donors Link to referral systems for food security and nutrition interventions, including child protection services
9. Adolescents and youth do not have access to SRH services (adolescent fertility rate for sub-Saharan Africa is 122.3 births per 1,000 women aged 15–19 years (UNDP, 2010))	Free basic sexual and reproductive health (SRH) services for adolescents and youth who need them	Ministry for health and ministry for youth	Policy on free SRH services for OCVY Subsidies for adolescent- and youth-friendly SRH services Stigma-free and accessible adolescent and youth-friendly SRH services	Link with social protection to subsidize health services for vulnerable adolescents and youth through links with ministry for finance, ICPs/ civil society organizations and ministry for social welfare

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
10. OVCY mental health problems not being identified and addressed	Screening for mental health problems among at-risk children and youth	Ministry for health and community-based organizations	Community sensitizing to reduce stigma related to mental health problems Community-based support groups set up for parents and caregivers of OVCY with mental health problems Training of community-based health practitioners to recognize mental health problems and make referrals to specialized services	Referrals to psychosocial support services
	Specialized services and support for OVCY with mental health problems and their families	Ministry for health	Training of mental health specialists Resources to construct and run specialized mental health referral facilities	Lobby ministry for finance, ICPs, civil society organizations for resources Link with child- and youth-friendly health and social services

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
COMPLEMENTARY SERVICES FOR HEALTH SECTOR				
1. Sexual violence (up to 1 in 5 women report having been sexually abused before the age of 15 (WHO, 2005))	Protection from sexual and other gender-based violence and legal recourse for all vulnerable girls, young women and also vulnerable boys and young men	Ministry for justice, ministry for police/home affairs and ministry for gender	Child protection laws and laws to protect victims of gender-based violence	Ministries advocate for children, youth and gender issues Link with child and youth protection efforts
	Management and support of victims (including, trauma counselling, documentation, reporting, assistance with trail of evidence, legal protection)	Ministry for health, ministry for social welfare, ministries for youth and gender, ministry for justice, ministry for police and civil society organizations	User-friendly reporting procedures easily accessible Effective referral mechanisms between health services, social services, police and legal assistance services Capacity building training for health & social workers and child and youth workers/ caregivers Sensitizing of police, judiciary and social workers on child abuse and gender-based violence	Link with child and youth protection and psychosocial support services Refer to specialized psychosocial support services when needed, such as psychiatric and psychological services

Annex C: Food security and nutrition

The following matrix identifies some of the major barriers for vulnerable children and youth in accessing adequate food and nutrition and proposes strategies towards addressing them so that they have the same access to food and nutrition as others in their country.

NOTE: It is important to recognize that the list of challenges is not an exhaustive list; barriers to adequate food and nutrition are also country and community specific.

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
ESSENTIAL SERVICES FOR FOOD SECURITY AND NUTRITION				
1. Lack of basic meals for OVCY	At least two nutritious meals per day for OVC	Ministry for health (nutrition and HIV departments), ministry for social welfare and community support structures	Food security and productivity-support programmes for vulnerable/food-insecure families of OVCY Nutrition education for caregivers on age-appropriate feeding practices, food quality and storage	Link social protection, especially social transfers (cash or food), to food-insecure OVCY households through collaboration with ministry for finance, the private sector, ICPs, civil society organizations and community leaders Refer to resource mobilizing through public-private sector collaboration

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
2. Infants (birth to 6 months) are extremely vulnerable if breastfeeding mothers are unable to provide sufficient milk or mix breast milk with formula feeding or other substitutes	Breastfeeding promotion for children for first six months of life Nutrition supplements for breastfeeding mothers	Ministry for health (nutrition department) and civil society organizations	Nutrition assessment of vulnerable infants Breastfeeding campaign Training of community-based and primary health care workers to assess nutrition status of infants Referral system for malnourished infants to therapeutic feeding programmes	Refer to infant and young child feeding programmes Link with civil society organizations, ICPs, ministry for information/communication and the private sector

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
3. About 35% of under-5 mortality in the SADC region is attributed to under nutrition	Free foods with folic acid, iron, vitamin A, zinc and iodine to all children younger than 5	Ministry for health (nutrition and HIV departments), ministry for social welfare, ministry for agriculture, ministry for industry and trade, ministry responsible for consumer protection, civil society organizations and the private sector	Nutrition education for caregivers on age-appropriate feeding practices, food quality and storage and to promote diversified diet and consumption of fortified foods Programmes for micronutrient supplementing and school feeding Policy to address the production of mineral-rich foods and demand for fortified foods with folic acid, iron, vitamin A, zinc and iodine, with links to or integration of nutrition service into HIV prevention and treatment programmes Community sensitizing and awareness raising on benefits of diversified local food production, consumption of high-nutrient locally available foods and good nutrition	Link with social protection support for food security Link with strengthening of public-private sector collaboration on nutrition-rich food production and through ministry for agriculture, ministry for industry and trade, consumer protection organizations and civil society organizations Link with community-based nutrition and agricultural extension programmes (livelihood initiatives), ministries and programmes for youth, children and gender
4. High micronutrient deficiencies among adolescent girls, increased HIV-related morbidity and death among those infected	Free foods with folic acid, iron, vitamin A, zinc and iodine to all HIV-positive adolescent girls and youth			

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
COMPLEMENTARY SERVICES FOR FOOD SECURITY AND NUTRITION SECTOR				
1. Children born to malnourished mothers have a high risk of developing anaemia and related-health complications (12.7% of infants born in SADC region have low birth weight (UNICEF, 2010))	Free food or supplements with iron and vitamin A to pregnant mothers in vulnerable households	Ministry for health	Nutrition education to promote diversified diet and consumption of fortified foods Programmes for micronutrient supplementing Production support and creating demand for fortified foods with folic acid, iron, vitamin A, zinc and iodine with links to or integration of nutrition service into HIV prevention and treatment programmes	Link community nutrition and nutrient-rich food production education through ministry for agriculture, ministry for natural resources, ministry for education, ministries for youth and gender, ministry for communications/broadcasting, agriculture training institutions and civil society organizations

Annex D: Child and youth protection

The following matrix identifies some of the major barriers for vulnerable children and youth in accessing protection services and proposes strategies towards addressing them so that they have the same access to protection as others in their country.

NOTE: It is important to recognize that the list of challenges is only an example and not an exhaustive compendium; barriers to education are also country and community specific.

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
ESSENTIAL SERVICES FOR CHILD AND YOUTH PROTECTION				
1. Vulnerable children and youth experience high levels of violence, abuse and exploitation; this includes violence and abuse as a result of cultural and religious norms	Free child- and youth-friendly legal services and protection for vulnerable children and youth who have encountered abuse Protection from bad/harmful cultural and religious practices that expose children and youth to abuse or exploitation	Ministry for justice, ministry for police/ home affairs, ministry for culture, ministry for local government, ministry for justice, ministry for police and traditional and religious leadership structures	Local legislation and policies reflecting domesticated and enforced international and regional protocols and agreements relating to child and youth protection Legal and administrative mechanisms that provide for free/subsidized legal services for child and youth victims of abuse and exploitation Child-friendly community-based legal and paralegal services and counselling services Sensitizing and training of police, judiciary, traditional and religious leaders and legal practitioners on children's rights and child protection and laws related to both Community and national advocacy campaigns relating to reviewing harmful traditional and religious practices	Link with social welfare to provide cash transfers for legal recourse to vulnerable children and youth and their families Link with parliament to enact laws and advocacy activities by civil society organizations and ministries for children, youth and gender Link with community-based support structures and referral systems for child/youth victims
	Life skills so all vulnerable children can help protect themselves from exploitation, abuse and violence	Ministry for education and ministries for children, youth and gender	Life skills programmes that address issues of exploitation, abuse and violence among vulnerable children and youth	Link with life skills programmes in schools, community education with civil society organizations, community support structures

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
2. Human trafficking of vulnerable children and youth on the increase	Tracking, rehabilitation services and reunifying system for children and youth who are trafficked Alternative care for children and youth rescued from trafficking situation before uniting with family	Ministry for police/ home affairs, ministry for social welfare, ministry for justice, ministries for children, youth and gender, border security forces, police and civil society organizations	Victim and family support services for vulnerable /trafficked children and youth and their families Bilateral agreements to facilitate cross-border cooperation	Link with social protection and economic empowerment programmes for vulnerable households Link with ministry for foreign affairs Refer to psychosocial support services

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
3. Unaccompanied migrant children face high risk of exploitation and abuse and have difficulty in accessing basic services	Basic services and protection to migrant unaccompanied children	Ministry for home affairs, ministry for foreign affairs, ministry for justice, ministry for social welfare, ministry for health and ministry for education, border security forces, police and civil society organizations	Bilateral agreements to facilitate cross-border cooperation Poverty alleviation strategies for vulnerable households Registration of migrant children Social worker care services for foreign, unaccompanied children, including places of safety and a return to parents or foster care alternative in host country Life skills and HIV awareness and prevention for migrant children Family support services for vulnerable households Child- and youth-friendly legal services for migrant children and youth and unaccompanied minors Child welfare services (rehabilitation and reunification services) for migrant children and unaccompanied minors Psychosocial support for migrant children and youth Health and education services for unaccompanied minors and migrant children and youth	Refer to health, education and psychosocial support services Link with food security and nutrition programmes Link with social protection as prevention Regional leadership to foster inter-country cooperation

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
4. Children working and in exploitive labour conditions (an estimated 22% of all children in the SADC region are involved in child labour (UNICEF, 2009))	Formal and non-formal education enrolment opportunities for children affected by child labour Protection against child labour practices	Ministry for labour, ministry for social welfare, ministry for education, ministries for children, youth and gender, labour unions, civil society organizations and the private sector	Laws and regulations against child labour that are enforced Alternative income and livelihood-earning arrangements for vulnerable children and their families	Link with social protection support for livelihood security for vulnerable households through ministry for finance, ministry for industry, ministry for gender, the private sector and civil society organizations
5. Children and youth living and working on the street or with neither parent	Rehabilitation and reintegration services for all children living on the streets A family environment in which they can access all basic services, including foster care or adoption Alternative skills training and income/ livelihood earning opportunities for older children/youth Psychosocial support services for all vulnerable children	Ministry for social welfare, ministry for education, ministries for children, youth and gender and civil society organizations	Outreach health and social welfare services targeting children and youth living and working on the streets Referral for specialized services, including health care, psychosocial support and legal services Life skills and vocational skills training and behaviour change communication Rehabilitation for substance abusers Places for safety and alternative care arrangements for children living on the streets, including foster care and adoption	Link with life skills, vocational skills training, community support structures, ministry for employment, ministry for labour, ministry for public service, ministry for health, the private sector and civil society organizations Provide social protection services to vulnerable households

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
6. Children and youth with disabilities are excluded, marginalized, experience greater difficulty in accessing basic services and are at greater risk of abuse (children and youth living with disabilities are largely hidden, and accurate data is not available for most SADC countries)	Free basic services based on need	Ministry for social welfare, ministries of education and vocational training, ministry for health, ministry for local government, ministry for agriculture, ministries for children, youth and gender and the parliament	Policies and services tailored to the needs of children and youth with disabilities and families caring for children with disabilities	Link and mainstream children and youth with disabilities to ministries of public works and infrastructure, ministry for labour, ministry for health, ministry for education, parliament, the private sector, labour unions and civil society organizations Link with psychosocial support and social protection services
7. Children denied their inheritance rights and dispossessed of their property	Access to inheritance of parents' property protected by law and customs	Ministry for justice, ministry for home affairs, ministry for social welfare and civil society organizations (including the media)	Reviews and redress of all legal, social, cultural, economic, political and other factors that disenfranchise children and youth from accessing their rightful inheritance, such as birth and death registration and property ownership	Refer to psychosocial support, social welfare services and legal services

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
8. Children marrying	Protection from entering into marriage before the appropriate legal age	Ministry for justice, ministry for social welfare, ministry for home affairs, ministries for children, youth and gender and civil society organizations	Review of customary and civil law, in line with the CRC and ACRWC on early marriage Community-based legal and paralegal services and child-protection structures Public education and awareness campaigns to change entrenched attitudes, gender norms and harmful traditional practices Community monitoring	Refer to specialist social welfare and psychosocial support services Link with social transfers and livelihood capacity building for households of vulnerable children
	Sexual and reproductive health information and services to married girls and survivors of domestic violence	Ministry for health and ministries for children, youth and gender	Life skills programmes targeting adolescent girls, including SRH and HIV prevention Adolescent-friendly SRH services targeting married girls and girl mothers	Link with social protection initiatives through civil society organizations, community structures and faith-based organizations
9. OVCY engaging in substance abuse	Free rehabilitation and counselling services, including specialist care and treatment and community-based care and support	Ministry for health, ministry for justice, ministry for education, ministries for children, youth and gender and civil society organizations	Laws and policies to prevent drug trafficking, drug dealing and drug abuse Awareness and education campaigns, life skills programmes and children's clubs and youth clubs, including sport and recreation	Link with health, education and psychosocial support services

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
10. Children affected by natural disasters and emergencies	Family tracing and reunification and community reintegration services Psychosocial support for unaccompanied minors Free basic services for affected children and youth	Departments for emergency preparedness and response, relief agencies, civil society organizations and all service ministries	Models of community-based child protection systems in emergencies Child protection priorities in humanitarian reform and peace-building and peace-support operations, including at early stages of development Referral mechanisms to education, health, food and nutrition, and protection services	Multisector response to ensure access to health services, education, psychosocial services, protection, food security and nutrition and social protection for children and youth affected by natural disasters and emergencies

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
11. Limited protection for children affected by armed conflict	Family tracing and reunification and community reintegration services Child and youth spaces Psychosocial services for former child soldiers (counselling, peer-to-peer support or community-based support) Vocational programmes and non-formal education and income-generating programmes targeted at child soldiers' families	Armed groups, non-state entities, ministry for social welfare, ministry for education, ministry for employment, ministry for labour, ministries for children, youth, gender, civil society organizations and vocational training centres	Ratification of the Optional Protocol on the Involvement of Children in Armed Conflict Implementation of UN Security Council Resolution 1612 (2005) Child- and gender-sensitive demobilizing and reintegrating programmes Referral mechanisms for health, education, protection and psychosocial services System for preventing sibling separation	Link with social protection support through ministry for finance, ministry for economic planning, ministry for agriculture, ICPs, the private sector and civil society organizations

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
12. Children and youth heading households with little or no support	Direct basic needs support to child- and youth-headed households Life skills, psychosocial support and livelihoods skills for children and youth who are heading households Adult caregivers who check on every child-headed household and offer parental guidance and support	Ministry for social welfare, ministry for health, ministry for education and ministries for children, youth and gender	Life skills for children and youth in child- and youth-headed households (including HIV prevention) Policies exempting child- and vulnerable youth-headed households from paying fees for basic services Vocational programmes focusing on vulnerable children and youth Family support services (foster and adoption services) Social transfers (food, cash, etc.) Protection services Community monitoring	Link with social protection support through ministry for finance, ministry for economic planning, ministry for agriculture, ICPs, the private sector and civil society organizations Refer to psychosocial support services through civil society and faith-based organizations and community support structures

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
13. Limited access to birth registration (only 50% of urban and 37% of rural children's births are registered in the SADC region)	Birth notification completed by 6 months and birth registration completed by 2 years of age for vulnerable children	Civil registrars, ministry for social welfare and civil society organizations	Policy and programmes for free and decentralized services and compulsory birth registration for all newborns and children younger than 2 years Sensitizing of community on needs of all children to be registered – targeting parents, child-headed households, child and youth clubs, community leaders and households in remote areas Birth registration through other governmental activities and 'piggy-backing' on ongoing service delivery programmes Removal of penalties and fees for late registration	Link with ministry for health to facilitate birth registration for infants born at health facilities Link with Local government to facilitate birth, death and marriage registration at community level, including involvement of traditional leaders

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
14. Children of refugees not accessing basic services	Local social transfer programmes for refugee and displaced children and their families	Ministry for social welfare and ministry for home affairs	National social transfer programmes that include refugee and displaced persons Assistance to access social transfers and with registration	
	Free access to all basic services for refugee and displaced children and their families	Ministry for social welfare	Assistance to access basic services Effective referral mechanisms	Link with education, health, protection and food security and nutrition services
	Information on children's and youth's human rights, including right to express views freely in all matters affecting them and have these views taken into account	Ministries responsible for children and youth	Education for children and youth on their rights through child and youth clubs and schools	Link with different service sectors to sensitize them on services for children and youth in refugee camps or in transit situations

Annex E: Psychosocial well-being and support

The following matrix identifies some of the major barriers for vulnerable children and youth in accessing psychosocial support and proposes strategies towards addressing them.

NOTE: It is important to recognize that the list of challenges is only an example and not an exhaustive compendium; barriers to education are also country and community specific.

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
CORE SERVICES FOR PSYCHOSOCIAL SUPPORT				
1. OVCY experiencing trauma and stressful situations are not provided counselling and related services	Counselling for OVCY experiencing traumatic and stressful situations	Ministry for social welfare, ministry for health, ministry for education and ministry for children and youth	Training for educators, health professionals and community health, child and youth workers to recognize OVCY and caregivers in need of psychosocial support Referral system for community-based and specialized psychosocial support, counselling and mental health services School-based counselling services Peer support groups for vulnerable children, youth and caregivers	Link referral system with programmes of ministry for education, ministry for police and security, civil society and faith-based organizations and children and youth organizations

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
2. OVCY lack the human competencies required to assume responsibility, manage their individual and family life situations and cope with life situations and to develop their potential	Life skills and leadership skills support to vulnerable children and youth at all levels of education (pre-school, basic education, secondary and tertiary education and TVET)	Ministry for education, ministries for children, youth and gender, and civil society and faith-based organizations	Psychosocial support and guidance and counselling in pre- and in-service teacher training and for child and youth workers Alternative community approaches to mentorship and socialization of children and youth Age-appropriate life skills and HIV education, integrated into school, tertiary and TVET curricula	Referral and collaboration between different responsible ministries, civil society organizations and private training institutions, children- and youth-led organizations to provide life skills, mentorship and psychosocial support services
	Recreation facilities and opportunities for OVCY	Ministry for sport and recreation, local government authorities and municipalities	Budget to construct sports facilities and support sporting events School sports for girls and boys, including inter-school tournaments Sensitize and mobilize girls and boys to motivate them to participate in age-appropriate sport and recreation Village sports and other clubs (drama, music, etc.) and inter-village competitions	Ministry for finance to allocate budget for sport Link to community-based and civil society organizations Link with children's and youth clubs and local community support systems to demand services as well as participate in their provision

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
3. OVCY do not communicate needs or abusive experiences	Access to a trusted adult carer, peer and other communication opportunities Child- and youth-friendly communication and other services accessible to those abused as well as all children and youth	Ministry for social welfare, community leadership and support structures	Community-based traditional and legal child and youth protection systems covering anyone, including abused children, who report the abuse Community-based peer support groups, children's clubs, youth groups Home-based care and support for OVCY, including foster care (and adoption if appropriate)	Community-based monitoring by community-based and faith-based organizations, community support systems and children and youth associations Refer to health, education, legal, security/police and other child and youth protection services to prevent abuse, identify cases and mitigate impact
4. Children and youth with disabilities not receiving support to cope with life	Specialized psychological and social services for all children with disabilities, according to their needs Specialized life skills training for children and youth with disabilities Information to children and youth with disabilities and their families and caregivers on available services and opportunities	Ministry for social welfare (or other ministry responsible for persons with disabilities) and civil society organizations	Preferential policies and legislation addressing protection and access to services for children and youth with disabilities and their families/ carers Community-based monitoring Community-based support for OVCY with disabilities and their caregivers Inclusive education for children and youth with disabilities and special education for those with severe disabilities	Link and refer to education, health, agriculture, police, legal systems, psychosocial support and protection services to ensure access to all basic services for OVCY with disabilities Link with social protection services through ministry for finance, ICPs, civil society and faith-based organizations, private sector, community support systems

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
5. Adolescents and youth not coping with sexual and marital relationships	Specialized sexual and reproductive health counselling and services to sexually active adolescents and youth Targeted counselling and support to adolescents in marital situations Age- and gender-appropriate life skills and psychosocial support to sexually active adolescents and youth	Ministry for health and ministries for children, youth and gender, civil society organizations	Guidance for sexual relationships Community support systems Peer education and support Gender-sensitive ASRH and life skills education for adolescents and youth Confidential adolescent- and youth-friendly SRH services	Link with age- and gender-appropriate sexual and reproductive health and life skills education in schools, tertiary and TVET institutions, with youth groups, etc. Refer to child protection systems relating to early marriage and sexual abuse
6. Children heading households or having other support responsibilities, such as taking care of an adult; the 'adult-child' not having an opportunity to experience childhood and unable to cope with responsibilities	Adult care and support environment for children in child-headed households Recreation and play opportunities for the 'adult-child'	Ministry for social welfare, community-based organizations, faith-based organizations, community support structures	Community support systems, including peer and adult support for children and youth heading households Community child protections systems Home-based care and support Age- and gender-appropriate play and recreation opportunities for OVCY heading households	Ministry for education to ensure access to education for all OVCY Link to social protection for children and youth heading households, including social transfers, health and education fee waivers, food and nutrition support and psychosocial support services Link to ministry for justice for legal protection services for children and youth heading households

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
7. Certain groups of OVCY experience stigma and discrimination	Counselling and support services for OVCY experiencing stigma and discrimination	Ministry for social welfare, ministry for health, ministry for education, ministries for children, youth and gender, civil society organizations and child and youth groups	Child-friendly schools and community services School and community-based counselling services Community sensitization and awareness campaigns on psychosocial needs of vulnerable children and youth and their caregivers Life skills course for OVCY to build self-esteem and coping skills Parenting skills and support Peer support groups	Link to awareness raising, protection services in all ministries that deal with children and youth and with community leaders, civil society and faith-based organizations and parliamentarians

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
COMPLEMENTARY SERVICES FOR PSYCHOSOCIAL SUPPORT				
8. OVC growing up outside a caring family environment	Caring family environment for each OVCY	Ministry for social welfare, community leadership and support structures	Policies, legislation and regulations that enforce minimum requirements of alternative care for OVC, including foster care, adoption (if appropriate) and institutionalized care as a last resort Parenting skills training for carers Incentives, such as tax breaks, access to land and social grants, for relatives and community members to volunteer taking in OVC Community-based monitoring	Link to child protection services Collaborate with ministry for finance for social transfers to OVCY households
9. Caregivers lack skills to provide day-to-day psychosocial support to OVCY	Parenting education and support	Ministry for social welfare, ministries for children, youth and gender and community support systems	Parenting and communication skills that stress the importance of positive relationships with children Psychosocial support for OVCY and caregivers Home visits to provide ongoing trusted, compassionate support to OVCY and caregivers	Link with community education, food distribution, extension workers, local service delivery facilities (health, education, legal services, police, transport, child- and youth-led groups, child and youth centres) to impart psychosocial support skills for OVCY

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
10. Cultural norms prohibit girls from participating in sport, recreation and social activities	Female OVCY opportunities for sport, recreation and social activities tailored to meet their needs at different ages and abilities	Ministry for social welfare and ministry for youth, culture, sports and community support structures	Sensitizing campaigns for community and traditional and political leaders on gender inequity and role of culture in promoting it Civil society organizations, youth groups and children's clubs offering age- and gender-appropriate sport and recreation activities, including girls-only activities, in culturally appropriate manner Parents/caregivers facilitating and supervising activities	Link to ministry for education to include school sports for girls and boys in curricula, information and communication for media campaigns
11. Children and youth affected by humanitarian emergencies, including natural disasters and conflict	Protection, recovery and reintegration of children who have been exposed to situations harmful to their psychosocial development	Ministry for social welfare, ministries for children, youth and gender	Community-based child protection systems Monitor and advocate adherence to CRC and Optional Protocol on Children in Armed Conflict by all SADC Member States Children's rights training for leaders and armed forces Referral system to specialist psychosocial support, health and mental health services Family reunification and reintegration services	Link with ICPs, civil society and faith-based organizations and ministries responsible for disaster management, defence, education, health, food security, local authorities, emergencies and armed conflict to provide support and referral services

Annex F: Social protection

The following matrix identifies the major challenges of vulnerable children and youth in accessing social protection and proposes strategies towards addressing them so that they have the same access to social protection as others their age in their country.

NOTE: It is important to recognize that the list of challenges is only an example and not an exhaustive compendium; barriers to education are also country and community specific.

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
ESSENTIAL SERVICES FOR SOCIAL PROTECTION				
1. Chronic deficiency in capacity of OVCY and their families to meet basic needs (the SADC Human Development Index ranking is much lower when gender disparities are factored in using the Gender-related Development Index)	Social transfers (cash and in kind) to meet the basic needs for OVCY	Ministry for social welfare and ministry for finance	Social transfer systems that include community support systems covering the poorest families of OVCY	Link with all ministries that provide basic services for OVCY and community support structures to ensure that they identify beneficiaries and enable the administration and monitoring of transfers

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
2. Low uptake of social transfers among OVCY and their families (only 20%1 of affected children receive any form of support beyond that provided to their households)	Targeted information and access to services for OVCY and their families in all locations and relevant languages	Ministry for social welfare and ministry for finance	Targeted information and mobilizing campaign, based on factors that cause low uptake of available social transfer services Compulsory birth and death registration for OVCY and families Effective delivery system for social transfers	Link with research institutions, ministry for information, the private sector and civil society organizations Coordinate with activities of ministries for children, youth, women and gender, and youth groups
3. Many social protection measures benefit children without explicitly targeting them and could benefit OVCY more if they were child/ youth sensitive	Child- and youth-sensitive social protection interventions	Ministry for social welfare	Social protection interventions designed after consultation with children and youth, and operated and evaluated with children and youth participation Support to families and caregivers in their childcare role, including increasing the time available within the household by organizing community care and systems	Coordinate with activities of ministries for children, youth, women and gender, and youth groups Link to antenatal care and mother and child health services (ministry for health) Ministry for education to ensure access to education and training opportunities, including TVET and tertiary, for OVCY Collaborate with ministry for finance to provide social grants or budget allocations

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
4. Lack of support for entrepreneurial and professional skills development required for sustainable livelihoods for youth	Grants or waived fees for vocational, professional and entrepreneurial skills training to vulnerable youth	Ministry for employment, ministry for labour and ministry for youth	Policies promoting preferential TVET (quota system) opportunities for vulnerable youth, with equal opportunities for male and female youth Social protection subsidies, waiver of fees and scholarships for training targeting OVCY Public-private partnerships to create learnership, internship and apprenticeship opportunities	Advocacy, joint budgeting and planning with ministry for finance, ministry for tertiary education and vocational skills training, all sector ministries that have employment opportunities, the private sector and civil society organizations

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
5. Absence of targeted support to secure employment among households of OVCY	Livelihood, work or employment opportunities for vulnerable youth Loans and microfinance for youth entrepreneurship	Ministry for labour and ministry responsible for youth	Preferential employment policy for vulnerable youth (male and female) Decent work programmes for vulnerable youth, with equal opportunities for males and females Professionalized youth income oppor-tunities, such as in sports and culture Youth community service volunteer programmes and volunteer reward systems Loans and microfinance for youth to start or expand income-generating activities and businesses Public-private partnerships to promote employment of vulnerable youth in the private sector	Ministry for youth and ministry for social welfare refer vulnerable youth and collaborate with ministry for public works, ministry for finance and ministry for economic development for labour-intensive employment models Cooperate with labour unions, employers' groups and youth groups

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
6. Vulnerable youth cannot cope with the challenges of life	Life skills education or training for youth in and out of school Leadership training and mentorship for vulnerable youth	Ministry for youth	A framework and structures for youth leadership training and mentorship at regional and national levels Life skills training, with emphasis on out-of-school, unemployed and vulnerable youth (male and female)	Link with ministry for social welfare and ministry for civil society organizations for psychosocial support Link with training institutions and the private sector for placement and mentoring Ministry for gender to oversee gender appropriateness and equal opportunities Advocate with labour unions and employers' associations to support youth

Challenge	Service	Accountability/ responsibility	Delivery mechanism	Links & other responsible sectors
COMPLEMENTARY SERVICES FOR SOCIAL PROTECTION				
1. Lack of graduation mechanisms from social transfer programmes	Targeted capacity building support to ensure sustainable livelihood interventions for OVCY and their families	Ministry for social welfare coordinates inter-sector response	Access to livelihood opportunities, including home production of food, vocational training, microcredit and community systems Assistance to vulnerable households to access livelihood opportunities Community monitoring and support	Cooperate with ministry for finance to ensure access to appropriate social grants Link with community-based and faith-based organizations, the private sector and youth groups Ministry for education to target OVCY for higher/ tertiary education and TVET
2. Vulnerable youth trapped in perpetual cycles of vulnerability, deprivation and dependency	Targeted livelihood opportunities for the most vulnerable youth and their families	Ministry for youth	Policy frameworks and programmes to target the most vulnerable youth at risk of being trapped in poverty and vulnerability cycles Social protection strategy for vulnerable youth and their families	Advocate and collaborate with ministries for youth and gender, ministry for social welfare, ministry for education, ministry for finance, civil society organizations, local government, labour unions and the private sector