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Center for Global Health and Development

OVC-CARE Project

2010-06-28

National OVC costing challenges

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This presentation was delivered at the
“Orphans and Vulnerable Children Costing Technical
Consultation” meeting, held in Washington DC from June
28th – June 29th, 2010.

Questions on the presentation itself should be addressed to
the presenters. General questions on the OVC-CARE Project
and OVC-costing should be addressed to Professor Bruce
Larson at BU-CGHD (blarson@bu.edu)



National OVC Costing Challenges

Dr. Rachel Yates

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Overview

- Recap key challenges
- Growing consensus on social protection as HIV and OVC response
- What implications does this have for costing?
- Georgia country example

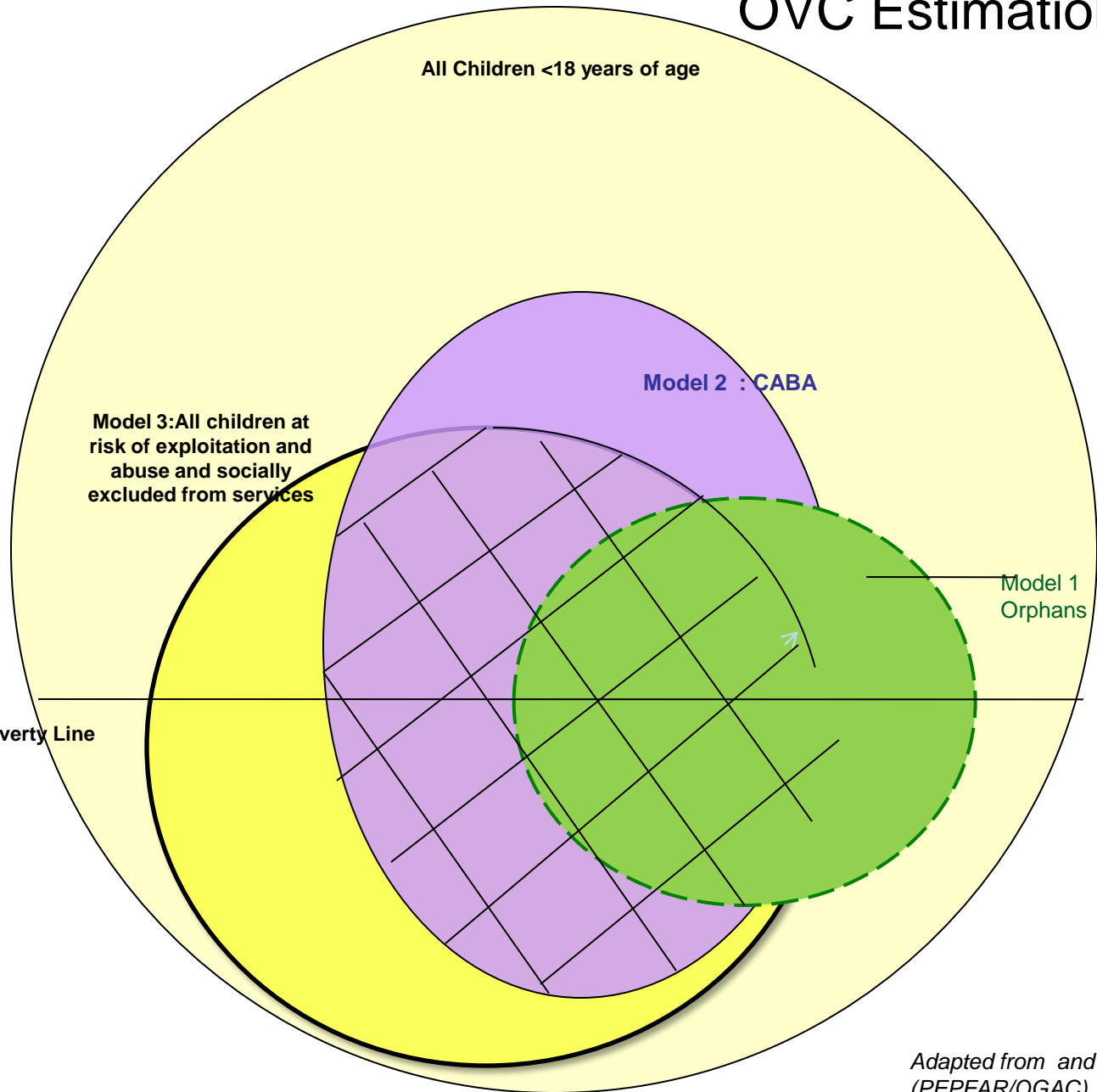
How to increase coverage with flat-lining resources





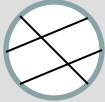

- Growing pressure on global AIDS resources – cost and cost-effectiveness growing concern
- External care and support for OVC a mere 12% (median figure) from DHS/MICS
- Key dilemmas of how to scale up care and support whilst maintaining a quality comprehensive approach

Who is our target population?

- Moveable concept of who are we trying to reach, orphans, CABA, all vulnerable children?
- UNICEF macro analysis showing many CABA indicators poor predictors of vulnerability
- Need for multivalent approaches that measures poverty with AIDS affectedness.

OVC Estimation Models



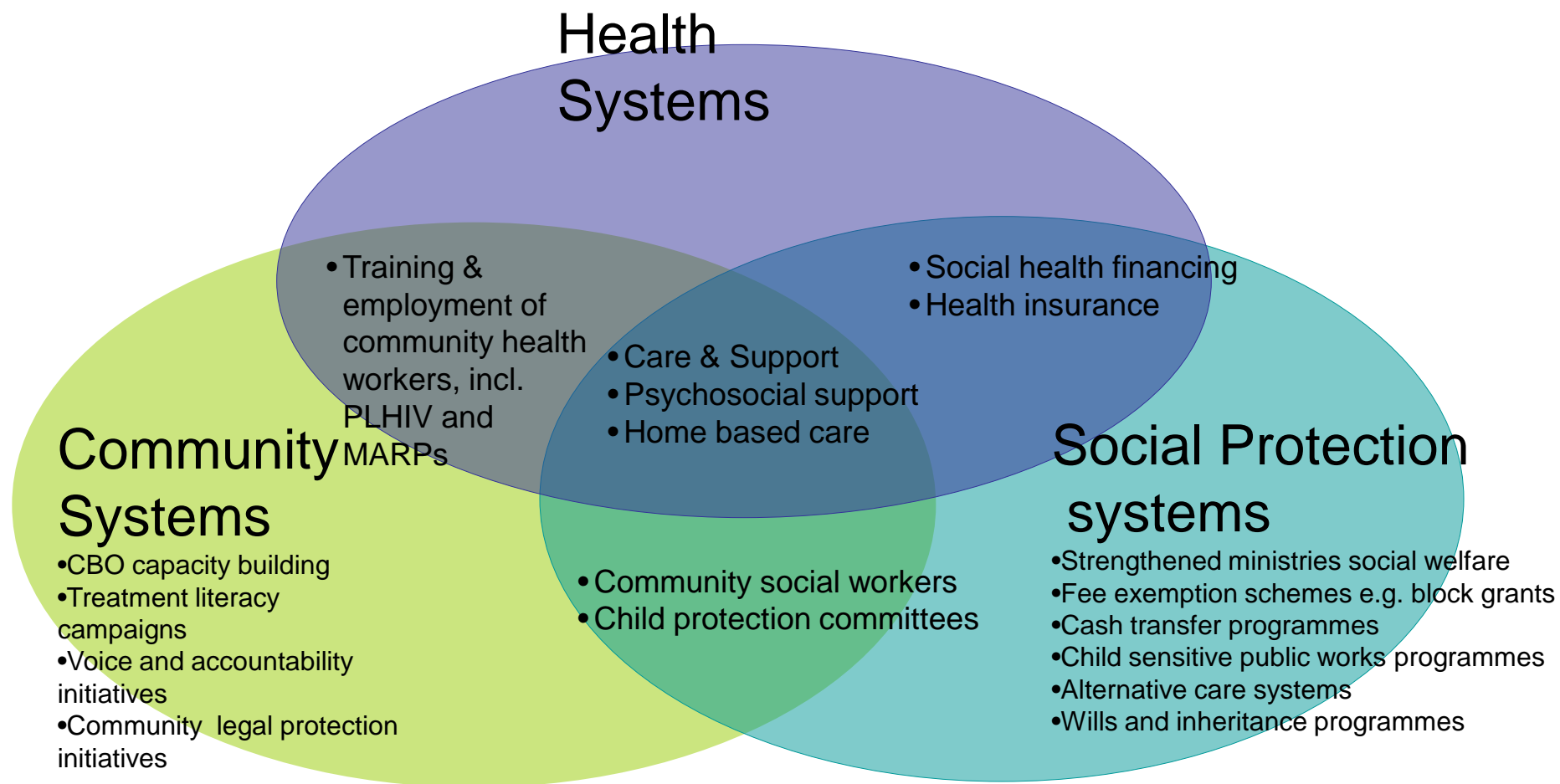
-  All children under 18 years of age
-  **Model 1:** single or double orphans due to all causes - AIDS and non-AIDS related
-  **Model 2** all children affected by AIDS
-  **Model 3:** All children at risk of exploitation and abuse and socially excluded from services.
-  **Model 4:** vulnerable children affected by AIDS
-  **Model 5:** all children below the poverty line

Adapted from and inspired by Beverly Nyberg, Michelle Lee (PEPFAR/OGAC)

Growing interest in social protection as response for more cost-effective scale up

- Global Partners Forum 2008 recommendation on support for national social protection systems – both state and civil society
- Recognise weakness of key ministries as well as capacity constraints of civil society
- Need greater investment in social protection and child protection systems and ensuring **LINKAGES** between these and other services.

Linkages between social protection and health and community systems strengthening



UNAIDS Business case on social protection

- Recognizes potential for SP to accelerate Universal Access to HIV prevention, treatment, care and support
- SP widely used as mitigation response including OVC
- Good evidence of impact of cash transfers on children – supporting consumption and access to services
- but potential to address structural drivers of epidemic and barriers to treatment (Zomba study)
- State of the evidence paper – social protection and HIV forthcoming
- Importance of ‘demand side’ initiative to complement investments in health systems

3 key pillars of social protection

- Policies and Legislation to:
 - address social exclusion;
 - Reduce stigma and discrimination (sex workers, MSM etc)
 - ensure access to a range of essential services (user-fees);
- Financial protection, including social transfers, that:
 - Protect households affected by AIDS from chronic poverty;
 - Reduce negative coping strategies that put people at risk;
- Affordable Quality HIV-Sensitive Services:
 - Affordable access to health services (treatment);
 - Ensure continued access to other services e.g. education
 - Increased access to family based support – home based care, OVC etc,

Systems strengthening

- underpins all three pillars includes both public sector community systems
- Under-investment in social protection systems – both public sector and private
- Inadequate LINKAGES between social protection systems and HIV services – e.g. community child care committees to health services

Key implications for costing

- What are the key components of an AIDS and child sensitive social protection package we want to cost to complement existing OVC costs
 - Cash transfers
 - Social work workforce strengthening
 - Alternative care
 - Assistance to promote access to health and education (e.g. block grants)?
- What are the relative roles of public and civil society providers in delivering social protection as an OVC response
- What price do we put on quality? Can we afford the gold (or even silver) standard when so many are under-served?

Key implications for costing (continue)

- How do we cost up-stream systems strengthening e.g. Ministries of social welfare, social work workforce
- How can we show attribution of systems strengthening on children and how do we measure the positive externalities (e.g. benefits for women, elderly, disabled of strengthening core social welfare ministry)
- How do we quantify benefits the ‘demand side’ interventions

Key implications for costing (continue)

- Limited experience of costing child protection systems strengthening – Georgia example of child protection systems strengthening draws out some of the above issues and challenges



THANK YOU !

