MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

NATIONAL ORPHANS AND OTHER VULNERABLE CHILDREN POLICY

Hope Never Runs Dry

FINAL DRAFT
MAY, 2004

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Government through the Ministry of Gender, Labour and Social Development is mandated to promote social protection of poor and vulnerable children. Such children include orphans, those who live on the streets, those that toil under exploitative conditions of labour as well as those that suffer sexual abuse and other forms of discrimination. The HIV/AIDS pandemic has greatly contributed to the huge numbers of orphans and other vulnerable children that are now overwhelming the extended family support systems in the country. This situation is exacerbated by conflict in some parts of the country and other preventable diseases such as malaria and tuberculosis. The National Orphans and Other Vulnerable Children Policy (NOP) will contribute to the improvement of the quality of life of such children and their families. This Policy will inform programmes, legal and administrative actions that affect the safety, well-being and development of orphans, vulnerable children and their care-givers.

The process of developing this Policy has been consultative and participatory involving a cross-section of duty-bearers and rights-holders. I would like to extend my appreciation to all, government ministries, agencies and departments, local authorities, the private sector, civil society organisations, the community, and the children for their contribution to this process. I am grateful to USAID, UNICEF and other development partners for their moral, technical and financial support.

This Policy is an essential part of the Social Development Sector Strategic Investment Plan (SDIP), which is an integral part of the Poverty Eradication Action Plan (PEAP). The implementation of this policy will involve other government ministries, local authorities, civil society organisations, the private sector, orphans and other vulnerable children themselves, communities as well as the families they live in.

I call upon all stakeholders, duty-bearers and rights-holders to constantly use this Policy as a guide for improving the well-being of orphans and other vulnerable children in Uganda.

Hon. Bakoko Bakoru Zoë
Minister for Gender, Labour and Social Development
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<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of all forms of Discrimination Against Women</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>FBO</td>
<td>Faith-based Organisation</td>
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<td>GoU</td>
<td>Government of Uganda</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HRBA</td>
<td>Human Rights-Based Approach to Programming</td>
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<td>IECD</td>
<td>Integrated Early Childhood Development</td>
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<td>IGP</td>
<td>Income Generation Project</td>
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<td>MGLSD</td>
<td>Ministry of Gender, Labour and Social Development</td>
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<td>MOES</td>
<td>Ministry of Education and Sports</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>NCC</td>
<td>National Council for Children</td>
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<td>NOSC</td>
<td>National Orphans and other vulnerable children Steering Committee</td>
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<td>NOP</td>
<td>National Orphans and other vulnerable children Policy</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>NSPPI</td>
<td>National Strategic Program Plan of Interventions</td>
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<td>PEAP</td>
<td>Poverty Eradication Action Plan</td>
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<td>PMA</td>
<td>Programme for Modernisation of Agriculture</td>
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<td>PMTCT</td>
<td>Prevention of Mother-To-Child Transmission</td>
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<td>SDIP</td>
<td>Social Development Sector Strategic Investment Plan</td>
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<td>SWAP</td>
<td>Sector-Wide Approach</td>
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<td>TRC</td>
<td>Technical Resource Sub-Committee</td>
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<tr>
<td>UBOS</td>
<td>Uganda Bureau of Statistics</td>
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<tr>
<td>UDHSS</td>
<td>Uganda Demographic and Health Survey</td>
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<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session on HIV/AIDS</td>
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<td>UNICEF</td>
<td>United Nations Children Fund</td>
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<td>UNMHPC</td>
<td>Uganda National Minimum Health Care Package</td>
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<td>UNPAC</td>
<td>Uganda National Plan of Action for Children</td>
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<td>UPE</td>
<td>Universal Primary Education</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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Introduction

1.1 Background

The population of Uganda is estimated at 25 million persons and is projected to double by the year 2025 because of the high population growth rate of 3.4 percent per annum. The population is young with more than half below 18 years of age and only about 2 percent being above 65 years of age. A fifth of the population is below five years, while a quarter is of primary school age (6-12 years).

1.1.1 Poverty

Poverty prevents the enjoyment of basic human rights, security and well-being. The rapidly increasing population of Uganda coupled with the low resource base has put significant pressure on the delivery of basic social services, particularly to children. Poverty remains high and its prevalence varies by population group, region, rural/urban divide. In Uganda, 38 percent of the population live in absolute poverty with children constituting 62 percent of the poor\(^1\). The number of children who live below the poverty line is likely to rise due to the high fertility rate, HIV/AIDS, other preventable diseases and insecurity. Other causes of poverty include limited access and control of productive assets especially by women, limited utilization of improved production technologies, large families, alcoholism, unemployment, underemployment, lack of markets, inadequate opportunities for education, and lack of information.

1.1.2 Health

Despite efforts of the health sector in service delivery, the demand for health services is growing while access to health services at the community level remains limited. The cost of ill health, which includes treatment costs, productivity loss and interrupted school attendance is crippling, particularly to children and the poor. Women and children bear a disproportionate amount of the burden of ill health. Infant and under-five mortality rates are currently at 88 and 152 out of every 1,000 born alive respectively, while the maternal mortality rate is 504 per 100,000 to mothers\(^2\). Stunting as a consequence of malnutrition in children less than five years is 39 percent, which indicates that access to food is one of the top concerns for children and the poor.

1.1.3 Education

Education as a means of fighting poverty and reducing vulnerability is one of the top priorities for children. The Government has given due attention to

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\(^1\) Child Poverty Report

\(^2\) Uganda Demographic and Health Survey(2000/2001)
basic education, resulting in substantial increase in primary school enrolment, particularly for the poorest quintile and the girl-child.

Unfortunately, there has been a decline in primary school retention in the past few years due to high drop out rates. Furthermore regional, rural and urban disparities still exist in school enrolment with a higher proportion of children enrolled in urban areas and the relatively more prosperous central region. The main barriers to access and full participation of children in education include, costs of scholastic and basic requirements, cost of post-primary schooling, disability, ill health, early marriages, teenage pregnancy, sexual harassment, heavy burden of household chores, distance to school, insecurity and poor nutrition or no meals both in schools and at home. In spite of the Universal Primary Education (UPE) Programme 3 percent of primary school age children were not in school. In addition, many more children who were in school were not consistently attending classes. Consequently, the transition rate from primary to post-primary and tertiary levels has been low and very few children are now likely to complete primary and continue to higher levels of education.

1.1.4 Conflict

Insecurity in some parts of the country has disrupted the provision of basic social services and family lives leading to proliferation of internally displaced persons. This has led to a breakdown of cultural, traditional and moral values and support structures as well as a dramatic increase in the number of women and child-headed households. In addition, violence meted out against individuals and communities has left them with psychosocial problems that predispose them to behavioural change that increase the likelihood of acquiring HIV/AIDS. This is particularity pronounced in women and girl children.

1.1.5 HIV/AIDS

Since the pandemic started, the country has lost about one million people and this has contributed significantly to an estimated 2.3 million orphans. Approximately 14 percent of children in Uganda less than 18 years of age are orphans, among those, 20 percent of children 6 – 17 years are orphans. Even if the fresh HIV infections ceased today, the population already infected constitutes a massive potential for swelling the number orphans in the country.

1.2 The Situation of Orphans and other vulnerable children

Ugandan communities have traditionally absorbed orphans within the extended family system. One in four households in Uganda fosters at least one orphan by providing for health, shelter, nutrition, education and other

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3 Uganda Demographic and Health Survey(2000/2001)
4 Situational Analysis of Orphans (2000)
needs. However, many of these care-givers are overburdened and often lack the socio-economic capacity to provide adequate care and support for these children. Community organisations, religious bodies and other civil society members have stepped in by providing information, vocational skills training, basic education, medical care, and counselling and micro-credit services. These groups too, often lack the human and financial resources to adequately respond to the problem.

Many children who are orphaned are forced to live on the streets or under exploitative conditions of labour, sexual abuse, prostitution and other forms of abuse. Many live in child-headed households where they have to fend for themselves and support their younger siblings. Some of these children are infected with HIV either through mother-to-child transmission or through defilement.

1.3 Existing Laws, Policies and Institutional Framework

Uganda has shown its commitment to the welfare of children through adoption and implementation of both national and international policy and legal instruments that concern children. Two key legal instruments in this regard are the Constitution of the Republic of Uganda (1995) and the Children’s Act (2003) 5.

1.3.1 National Legal Framework

The Constitution of the Republic of Uganda (1995) is the overriding national legal framework for ensuring that the rights of children and the general population are protected. The Constitution provides special protection to children in general and vulnerable children in particular6. It makes specific mention of the rights of children to know and to be cared for by their parents or guardians, access medical treatment, and be protected from all forms of exploitation and abuse.


1.3.2 International Legal Framework

At the international level Uganda has ratified the following conventions;

- United Nations Convention on the Rights of the Child (1990),
- The Organisation of African Unity Charter on the Rights and Welfare of the Child (1990);
- The Convention on the Elimination of All Forms of Discrimination Against Women (1979); and

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5 Chapter 4Article 3(i) and 34, Uganda Constitution
The ILO Convention No.138 on the Minimum Age for Admission to Employment (1973) and the ILO Convention No.182 on the Prohibition of the Worst Forms of Child Labour (1999).

Uganda is party to other international instruments regarding orphans and other vulnerable children. These include the Declaration of Commitment on HIV/AIDS, UNGASS on HIV/AIDS (2001), a World Fit for Children Declaration (2001), the Millennium Development Goals (2000).

### 1.3.3 National Development Framework

The overarching national development framework in the long-term is the Uganda Vision 2025 and the Poverty Eradication Action Plan (PEAP). This policy will therefore help promote:
- Harmonious co-existence that promotes social inclusion and integration among the people of Uganda
- Effective governance through a democratic process
- A healthy, well-educated society with a high quality of life
- Equal opportunities, empowerment and economic prosperity for all.

Furthermore, there are a number of complementary policies and programmes that impact on the welfare of children. These include the Uganda National Programme of Action for Children (UNPAC), the National Health Policy, the Universal Primary Education Programme, the National Population Policy, the National Youth Policy, the National Gender Policy, the Basic Education Policy for Disadvantaged Groups, the Anti-Retroviral Treatment Policy for Uganda, the Policy for Reduction of the Mother-to-Child HIV Transmission and the Programme for Modernization of Agriculture (PMA). Other relevant policies and plans currently being developed include the National Employment Policy, the National Child Labour Policy, the Policy on the Elderly and the Policy on the Disability, and the National Plan on Child Sexual Abuse and Exploitation.

### 1.3.4 National Implementation Framework

The Ministry of Gender, Labour and Social Development (MGLSD) is the lead agency mandated to ensure that the rights of all children including orphans and other vulnerable children are promoted and upheld. The Social Development Sector Strategic Investment Plan (SDIP) provide the framework that has been developed for addressing inequality, vulnerability and exclusion of orphans and other vulnerable children, among others. The SDIP aims at creating an enabling environment for the poor and the vulnerable groups or persons to develop their capacities and take advantage of opportunities to improve their livelihoods for a gender-responsive sustainable development. The Ministry is supported in this responsibility by the National Council for Children (NCC), other government ministries, agencies, development partners and civil society organisations. The existing implementation framework requires that interventions will be consistent with government policies and plans.
2. Guiding Principles

The Policy is an essential part of the SDIP, which is an integral part of the PEAP. Orphans and other vulnerable children require special attention in form of access to basic social services. The policy provides the framework for responding to the concerns and needs of orphans and other vulnerable children.

The Guiding Principles underlying the Policy are:

2.1 Building on the Human Rights-Based Approach to Programming

The policy is based on a Human Rights Approach to Programming (HRAP) by seeking to realize the rights of orphans and other vulnerable children, who are often disadvantaged.

2.2 Making the Family and Community the First Line of Response

The family is the basic unit for the growth and development of children. A strong family unit with a caring adult is a pre-requisite for the re-integration of orphans and other vulnerable children. CARE giving outside the family by the community, which is the second line of defence, will foster an atmosphere of a family-like nature to ensure that the family does not disintegrate further in the face of HIV/AIDS, conflicts and other causes of vulnerability. However, Government officials and other actors with child protection responsibilities will recognise that immediate threats to children’s safety and well-being may also come from their families and communities.

2.3 Focusing on the Most Vulnerable Children and Communities

The focus will be on the most vulnerable children who are with out families and may not be orphans, with the intention of re-integrating them back into the family. Secondly, attention will be on the most needy households of adults and children that may or may not contain an orphan, with the intention of mitigating the impact of vulnerability in Uganda’s current context of HIV/AIDS, poverty, gender, etc.

2.4 Reducing Vulnerability

A special focus will be on the alleviation of poverty of vulnerable children and households, maintaining children in school over the long term, providing for their health, particularly HIV/AIDS prevention, care and support activities. Priority will also be given to providing preventive health care and psychosocial support to orphans, other vulnerable children and their care-givers.
2.5 **Facilitating Community Participation and Empowerment**

This will involve sustained promotion of community initiatives and taking into account the capabilities of the community with a view to strengthening them.

2.6 **Promoting Gender Equity**

This will entail taking into account and examining the relationship between men and women, boys and girls. These relationships will be examined during planning, programming, monitoring and evaluation, with special focus on the most vulnerable children and communities to ensure that neither gender is being marginalised nor disadvantaged.

2.7 **Treating Recipients with Respect**

Families and communities will be encouraged to treat orphans and other vulnerable children with respect. They are not to be treated as helpless victims but as actors in their own right. They will be entitled to express their own views and be actively involved in matters that concern them.

2.8 **Reducing Discrimination and Stigmatisation**

Stigmatisation and discrimination, which act as a barrier to the vulnerable child and the family to accessing support will be minimised.

2.9 **Ensuring the Social Inclusion of Marginalised Groups**

Orphans and other vulnerable children will be involved in the development process, particularly in affairs that affect them.

2.10 **Ensuring the Participation of Vulnerable Children and Families**

This will involve making orphans, other vulnerable children and their families part of the solution by seeking their opinions at every step during the planning, programming, monitoring and evaluation of interventions.

2.11 **Strengthening Partnerships**

This will involve strengthening partnerships and networks between existing households and communities with government, private sector, development partners and CSOs, for sustainable service delivery at all levels.

2.12 **Delivering Integrated and Holistic Services**

All interventions designed for orphans and other vulnerable children by all actors at all levels will include the relevant components of the basic services to orphans and other vulnerable children.
2.13 Supporting Services Delivery through Decentralization

The decentralised structures at the district and lower levels will be strengthened to ensure quality and sustainable delivery of services to orphans and other vulnerable children.

2.14 Designing Age-Sensitive Programmes

Interventions designed will take into account the different ages of the target groups being served.

3. Vision, Mission and Values

3.1 Vision

The vision of the policy is a society where all orphans and other vulnerable children live to their full potential and their rights and aspirations are fulfilled.

3.2 Mission

The mission of the policy is to provide a framework for the enjoyment of rights and fulfilment of responsibilities of the orphans and other vulnerable children.

3.3 Values

The core values of the policy are love, care and compassion.

4. Goal, Objectives and Strategies

4.1 Goal

The goal of the Policy is full development and realisation of rights of orphans and other vulnerable children.

4.2 Objectives

The policy objectives are:

- To ensure that the legal, policy, and institutional framework for child protection is developed and strengthened at all levels;
- To ensure that orphans, vulnerable children and their families access basic essential services package;
To ensure that resources for interventions that benefit orphans and other vulnerable children are mobilised and efficiently utilized; and
To ensure that the capacity of duty-bearers for orphans and other vulnerable children to provide essential services is enhanced.

4.3 Strategies

The strategies are:

4.3.1 Direct Interventions

- Provide support to vulnerable children and families such that their capacity to sustain themselves is strengthened; and
- Provide residential care for orphans and other vulnerable children as a last resort

4.3.2 Mobilisation, Advocacy and Promotion

- Mobilise resources to ensure that the policy is implemented;
- Advocate effectively at all levels to ensure that concerns of orphans and other vulnerable children are appreciated;
- Use the media to promote mitigation and care efforts; and
- Advocate for the strengthening of positive cultural values that foster for the care and protection of orphans and other vulnerable children.

4.3.3 Collaboration and Linkages

- Implement interventions through local authorities, CSOs, the private sector, networks and other actors to enhance capacity and increase outreach; and
- Lobby other sectors to address the situation of orphans and other vulnerable children.

4.3.4 Leadership

Use a leadership platforms at all levels to galvanise national attention to the issues of orphans and other vulnerable children.

4.3.5 Gender

- Promote awareness of the impact of vulnerability on male and female children who are care givers.

4.3.6 Monitoring and Evaluation

- Ensure that the Policy is integrated into the M&E systems of other sectors; and
Document and disseminate best practices and experiences learnt for scaling up interventions at all levels;

5. **Policy Priorities**

Government will focus on services that are cost-effective and have the greatest impact on reducing vulnerability and improving the welfare of orphans and other vulnerable children to promote equity. Interventions that build capacity and improve quality and effectiveness will be supported and implemented in an integrated manner. The priority areas of focus are care and support, child protection, education, health, food security and nutrition, psychosocial support, socio-economic security, conflict resolution and peace-building. These interventions constitute the Essential Services Package for orphans and other vulnerable children.

5. 1 **Socio-economic Security**

Families living with orphans and other vulnerable children often lack resources to cater for their needs. This undermines the fulfilment of their rights. Therefore interventions that enhance coping mechanisms of the affected households and communities will be promoted.

The interventions will include:
- Promoting micro-finance initiatives that benefit households caring for orphans and other vulnerable children;
- Improving households’ productivity;
- Promoting apprenticeships, vocational and life long skills training;
- Encouraging labour-intensive initiatives; and
- Establishing effective community-based mechanisms for monitoring the socio-economic welfare of orphans and other vulnerable children.

5. 2 **Food and Nutrition Security**

A large household size coupled with poor infrastructure, uneven food distribution, poor food storage, inadequate nutritional knowledge, socio-cultural barriers, civil strife, disease and poverty are contributing to food insecurity. Consequently, there is high prevalence of malnutrition especially among children under five years of age and lactating mothers.

Interventions will include:
- Providing adequate nutritious food to households caring for orphans and other vulnerable children in emergency situations;
- Improving productivity and storage of food in households caring for orphans and other vulnerable children;
- Strengthening nutrition education targeting such households; and
- Establishing community-based early warning food security systems and mechanisms.
5.3 **Care and Support**

Care and support will include provision of basic physical, cognitive and psychosocial needs of orphans, other vulnerable children and their caregivers on a sustainable basis.

Interventions will include:
- Empowering families and communities to provide quality care and support for orphans and other vulnerable children; and
- Providing for basic needs.

5.4 **Mitigating the Impact of Conflict**

Armed conflict and other forms of violence have negatively impacted on the lives of many children. Areas recently affected by armed conflict tend to have the worst human development indices, with wide disparities in economic, educational and health status compared to the rest of the country.

Interventions will include:
- Strengthening community resilience to mitigate the negative impact of conflict;
- Providing psychosocial support to orphans, other vulnerable children, their families and communities;
- Mobilizing community mechanisms to protect vulnerable children from abuse and neglect;
- Strengthening partnerships between government and other actors; and
- Improving delivery of health care services.

5.5 **Education**

Education is an important requirement for the development of a child. Schools provide children with opportunities for emotional support, interaction with other children and the development of social capital. Education can also reduce vulnerability to poverty, HIV/AIDS and other diseases through increasing knowledge, awareness, skills and opportunities. Despite the availability of opportunities for education through the Universal Primary Education Programme, many orphans and other vulnerable children are not going to school and those that are, do not attending classes regularly.

Interventions will include:
- Promoting access to education and retention of orphans and other vulnerable children in school; and
- Improving the functional adult literacy and numeracy of care-givers.

5.6 **Psychosocial Support**

Psychosocial issues are cross-cutting and are a critical component of all aspects of prevention, care and support and will therefore be addressed in all sectors.
The primary actors in children’s psychosocial support are their families and communities. Since psychosocial effects are both psychological and social, the interventions will address the relationship between the individual and the social environment.

Interventions will include:
- Providing emotional support to children;
- Strengthening capacity of communities to provide counselling; and
- Encouraging the establishment of community-based child friendly recreational facilities.

5.7 Health
This Policy will improve accessibility to the Uganda National Minimum Health Care Package (UNMHC).

5.8 Child Protection
Child protection entails initiatives that prevent violation of the rights of children in relation to serious risks and hazards.

Interventions will include:
- Designing and developing appropriate instruments and interventions to protect children with different needs;
- Promoting improved child-friendly legal protection systems, procedures and facilities;
- Strengthening family and community mechanisms that prevent the bereaved from inheriting property; and
- Sensitising communities about the rights and responsibilities of children.

6. Target Groups
The categories of children to be targeted include:
- Orphans and orphans households
- Children affected by armed conflict.
- Children abused or neglected.
- Children in conflict with the law.
- Children affected by HIV/AIDS or other diseases.
- Children in need of alternative family care.
- Children affected by disability.
- Children in ‘hard-to-reach’ area
- Children living under the worst forms of labour
- Children living on the streets.
7. **Institutional Framework**

Implementation of the Policy will be multi-sectoral.

7.1 **Ministry of Gender, Labour and Social Development**

The MGLSD will provide leadership in coordinating the implementation of this policy.

7.2 **Other Government Ministries, Agencies and Departments**

Other government ministries, agencies and departments will be responsible for ensuring implementation of the Policy in their respective sectors.

7.3 **Local Authorities**

The role of the local authorities in implementation of this Policy will be to co-ordinate, supervise, monitor, mobilise resources and disseminate it at district and lower levels.

7.4 **The Private Sector**

The responsibility of the private sector will be to:
- Design and implement initiatives for improved protection and care;
- Contribute resources;
- Design and implement work place policies that protect orphans and other vulnerable children from exploitation and abuse; and
- Collaborate with government and other actors to implement this policy.

7.5 **Civil Society Organisations**

Civil society organisations will be responsible for building partnerships and network with government, other agencies and communities in the implementation of this policy.

7.6 **The Community**

The community will have responsibility to:
- Provide the love, guidance and attention children need to develop in a healthy way to become active members of the community;
- Strengthen social support mechanisms to protect and promote the welfare of orphans and other vulnerable children;
- Link service providers with orphans and other vulnerable children;
- Facilitate succession planning;
- Mobilize resources to improve the care and support of orphans and other vulnerable children; and
- Encourage community discussions to identify cultural and religious norms and practices that negatively affect orphans and other vulnerable children.
7.7 The Children

The orphans and other vulnerable children will:
- Participate in identifying factors that cause their vulnerability;
- Participate in identifying and planning initiatives that improve their welfare; and
- Participate in monitoring the implementation of this policy.

8. Monitoring and Evaluation

Monitoring and evaluation functions shall be undertaken at all levels to enhance accountability and effectiveness. This will require developing and establishing monitoring and evaluation mechanisms, which include the following:

- Developing monitoring indicators into activities in every sector beginning with the planning stage;
- Establishing internal evaluation structures to look at the effectiveness and impact of this Policy;
- Preparing and disseminating the reports; and
- Reviewing the Policy.
9. Concepts and Definitions

**Absolute Poverty:** The state in which a person is living at a subsistence level that is below the minimum requirements for physical well-being, usually based on a quantitative proxy indicator such as income or calorie intake, but sometimes taking into account a broader package of goods and services.

**Essential Services Package:** These are the priority interventions that will provide a supportive environment for orphans and other vulnerable children to live to their full potential. The priority areas of focus include socio-economic security, food security and nutrition, care and support, mitigating the impact of conflict, education, psychosocial support, health, child protection, legal support and capacity enhancement.

**Care-giver:** The individual, usually the mother, who takes primary responsibility for the physical, mental and emotional needs and well-being of a child.

**Child:** A person who is below the age of 18 years.

**Claim-holders:** Groups whose universally recognized entitlements are or are not being provided for by the societies they live in and whose rights are thus being upheld or violated.

**Community:** A group of people, usually living in an identifiable geographical area, who share a common culture, and are arranged in a social structure that allows them to exhibit some awareness of a common identity as a group.

**Duty-bearers:** Individuals or institutions that are responsible for the progressive realisation of specific rights. Duty-bearers acquire duties through designation, position or election. They will include the family, the community and national as well as local government.

**Disability:** Substantial functional limitation of daily life activities of an individual caused by physical, sensory or mental impairment and environmental barriers.

**Discrimination:** These are acts of treating individuals or groups differently in relation to services, privileges rights and benefits.

**Empowerment:** This is the process by which an individual acquires the knowledge, skills and capacity to improve the quality of their lives for their own benefit, their families, communities and nation.

**Epidemic:** A localized outbreak of a disease within a population that is limited in location, magnitude and duration.

**Extended family:** This is a collection of a number of households or families of individuals who are related by blood and with social ties and responsibilities towards one another.
**Family:** A group consisting of one or more parents and – or, their offspring and close relations that provides a setting for social and economic security, transmission of values, protection and affection for the family members.

**Gender:** Refers to the social relationship between women and men as opposed to biological sex differences.

**Gender equality:** Equal opportunity and equal enjoyment by women and men, girls and boys, of rights, resources and rewards.

**Gender equity:** Means fairness and justice in the distribution of benefits and responsibilities between males and females.

**Gender sensitivity:** refers to the ability to recognize issues related to the relationship between males and females, and especially the ability to recognize differences in perceptions and interests between males and females arising from their different social position and different gender roles.

**Guardian:** Any person caring for a non-biological child whose parents cannot do so for one reason or the other.

**Household:** A group of people who normally live and eat together in one spatial unit and share domestic functions and activities.

**Human Rights:** These are inalienable entitlements that are agreed upon through consensus that they can be claimed by anyone based on their needs and aspirations.

**Marginalised:** This is a term used to refer to persons in society who are deprived of opportunities for living a respectable and reasonable life that is regarded as normal by the community to which they belong.

**Multi-sectoral approach:** The process of involving and bringing together all essential service providers including government, private sector, development partners, and civil society organisations such as international and national NGOs, faith-based organisations, religious institutions, cultural leaders and community-based organisations, in order to plan on and maximize how a population is best served and provided with a comprehensive set of services.

**Orphan:** A child below the age of 18 years who has lost one or both parents.

**Pandemic:** A wide spread outbreak of a disease within a population that is extensive in location, magnitude and duration.

**Psychosocial:** all actions that enable orphans and other vulnerable children to live meaningful and positive lives.

**Poor or needy:** people whose lives are characterised and plagued by such constraints as illiteracy, disease, powerlessness and inability to meet the basic necessities of life.
**Poverty:** The inability of an individual, family or community to attain a minimum standard of living. This is evidenced by the lack of basic needs and services such as food, clothing, bedding, shelter, paraffin, basic health care, roads, markets, education, information and communication.

**Rights:** See human rights.

**Responsibility:** The social force that binds one’s obligations that result in a specific and individualized course of action.

**Stigmatisation:** This is widespread behaviour of societal attitude that renders a person or a group of people feel worthless or helpless as a result of an ailment disability or inferior social status.

**Social inclusion:** This is the act of ensuring that concerns of the vulnerable and those at risk are taken care of in development policies and programmes.

**Values:** A set of ideals that are normatively shared by members of a community and are shaped by several influences including ideology, religion, culture, history and political systems.

**Vulnerability:** A state of being or likely to be in a risky situation, where a person is likely to suffer significant physical, emotional or mental harm that may result in their human rights not being fulfilled.