ORPHANS AND VULNERABLE CHILDREN NATIONAL PLAN OF ACTION

FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

2004-2006

National Plan of Action

Introduction

The Federal Democratic Republic of Ethiopia is a large country comprising over 70 million people and more than 80 different ethnic groups. The overwhelming majority of the population, 83%, lives in rural areas.

The country is one of the hardest hit by HIV/AIDS and has the highest rate of HIV infected children in the world. According to the 2003 report of the MOH, it is estimated that there are 1.5 million adults and children living with HIV/AIDS. Close to half a million children have been orphaned by HIV/AIDS according to the MoH report of 2004. In the year 2003, there were an estimated 4.6 million orphans that account for 11% of all children (AIDS in Ethiopia 2004 and Children on the brink, 2004 report). Despite the serious implications of such scenarios and the fact that Ethiopia signed and ratified the CRC and committed itself to align all policy and legislation with CRC principles, there have been insufficient of organized and concrete actions to address this large and important segment of children.

The HIV/AIDS pandemic has tremendously increased the number of child headed households, changed cultural patterns of childcare, and put an incredible strain on the social safety nets. As a result, OVC are very vulnerable to all forms of abuse & exploitation, loss of inheritance rights, loss of opportunities for education, basic healthcare, normal growth and development, and shelter. They are also at risk to the future waves of HIV infection. The magnitude of OVC crises therefore calls for concerted and intensified efforts from the government, international community and civil societies, bilateral and multilateral organizations.

To ameliorate the situation of OVC, the regional OVC consultative meetings and national conference were organized in 2003 by the ad hoc OVC task force consisting of a few members representing only HAPCO, MOLSA, UNICEF, SCF-USA, and SCF-Sweden.

The consultative meetings and the national conference recognized the critical issues with regard to the existing policies, legal and regulatory frame works and OVC program intervention, which are specifically related to education, psychosocial support, health and nutrition, protection and economic support.

The HIV/AIDS policy was found to be too general lacking any clear provisions concerning the issue of OVC and it also lacks harmony with other existing policies. Lack of awareness at all levels, absence of workable guidelines and strategies, and limited capacity at all levels were also found to be obstacles, hampering the OVC care and support intervention.

The programs were also found to be fragmented and scattered, limited in scope and coverage, donor driven and focusing on basic survival needs thereby fostering dependency. There was limited networking and coordination leading to duplication, a lack of standardization and integration and therefore they were not sustainable.

Participants of the national OVC conference in 2003 recognized the need for strong leadership on OVC issues, specifically related to OVC policy formulation and revision of existing policies, legal frameworks and guidelines. They also recognized the need for strengthening coordination, networking, capacity building at all levels, advocacy, resource mobilization, monitoring and evaluation. They also recommended the strengthening of the existing task force to consolidate the conference outcome and prepare a national plan of action that would guide OVC care and support interventions.

As a follow up to the conference, the national ad hoc OVC task force was strengthened by including additional members representing UNAIDS, USAID, WFP and Hope for Children. The task force has benefited from the Sub Saharan OVC Rapid Assessment, Analysis and Action Planning (OVC RAAP) initiative, where by community level assessment was carried out to feed in to drawing-up the national OVC plan of action. The draft plan of action has been further refined through regional OVC consultative meetings and a national conference.

The national plan of action spelt out the five thematic areas with regard to the legal and regulatory frameworks, situation analysis, advocacy and capacity building, consultation and coordination and monitoring and evaluation.

Hence, this national plan of action has been developed to guide all stakeholders in addressing the issue of OVC care and support in a holistic, coordinated and integrated manner. Therefore, we strongly urge all implementing partners to develop their project proposals by incorporating activities under the five thematic areas of this action plan. Additionally, all donors should make sure that the project proposals are in line with this plan of action so that we can achieve the set objective with in the next two years.

ETHIOPIA NATIONAL PLAN OF ACTION FOR OVC

1. Situation Analysis / Planning

Critical next steps to strengthen this theme area	Who is responsible? Who needs to be involved?	Implementation Steps	Indicators	Required Resources (technical, human, financial)?	Timeline & Current Status	Follow up Requirements
a. Establish a steering committee for the Rapid Assessment	**MoLSA; UNICEF HAPCO, USAID, WFP, UNAIDS Civil society organizations**	• Inception of committee • Recruitment of consultant • Finalization of Timeline and expected outputs	• Steering committee established • Consultant recruited • Timeline and expected outputs are set	**Human:** Ongoing commitment of 6 organizations * **Technical:** Consultant with research experience **Financial:** $4500	Completed	• Regular meetings of RAAAP force towards completion of tools
b. Complete RAAAP Tools and Process	**MoLSA; UNICEF HAPCO, USAID, WFP, UNAIDS**	▪ Summarize existing data and identify gaps ▪ Complete tools ▪ Stakeholders' Workshop to validate	• Data summarized and existing gaps identified • Stakeholder workshop conducted	**Technical / human**: consultant, supported by task force	Completed	• Developme nt of regional task forces and regional

* UN agencies and other international organizations will be requested for technical assistance once the task force identified specific activities.

	Civil society organizations	tools and feed into action planning process ▪ Disseminate report to regional partners, with completed tools	• #of regional partners who received the RAPAP report	members **Financial**: as (a) above		plans • Annual national stakeholders ' workshop
c. Re-vitalize and formalize the ad hoc National OVC Task Force	**MoLSA** Ad hoc task force (HAPCO, UNICEF, USAID, SC/US, Hope for Children, UNAIDS, WFP)	▪ Finalize ToR ▪ MoLSA to secure commitment of key Government ministries ▪ Prioritize annual actions	▪ TOR developed ▪ # of key government ministries approached ▪ Finalized and prioritized annual plan	**Human:** Participation of key agencies **Technical:** TA for establishment and operations (UNICEF) **Financial:** Minimal operational costs assumed	Completed	• Quarterly meetings and reporting • Annual review of taskforce performance and progress against action plan
d. Mobilization for implementation of plan	**HAPCO and MoLSA** with OVC Task Force and other stakeholders	▪ Task force formal adoption of the plan. ▪ Regional disseminations of plan ▪ Attend Donor forum in Cape Town	▪ Plan of action formalized ▪ #regional workshops conducted to disseminate the plan ▪ Donor forum attended by task force representatives	**Human:** OVC task force with at regional HAPCO & BoLSA **Technical:** **Financial:** 100,000	December 2004-March 2005	▪ OVC task force will work closely with HAPCO & BoLSA & regional level OVC task force to organize the workshop

e. Conduct regional OVC situation analysis with standardized tools and methodology.	**OVC Task Force, Regional BOLSA**	▪ Admin. Survey of regions to determine surveillance needs ▪ Collation of current assessments and experiences ▪ Standard Tool and methodology development by OVC Task Force (building on regional experience) ▪ Regional Training Workshops (in tools) ▪ Implementation by regional BOLSA	▪ # regions where situation analysis conducted ▪ National OVC Situation analysis report available	**Human:** Consultant to develop tools, and conduct regional training workshops **Technical:** Survey methodologies, data quality and collation. **Financial:** $222,000 $3000 - $20,000 per regional survey Tool development & training $2000 National collation and dissemination $100,000	March 2005	• Follow up support and monitoring to regions as required • Collation of 11 regional assessments and RAAAP tools into national report?

2. Advocacy and Capacity Building						
Critical next steps to strengthen this theme area:	**Who is responsible?** Who needs to be involved?	**Implementation Steps**	**Indicators**	**Required Resources (Technical, human, financial)?**	**Timeline and Status**	**Follow-Up Requirements**
a. Develop OVC advocacy materials and approaches for various audiences	**OVC Task Force**	▪ Identify key advocacy messages and target audiences (e.g. parliamentarians, court officials, traditional community leaders, religious leaders etc) ▪ Dissemination of advocacy tools through national and regional task forces.	▪ # Advocacy messages/ materials developed ▪ # of forums held to disseminate advocacy messages ▪ # of participants on advocacy sssions	**Human:** Dedicated person to work on this for 3 months (consultant) **Technical:** Advocacy, communications, training **Financial:** $40,000 Consultant - $15,000 Materials development and duplication - $20,000; translation - $5000	April 05	• Recruitment of Consultant • Monitoring of activities • Linkage to regional surveys

b. Advocacy	**HAPCO, MoLSA** – to strengthen Government's multisectoral response. **NGOs, FBOs, CBOs** for community level AND advocacy with Government	▪ Strengthen existing advocacy mechanisms to increase knowledge of child rights (e.g. Child Rights Committees, Child Protection Officers in the Police) and scale up successful models. ▪ Explore feasibility of establishing an OVC desk and/or committee community level ▪ Lobbying at all levels with government and non-government actors to develop understanding of the relevance of OVC issues.	▪ # of agencies who have established OVC desk ▪ # of OVC committees established ▪ # Lobbying sessions held	**Human:** HIV/AIDS resource people in all federal and regional line ministries. OVC desk officers – CRC people Woreda HAPCO people **Technical:** Advocacy and lobbying; legal rights, training **Financial:** $250,000	December 2004 Ongoing	▪ Review regional HIV/AIDS plans and how they address the issue of OVCs
c. Capacity building at national, regional and woreda levels	**HAPCO, MoLSA** – to strengthen Government's multisectoral	▪ Identify priority interventions from regional surveys at regional level. ▪ Identify responsible	▪ # of capacity building training conducted ▪ # of woredas targeted	**Human:** Utilize existing HIV/AIDS resource people and OVC	December	• Oversight from regional OVC Task forces.

	response. **NGOs, FBOs, CBOs** for community level AND advocacy with Government	officials in relevant institutions (in addition to HIV/AIDS person) ▪ Capacity building of woreda and regional officials to encompass OVC-related knowledge, and planning, organizational and programming skills. ▪ Target 50% of woredas ▪ Strengthen coordination mechanisms (HAPCOs, BoLSAs, Task force) ▪ Identify regional and national sources of funding and disseminate mechanisms for accessing funding.	for OVC related capacity building activities ▪ Amount of fund raised from national and regional sources	people. **Technical:** OVC care and support; program development and management; financial management. **Financial:** $30,000 No human resource costs; Developing materials - $10,000; Trainers – $ 20,000;	2004 Ongoing	
d. Creating and building capacity at community levels.	**BOLSA, Woreda offices; National and International NGOs**	▪ Identify CBOs, community and traditional structures to develop and implement OVC-related programs and	▪ # of CBOs and other structures identified to implement OV programs ▪ #participants attended	**Human:** Trained facilitators in target woredas **Technical:**	From December 2004 & ongoing	• Oversight from regional OVC Task forces.

		activities. ▪ Training (as required) in identifying OVCs, program development, implementation and management) ▪ Broader Community sensitization ▪ Define program needs and scale ▪ Mobilize resources (utilize regional funding information at HAPCOs).	different training on OVC issues	OVC care and support; program management **Financial:** $250,000		
e. Support for the development of the National OVC Care Guidelines	**HAPCO**	▪ Determine current status of guidelines and support needs at national level. ▪ Develop implementation mechanisms as part of guidelines (monitoring mechanisms) ▪ Training for the dissemination and implementation of guidelines.	▪ National OVC Guideline developed ▪ # of training sessions held to familiarize the OVC guidelines	**Human / technical**: Additional C&S expertise to HAPCO to facilitate completion of guidelines (6 months short term contract) **Financial:** $100,000 Training for dissemination &	End of April 2005	• Regional disseminatio n • Support HAPCO/Bo LSA M&E structures

				implementation of guideline in all regions		
f. Expand OVC Programme Coverage in line with UNGASS commitments	**MoLSA** - national oversight **Regional Government** – regional level, **NGOs, CBOs and FBOs**	▪ Clarify roles and responsibilities of different agencies / institutions ▪ Develop Federal systems to address OVC needs (e.g. Budget line items in Annual Government Budgets. ▪ Develop regional operational plans for implementation of OVC care and support guidelines to ensure OVC: ▪ Access to shelter ▪ Access to education ▪ Access to health services ▪ Access to good nutrition ▪ Protection from exploitation and abuse ▪ Access to psychosocial support. · Monitor OVC	▪ # of regions developed action plan to implement OVC care and support ▪ # of community level OVC care and support programs ▪ #of review meetings held	**Human:** Involvement of concerned agencies **Technical:** Resource persons from HAPCO & MOLSA **Financial:** $20,000	January – March 2005 June 2005 & Ongoing	▪ Oversight by National OVC Task Force ▪ Oversight by Regional OVC Task Force

		programmes to ensure quality and basic needs are met. ▪ Community level interventions to expand care and support programmes (to ensure above services for OVCs)	▪ # supervisions made			
g. Promote & initiate psychosocial support services at community level	**HAPCO, MoLSA, OVC Taskforce NGOs, CBOs and FBOs,**	▪ Develop psychosocial guideline ▪ Conduct training for care givers & service providers ▪ Facilitate preparation of wills and memory books ▪ Training of families on use of memory books and development of ▪ wills	▪ # of psychosocial support services initiated at community level ▪ # of OVC &care givers counseled & coping/adjusting ▪ # parents and children maintaining memory books ▪ # of vulnerable families with legal documents (wills)	**Human resource: Consultant** **Technical :** ESARO **Financial :** $250,000	April 2005	▪ NGOs, CBOs and FBOs,
h Ensure access to health services and care for the needy OVCs	**UNICEF, MOLSA MOH, WHO, NGOs CBOs & local**	▪ Work with ministry of health to reach consensus & facilitate linkage b/n service ▪ Coordinate with	▪ #of OVC accessed health care ▪ #effective health care system established/	**Human resource Technical Financial:** $2.500,000	February 2005 & ongoing	

	administration	health facilities & community health workers to establish / reinforce effective health care system for OVC in the communities, including accessing treatment & medication regardless of ability to pay ▪ Work at community, regional & national level, develop national standard of OVC health care at all levels of health facilities ▪ Ensure effective referral mechanisms b/n community based care services & health facilities with appropriate follow-up ▪ Establish linkage b/n OVC program & MOH Antiretroviral drug programs, to ensure access to antiretroviral therapy for HIV positive &	▪ reinforced ▪ #of OVC accessed free medical treatment ▪ National standard for the OVC health care developed ▪ Functional referral system established b/n community based care service & health facilities ▪ #of OVC access antiretroviral therapy ▪ #of service providers trained		February 2005 & ongoing	

		OVC through government system ▪ Training of service providers				
i. Access to education through scaling-up of non- formal education & provision of educational materials to the need of OVC	**UNICEF, UNAIDS, USAID,HAPCO, MOE, NGO, CBOs & MoA interested donors**	▪ Identify the need s & existing gap to scale up none formal education ▪ Work close with MoE & NGOs working on non formal education, to avail trained manpower.	▪ # OVC accessed education ▪ #OVC received educational materials	**Human resource:** Pull of trained teachers in non formal education **Technical:** **Financial:** $2,500,000	March 2005 & ongoing	
J. Provide and scale –up school feeding where necessary to increase school enrolment & attendance of OVC particularly girls	**Local government, UNICEF, WFP, DPPC, MOE, FBO, Parent-Teachers committee**	▪ Train emergency organizations on child rights & protection issues ▪ Ensure OVC in destabilizing conditions/ drought& conflict areas have access to access to food through supporting implementers	▪ #of trainings organized ▪ #of schools providing feeding for OVC ▪ #of OVC enrolled & ▪ proportion of OVC attendance	**Human resource:** Ongoing commitment of the responsible organizations **Technical:** **Financial:** 200,000	March 2005 & ongoing	
K. Provision of food, shelter & clothing for the needy OVCs	**Local administration, CBO/Iddir,**	▪ Identify pilot initiatives to revolving funding	▪ #of pilot initiatives of revolving fund identified at community level	**Human resource:** Trainer in IGA	February 2005 & ongoing	

	NGO, FBO& local sponsors	schemes at the community level & potential partners in private sectors ▪ Promote & encourage local sponsorship & active involvement of private sectors ▪ Increase awareness of the reality of OVCs in school & the need for support	· # of potential partners identified in private sectors · # of local sponsors and private sectors involved	**Technical:** Experience in the are from ESARO **Financial:** $ 6.250,000 food $100,000 revolving fund for small grants		
3. Monitoring and Evaluation						
Critical next steps to strengthen this theme area	**Who is responsible/ Who needs to be involved?**	**Implementation steps**	**Indicators**	**Required resources (Technical, Human, financial)**	**Timeline and Current Status**	**Follow-up Requirements**
a. Clarify roles and responsibilities for implementation of the existing National M&E Framework for HIV/AIDS	**HAPCO** and OVC Task Force	▪ Discussions between HAPCO and OVC Task Force	▪ # of discussion sessions held between HAPCO and the Task force	**Human:** Personnel from HAPCO and Task Force	January 2005	

b. Identify gaps in existing baseline data and devise strategies for filling these gaps	**HAPCO and OVC Task Force, Central Statistics Office**	▪ Review of available data and discussions among HAPCO, Task Force and Central Statistics Office	▪ # of discussion sessions held between HAPCO, the Task force and CSO	**Human** : Involvement of staff from HAPCO, Task Force and CSA	June 2005	
c. Harmonize indicators between UNGASS, USG, SDPRSP, MDG, UNDAF etc.	**HAPCO, USAID, UNAIDS, OVC Task force,** Mofed	▪ Desk review ▪ Develop TOR for the consultant ▪ Review draft report and make an input ▪ Facilitate dissemination to agree on the gap	▪ TOR for harmonizing indicators developed ▪ Report document on harmonized indicators	**Human:** **Technical** : Consultant **Financial**: $ 4,000	April 2005	▪ Follow-up the progress
d. Identify resource requirements (financial, human, etc.) for implementation of the M&E framework	**HAPCO, MoLSA,** OVC Task Force	▪ Consultations among HAPCO, MOLSA & Task Force	▪ # of consultation meetings	To be determined	May 2005	▪ Costed M&E Strategy
e. Build capacity for implementation of M&E framework	**HAPCO**	▪ Training and provision of material requirements for implementation of M&E system	▪ # of training sessions held on M&E	**Human**: M&E officer, **Technical**: Training on sampling and use of M&E Tools **Financial:** Use of existing resources from Global Fund	July 2005	▪ Annual review meeting

4. Legal and Regulatory Framework						
Critical next steps to strengthen this theme area	**Who is responsible**	**Implementation steps**	**Indicators**	**What resources are required/where should they come from? (technical, human, financial)**	**Timeline and current status**	**Follow-up Requirements**
a. Review and identify gaps in current legislation and regulatory frameworks or OVC since Policy and Practice Review was conducted including: Updated Strategic Framework for HIV/AIDS and existing child labor protection policies and legislation.	**HAPCO & UNICEF** with input from the OVC Task Force, MOJ Police, University of AA, ILO	▪ Review of existing documents including previous review by SCF	▪ Document mapping the gaps in legislation and regulatory framework on OVC	**Human:** Consultant **Technical** : **Financial**: 10,000.00	April 2005	
b. Strengthen enforcement of laws to respond to the violation of the rights of the circumstances or situations forcing them to serious of risks like(child labor, physical & sexual abuse, early	**MOLSA, BOLSA, Ministry of Justice**	▪ National & regional level training for courts, Police, local administration ▪ TOT for CRC at all level	▪ # of national and regional level training on child right ▪ # of woredas facilitated legal support for OVC	**Human:** **Technical :** **Financial:** $300,000	September 2005 & ongoing	▪ Technical support from OVC task force ▪ Closely work with all concerned

marriage, abduction, child trafficking and loss of property rights)		▪ Facilitate the legal support for OVC and their care givers ▪ Promote child fostering & strengthening adoption & guardianship arrangements ▪ Advocate for the establishment of birth & death registration system ▪ Strengthen & expand the establishment of child friendly unit with in the police station in 100woredas	▪ #of families take in OVC ▪ # of advocacy forums organized ▪ # of new child friendly units established with in the police stations			to enhance the establishment of the child friendly unit ▪ Field visits by National OVC taskforce to the child friendly units
c. Advocacy and social mobilization to inform the public about the legal protections that already exist for OVCs	**National OVC Task** force with grassroots groups working with OVCs	▪ Involvement of media: radio and print and other for a ▪ See section 2b	▪ # of messages channeled through different media outlets	**Human:** See section 2b **Technical :** **Financial:**	November 2005 & ongoing	
d. Strengthen participation in PRSP,UNDAF, MDG processes and in the HIV/ AIDS Donor's Forum to ensure issues for OVCs are addressed	**UNICEF, USAID, OVC Task Force**	▪ Meeting attendance and document review	▪ # of meetings held by donor agencies on OVC issues	**Human:** Involvement of key agencies **Technical :** **Financial:**	Begin by the end of 2004 & ongoing	

e. Continue to advocate for the need for an OVC specific policy	**OVC Task Force**	▪ U sing all possible forums	▪ # of advocacy forum held on OVC issues	**Human:** **Technical :** **Financial:**	August 2004 & On-going	
5. Consultation and Coordination						
Critical next steps to strengthen this theme area	**Who is responsible/ needs to be involved?**	**Implementation Steps**	**Indicators**	**What resources are required/where should they come from? (Technical, human, financial)**	**Timeline and current status**	**What follow up is needed/would be helpful? How monitored?"**
a. Strengthen OVC Task Force at national, regional and woreda levels	**HAPCO, MOLSA**	• Identify existing coordination mechanisms for OVCs • Appoint OVC focal persons at national, regional and woreda levels • Training for focal person on coordination and management	· # of focal persons appointed at regional and national levels · # of focal persons trained on coordination of OVC programs	**Human**: Utilize existing personnel working on OVC issues **Financial**: See section 2c on capacity building	December, 2004 -July 2005	· Oversight from national OVC Taskforce and regional coordinating mechanisms

b. Strengthen OVC focus of regional Child Rights Committees	**OVC Task Force** HAPCO, BOLSA	• Secure commitment of key regional bureaus • Develop TOR • Orient members of CRC	· TOR for strengthening CRC is developed · # of participants to the CRC orientation meeting	**Human**: Participation of key agencies **Technical**: TA by UNICEF & Save Alliance **Financial**: $55,000 Using existing UNICEF funds for CRC promotion	December, 2004-June 2005	· Quarterly meetings & reporting · Annual review of performance
c. Establish and/or expand existing national and regional networks among GOs and NGOs concerned with OVC issues and other stakeholders	**MOLSA, BOLSA, HAPCO OVC Task Force, Regional CRC**,	▪ Identify and convene agencies ▪ Identify interested parties through CRDA, CETU, Business Coalition and EEF, HIV/AID Donor forum and FBO bodies ▪ Convene first meeting and brief on National Task Force, Action Plan, etc. ▪ Develop agreed role and function of broader stakeholders' group	▪ # of organizations identified ▪ Briefing meeting held & roles & function of stakeholders developed	**Human**: Coordination by Task force and CRC members **Technical**: TOR development **Financial**: 95,000	June, 2005	▪ Oversight by Task Force ▪ Biannual meetings

d. Ensure that there is a standing agenda item on OVC at the National Partnership Forum	**OVC Task Force** and Partnership forum Steering committee	• Task force chair to work with Partnership Forum chair to introduce this item	· A joint meeting held with partnership forum team	**Human**: Follow-up by Task force chair and members of Partnership Forum **Financial**: None	February 2005	▪ Continuing contact between Task force & Partnership Forum chairs