

Enhanced Protection for Children Affected by AIDS

A companion paper to
*The Framework for the
Protection, Care and
Support of Orphans and
Vulnerable Children
Living in a World
with HIV and AIDS*



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This publication reflects the experience of endorsing agencies around an issue of common concern. The principles and policies of each agency are governed by the relevant decisions of its governing body. Each agency implements the interventions described in this document in accordance with these principles and policies and within the scope of its mandate.

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EXECUTIVE SUMMARY

All children have the right to protection. A child whose family is wealthy can still be raped or beaten. A girl in a loving family may still be married against her will where this is the social norm. But the risks for children increase when their families are poor, when children lack access to basic services or are stigmatized within their communities.

Parents are children's first line of protection, and the risks of exploitation and abuse increase when parents or caregivers are absent due to illness, death or abandonment. Because such problems are highly likely to cluster in the lives of children affected by AIDS, they are particularly vulnerable to protection violations. Reaching this group of children can be difficult because they may be hidden from view due to the stigma surrounding HIV.

Children affected by AIDS share many vulnerabilities with children who have disabilities, children who are discriminated against due to the colour of their skin and children who have lost their parents as a result of armed conflict.

Children affected by AIDS share many vulnerabilities with children who have disabilities, children who are discriminated against due to the colour of their skin and children who have lost their parents as a result of armed conflict. The past six years have seen increasing engagement by the international community on HIV and children. One of the eight Millennium Development Goals set by governments in 2000 relates directly to HIV. In 2001, at the United Nations General Assembly Special Session on HIV/AIDS, governments pledged to protect children affected by the epidemic. Global commitment to combating the impact of AIDS on children was again outlined in 2002 in 'A World Fit for Children', the outcome document of the UN General Assembly Special Session on Children.

In June 2006, the UN General Assembly adopted the Political Declaration on HIV/AIDS, which reiterated government commitment to "addressing as a priority the vulnerabilities faced by children affected by and living with HIV; providing support and rehabilitation to these children and their families, women and the elderly, particularly in their role as caregivers; promoting child-oriented HIV/AIDS policies and programmes and increased protection for children orphaned and affected by HIV/AIDS;...and building, where needed, and supporting the social security systems that protect them."

Many international and non-governmental organizations have endorsed *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS (The Framework)*, which outlines key strategies and actions. In October 2005, the *Unite for Children, Unite against AIDS* global campaign was launched. Among the central goals of the campaign are the protection, care and support of children affected by AIDS. Many countries heavily affected by the epidemic have responded by developing their own plans of action for orphans and vulnerable children, creating a mechanism for coordination and oversight as governments work closely with civil society.



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This companion paper to *The Framework* provides additional information and outlines recommended actions for protecting affected children from increased vulnerability, and for reducing their increased risk of abuse, exploitation and neglect. While it discusses the protection issues facing children globally, its recommended actions speak directly to the findings of *Africa's Orphaned and Vulnerable Generations: Children affected by AIDS*, which was published in August 2006 and incorporates new research on the vulnerability of children in the region hardest hit by the epidemic.

Protection for children affected by AIDS requires strengthening national and community-level responses for all vulnerable children. Governments and civil society organizations, as well as their partners, can make real progress towards this goal by enhancing social protection, legal protection and justice, and alternative care. This work must be underpinned by efforts to address the silence and stigma that allow HIV-related discrimination, abuse and exploitation of children to continue.

Actively seeking the perceptions and experiences of children in these circumstances is key to supporting their resilience and agency. Protection also requires strengthening government authorities that hold the bulk of responsibility, so they can more efficiently provide oversight and coordination. This responsibility often falls to government social welfare agencies but may include agencies for health, education and other sectors. Priority actions needed in each of these areas are detailed in this document and are summarized in the matrix on the following page.

Protection for children affected by AIDS requires strengthening national and community-level responses for all vulnerable children.

MATRIX OF ACTIONS AND RECOMMENDATIONS

The actions and recommendations presented below invite governments and donor organizations to mobilize resources in protecting children affected by AIDS and to partner with civil society and communities in designing and implementing responses appropriate to their needs.

ACTION AREA	ACTION
Social protection	Implement social transfer programmes to ensure the most vulnerable families are able to meet their basic needs.
	Invest in family support services and ensure appropriate links with social assistance programmes for maximum impact.
	Engage and partner with communities in planning and monitoring social transfers and family support services.
Legal protection and justice	Combat disinheritance , especially among orphans and widows, by amending legislation, sensitizing community leaders to existing laws, making the process of registering and executing wills easier, and promoting public education on wills and trusts.
	Improve civil registration systems by eliminating fees, making civil registries more accessible through decentralization and linking birth registration with other commonly accessed services.
	Strengthen and/or develop specialized child protective services in police, justice and social welfare systems that provide a safe environment and sensitive procedures for children who experience abuse and exploitation.
	Strengthen, develop and implement legislation and enforcement policies on child labour, trafficking, sexual abuse and exploitation that are in line with international standards to protect children and criminalize and penalize offenders.
	Support community-based monitoring mechanisms that include building the capacity of teachers, health and community workers, and youth organizations to identify children at risk, report on cases of abuse and exploitation, and provide referrals.
Alternative care	Develop effective means of supporting and monitoring informal care arrangements to ensure children are protected in extended families and other settings where parents are not present.
	Improve the formal care system to reduce overuse, guard against protection violations, encourage appropriate permanency planning, and provide opportunities for children and caregivers to express their preferences.
	Develop government and community-based protection and monitoring mechanisms that are supported by national guidelines and standards for care providers.

CROSS-CUTTING RECOMMENDATIONS

ACTION AREA	ACTION
<p>Address stigma related to HIV, abuse and exploitation</p>	<p>Facilitate open discussion to promote community-owned social change for children and ensure appropriate participation.</p>
	<p>Sensitize the media to issues of HIV and protection risks, and develop guidelines for reporting abuses.</p>
	<p>Train national and community leaders to stimulate discussion on child protection issues and HIV.</p>
<p>Strengthen the state's social welfare sector</p>	<p>Increase budgetary allocations to government agencies responsible for social welfare, alternative care and protective services within national frameworks, to a level adequate, at minimum, for providing statutory services and coordinating and regulating services provided by local government and non-governmental agencies.</p>
	<p>Invest in human resources within the social welfare system to increase the size, competency and reach of staff from both government and non-governmental service providers.</p>
	<p>Develop regulations, guidelines and coordination mechanisms aimed at improving implementation of social protection policies and ensuring more effective service provision.</p>



1 INTRODUCTION

The AIDS epidemic has affected millions of children and adolescents and is placing increasing numbers at risk. AIDS weakens such traditional protective mechanisms as parental care and support, intensifies vulnerability and income poverty, and provokes stigma and discrimination. This increases children's risk of exposure to abuse, exploitation and neglect.

Realizing children's right to protection requires systemic action by governments and protective attitudes and practices by all those who have an impact on children. The Declaration of Commitment from the 2001 United Nations General Assembly Special Session on HIV/AIDS, for example, explicitly recognizes the role of governments in protecting children affected by AIDS. In the declaration, States pledged to "protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance."

This paper serves as a companion piece to the widely endorsed document, *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*.¹ It aims to help translate government commitment into practice, building on the strategies laid out in *The Framework*. Specifically, this paper articulates the vulnerabilities and protection risks of children affected by AIDS and proposes practical actions to address them, including:

- Recognizing social welfare as part of basic social services, and detailing ways to strengthen this sector to better address vulnerability, abuse and exploitation.
- Backing up protective laws and policies with the capacity to implement them, so they can make a real difference in children's lives.
- Improving the formal care system, and supporting and monitoring the well-being of children in informal care.
- Involving other sectors, such as justice, health and education, that can reduce and respond to protection risks.
- Mobilizing and equipping communities to work with government to protect children.

To be successful, these actions will need to be integrated into existing development frameworks, including poverty reduction strategies, national plans of action for all children and those specifically for orphans and vulnerable children, sector-wide approaches and such emergency response plans as the Consolidated Appeals Processes. In addition, these actions

PANEL 1: Children affected by AIDS

The terms 'children affected by AIDS' and 'affected children' are used to refer to children and adolescents under 18 years old who:

- Are living with HIV.
- Have lost one or both parents due to AIDS.
- Are vulnerable, i.e., whose survival, well-being or development is threatened or altered by HIV.

Globally, as of 2005, an estimated 15.2 million children under 18 had lost one or both parents to AIDS,¹ and countless others are affected in other ways.

¹ Joint United Nations Programme on HIV/AIDS, *2006 Report on the Global AIDS Epidemic*, UNAIDS, Geneva, p. 509.



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Children require special safeguards and care because of their evolving physical and mental immaturity and the complex and often criminal nature of protection violations.

must be accompanied by measures that address the stigma surrounding HIV and strengthen state social welfare systems. Like *The Framework* and the Declaration of Commitment on HIV/AIDS, this paper recognizes that all actions should occur within the globally agreed human rights framework set forth in the Convention on the Rights of the Child and other human rights instruments. It also recognizes the resilience of children and adolescents, and calls upon all groups to encourage and involve youth organizations and youth leaders in appropriate and meaningful ways.

A. Child protection and the protective environment

Children and adolescents whose right to personal safety and well-being is violated are at increased risk of lifelong developmental challenges, HIV infection and other physical, emotional and social problems. These outcomes compromise national and international development goals, including those set out in the Millennium Declaration and the Millennium Development Goals, Education for All and 'A World Fit for Children'. Recognizing these risks, the *Unite for Children, Unite against AIDS* campaign, launched by UNICEF, UNAIDS and partners in October 2005, highlights the protection and support of children affected by AIDS as one of four priority areas.

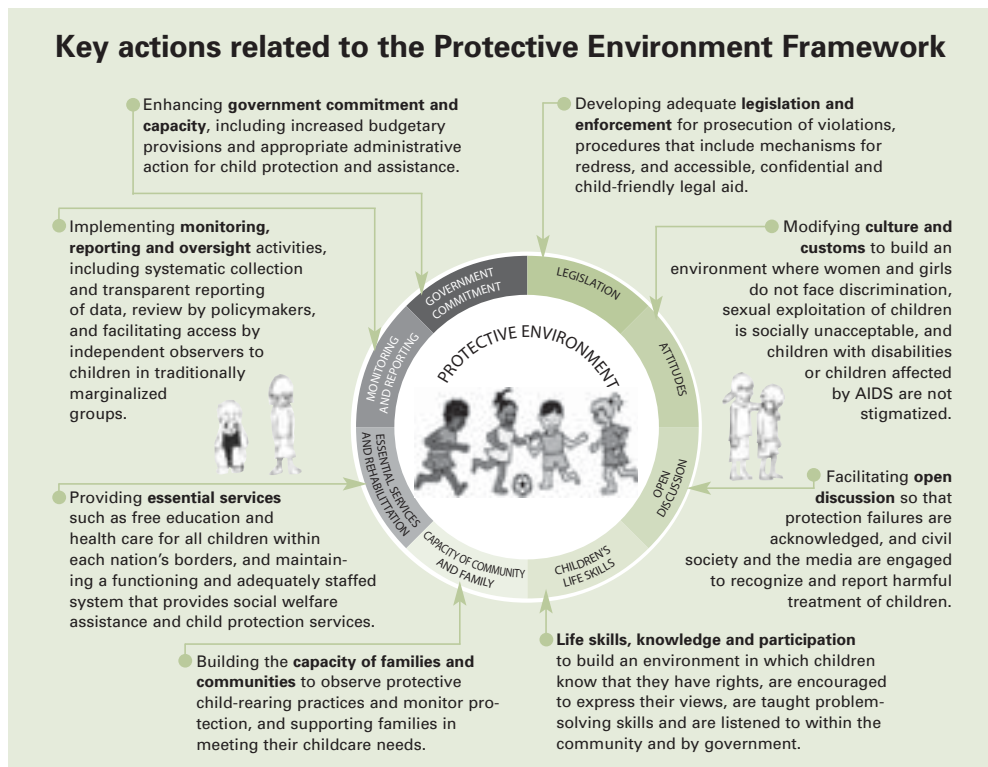
Children require special safeguards and care because of their evolving physical and mental immaturity² and the complex and often criminal nature of protection violations. While all children require protection, greater vigilance is needed to protect those at greatest risk – including children and adolescents affected by poverty, orphaning or other loss of parental care, disability, natural disaster and conflict – and special attention should be paid to the particular risks to girls in these situations.

Clearly, these categories overlap, and children affected by AIDS are frequently found in many, if not all, of them.

The Protective Environment Framework (*see figure below*) applies a human rights approach to child protection by recognizing governments' obligations to protect children while acknowledging the responsibilities and potential contributions of others.³ Putting this framework into practice requires an increased focus on the capacities, systems and structures needed for protection, and a recognition of children's resilience as well as the importance of their participation. All such efforts need to be underpinned by better monitoring, including disaggregation of data to reflect the different experiences of boys and girls and of children at various ages.⁴

This paper utilizes the concept of a protective environment to do the following:

1. Identify the full range of actions needed to improve the protection of children affected by AIDS.
2. Situate these actions within a broader framework, recognizing that the same actions are needed to protect all children, regardless of the source of their vulnerability.



The Framework recommends the integration of action for children affected by AIDS, interventions reaching all vulnerable children, and other programmes that promote child welfare and reduce poverty.

B. The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS

The Framework was developed by a range of partners⁵ to provide guidance on how best to address the multiple vulnerabilities faced by children living in a world with HIV and AIDS. The document describes five key strategies (see Annex 2, page 41, for the complete list of recommended interventions):

1. Strengthening the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support.
2. Mobilizing and supporting community-based responses.
3. Ensuring access for orphans and vulnerable children to essential services, including education, health care and birth registration.
4. Ensuring that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to families and communities.
5. Raising awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV/AIDS.

The Framework recommends the integration of action for children affected by AIDS, interventions reaching all vulnerable children, and other programmes that promote child welfare and reduce poverty. This echoes the protective environment approach. Particularly relevant for protection are strengthening the social welfare system and civil registration, both of which also emerged as key recommendations from the 2006 Global Partners Forum.⁶

Also included in *The Framework* is a list of legislative actions needed to protect children affected by AIDS (see Annex 3, page 42). However, legislation will have an impact on children's lives only if it is translated into action. Increasing the capacity of relevant sectors to implement and enforce laws, and addressing the barriers of stigma and resource constraints will facilitate such action.

II HIV AND INCREASED CHILD VULNERABILITY

“When Dad was ill, he said he would leave everything to us. But when the relatives came from the village, they got everything. They refused to leave things. But Dad [had] said nothing should be taken before he died.”

– Child orphaned in Zambia⁷

Children and adolescents whose families are poor, who are excluded from services due to stigma and discrimination, or who have lost the protection and care of their parents are at increased risk of violence, abuse, exploitation and neglect. HIV increases the likelihood that children will experience any one of these forms of vulnerability, and many affected children contend with all of them simultaneously.

A. Income poverty

In addition to placing children at physical and emotional risk, HIV increases children’s economic vulnerability. Infection leaves affected families poorer when adults fall ill or divert their time into caregiving, resulting in lost wages or other income. Families also face increased health-care costs. The burden of caring for sick and dying parents, coupled with loss of household income, perpetuates poverty by disrupting the education of children and adolescents⁸ or preventing them from developing a trade. A lack of access to education can put children and adolescents at increased risk of exploitation and abuse.

In countries where the AIDS epidemic has struck hardest, traditional family and community coping mechanisms for orphans and vulnerable children are under considerable strain.⁹ When parents – especially fathers – die, children often lose assets.¹⁰ Traditional laws, lack of access to civil registration and poor enforcement of property rights all worsen their already difficult situation. Children living in extended-family households have fewer assets and lower income than children living within the nuclear family, and earning adults in such households sustain more dependents.¹¹

Children who have lost one or both parents in sub-Saharan Africa often live in households that are headed by older caregivers (usually female) who have low levels of education and are thus unlikely to have a regular source of income.¹² This may result in orphans receiving inadequate care and food. In some high-prevalence countries, AIDS also increases vulnerability to food insecurity because a large percentage of orphans live in households that are classified as “food insecure with child hunger”.¹³

Children in AIDS-affected households in India, a generally low-prevalence country with high rates of infection in some states, also have difficulty

PANEL 2:

Circles of Care: Community protection in South Africa

From 2002–2005 the Canadian International Development Agency (CIDA) supported the project Circles of Care: Community child protection in South Africa, which aimed to strengthen local government to be more responsive to children’s protection needs. Funded by CIDA’s Child Protection Research Fund and led by the University of Victoria and the Child and Youth Care Agency for Development, the project found that children’s vulnerability is influenced by different factors at different ages. Some children experience multiple and overlapping vulnerabilities.

At 0–2 years, children’s vulnerability is influenced by parental neglect, lack of nutritious food and lack of proper childcare training for those caring for orphaned children.

At 3–10 years, vulnerability is influenced by a lack of affordable preschool services, hunger, and children being orphaned and subsequently forced to move within the community.

At 11–17 years, vulnerability is influenced by poverty, which may cause boys to engage in crime and girls to engage in prostitution; the breakdown of initiation ceremonies, which disrupts the transition from childhood to adulthood; and a lack of government services to break the cycle of risk and self-harm among adolescents.

Source: Cook, Philip, and Lesley du Toit, *Circles of Care: Community child protection – A participatory research model strengthening restorative local governance in support of South African children’s rights, A final project report prepared for the CIDA Child Protection Research Fund (CPRF)*, International Institute for Child Rights and Development (IICRD) and Child and Youth Care Agency for Development (CYCAD), December 2004.



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staying in school due to increased responsibilities at home and loss of household income.¹⁴ In the Russian Federation, intravenous drug use accounts for 69 per cent of all officially reported cases of HIV where the cause of infection is known, and most drug users are among the poorest people in society. In the Ukraine, an estimated 59 per cent of cases where the cause of infection is known are injecting drug users.¹⁵ HIV-positive pregnant women, mothers and their children suffer widespread discrimination and abuse in both countries, which can occur due to lifestyle, HIV status, or both.¹⁶

Income poverty, whatever the cause, increases protection risks for children. Children living in poor households lack access to basic services and are more likely to seek or be sent to work, including in the most hazardous forms of child labour.¹⁷ Although violence and abuse are not limited to families living in poverty, economic stress can increase the risk. Children from poor or abusive households are over-represented among those in conflict with the law, and are more likely to be treated harshly by police or the justice system.¹⁸ Poverty itself is often stigmatizing, a situation that further compounds each of these risks.

B. Lack of access to health care, education, birth registration and social services

Adequate and accessible health-care services are protective because they prevent and treat illness and may provide links to other services for children who suffer abuse and violence. But children may miss out on health care or school due to high service and transportation costs, overburdened caregivers, or inadequate or discriminatory public sector services.¹⁹ As AIDS reduces household earning power, families may agonize over which child to send to school or to a health-care centre. Studies have shown that orphaned children and those with sick parents have lower rates of school attendance²⁰ and reduced access to health care²¹ because caregivers find it more difficult to provide for the health needs of all children in the household. In addition, lower rates of school enrolment and poor grade progression are more common the more distant the biological relationship between a child and the head of household,²² a situation often faced in families affected by AIDS.

Emergencies also deprive children of an education, including opportunities to learn about basic health and HIV prevention. During emergencies, AIDS-affected children who lack parental support and care are at increased risk of protection violations. Ensuring access to basic, integrated services that are free of discrimination and stigma and address gender equity helps build a protective environment for all children, including those affected by AIDS. Providing adequate water and shelter alleviates their burden and lessens their risk of resorting to survival sex, which exposes girls in particular to HIV infection, trafficking, violence and other protection violations.²³

Life skills education provides children with the knowledge and abilities needed to prevent HIV infection. HIV is spread in part through protection violations hidden from plain view, including sexual abuse and violence, neglect and exploitation (see Section III, page 17, for a detailed exploration of violence, abuse, exploitation and neglect of children and young people). Reducing the vulnerability of children and adolescents to these risks and responding more effectively to protection violations can help efforts to prevent the spread of HIV. Young people also need to be taught life skills that show them how they can protect themselves from infection.

Birth registration establishes a child's legal identity and is often essential for accessing social services and entitlements.²⁴ When a child is not registered, it is difficult to enforce legal protections relating to inheritance, juvenile justice, trafficking, child labour, child recruitment, child marriage and sexual exploitation.²⁵

C. Loss of parental care

Children affected by AIDS are at increased risk of losing the care of parents, even before one or both have died. They are more likely than other children to be living with a step-parent, within an extended family or with an unrelated family. While these traditional community coping mechanisms are often protective, studies have shown that children in these arrangements are less likely to receive an equal share of household resources compared to biological children.²⁶ This is particularly the case when resources are scarce. Children living in households without either parent are also less likely to attend school and are at greater risk of exploitation, abuse and neglect.²⁷

Care arrangements, both during and after a parent's illness, affect children's well-being. Girls often take on significant responsibilities in running the household when their parents become ill, increasing their likelihood of missing out on an education. In some countries, boys are pulled out of school in order to work. Without support and monitoring, poor households and communities that absorb orphans and vulnerable children are likely to make decisions that favour biological children.²⁸ Children who have lost their parents are also more likely to be separated from siblings, compounding their sense of loss, displacement and emotional distress.²⁹

Research over the past 50 years has demonstrated that institutional care has a negative effect on children.³⁰ Yet many children currently in institutional care do not need to be there. Available data from Asia, Eastern Europe and sub-Saharan Africa demonstrate that the majority of children in institutional care have a surviving parent or contactable relative.³¹ Poverty is a frequently cited reason for placing children into institutions, which suggests that the primary cause of placement is the difficulty faced by

PANEL 3: Challenges posed by institutional care

Children raised in institutional care often have difficulty forming meaningful, lasting relationships. Inadequate staff-to-child ratios, the lack of training for caretakers and high staff turnover negatively affect the mental and physical development of children, especially very young children. Raising a child in an institution can be up to 12 times more costly than alternative family-based arrangements.¹

Children who are not orphans may be placed in institutions due to family poverty. For example, a recent study by Save the Children, funded by CIDA's Child Protection Research Fund, found that 80 per cent of children in orphanages in Sri Lanka were placed there by parents or guardians who felt that they could not provide them with material necessities.²

¹ Dunn, Andrew, Elizabeth Jareg and Douglas Webb, *A Last Resort: The growing concern about children growing up in institutional care*, Save the Children UK, London, p. 13.

² Save the Children Canada, *Annual Report 2004-2005*, Save the Children, Toronto, 2005.



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Children living in poor households lack access to basic services and are more likely to seek or be sent to work, including in the most hazardous forms of child labour.

families and communities in meeting their basic needs.³² This is also true in emergency situations.³³ Despite the known problems with institutional care (both its negative effect on children's development and the challenges outlined above) the number of privately funded facilities for orphaned and vulnerable children – including in countries heavily affected by AIDS – has increased.³⁴ These factors further underscore the need for countries to develop appropriate social welfare systems.

In the Russian Federation, where HIV-positive parents are often already marginalized, parents may be implicitly or explicitly encouraged to place their children in institutional care, especially when the children are also living with HIV or AIDS. Widespread stigma often causes hospital workers to treat HIV-positive children differently from other children, and to leave them without adequate attention and treatment for long periods of time and then send them to orphanages. Once institutionalized, children living with HIV or AIDS are often separated from other children, leading to further stigmatization.³⁵ Child welfare practitioners have observed this in some other countries in Central and Eastern Europe.³⁶

Children and adolescents affected by AIDS are also at risk of heading their own households, and while it appears that the number of child-headed households has remained small,³⁷ their particular vulnerabilities merit mention. Children may head households to avoid sibling separation and property-grabbing.³⁸ Those at the greatest risk of heading their own households are children from families with deteriorating structures: children from regions where urbanization has separated families, and children of deceased single mothers.³⁹

D. Stigma

Children and adolescents affected by AIDS may face stigma due to HIV in the family, their own HIV status, HIV-related poverty, or the loss of their parents and being labelled orphans.⁴⁰ This stigma can prevent children and families from seeking help or prevent others from offering them assistance; it can also prevent equal access to financial opportunities and block the development, approval or implementation of protective legislation and policies, increasing children's risk of experiencing violence and abuse.⁴¹ Breaking the silence surrounding HIV infection and promoting open discussion are key to addressing stigma and discrimination and helping children gain access to basic protections, services and financial opportunities. This requires that harmful attitudes and behaviours be recognized and named.⁴² Stigma is addressed in more detail in Section V of this document (*see page 33*).

III VIOLENCE, ABUSE, EXPLOITATION AND NEGLECT

"I went to stay with an older lady in Mathare who introduced me to... commercial sex. I never made any money. When I didn't do what the clients wanted, the lady would get mad." – Josephine A., Kenya, who dropped out of school after her mother's death, started sex work at age 14 and tested HIV positive two years later.⁴³

Compounded vulnerabilities increase a child's likelihood of experiencing violence, abuse and exploitation. For children in AIDS-affected communities, these same violations also translate into an increased risk of contracting HIV themselves.

A. Exploitation, trafficking and child labour

Children and adolescents who are deprived of the means for survival and development are at high risk of sexual and economic exploitation.⁴⁴ Orphans and children with sick parents are often forced to leave school in order to work,⁴⁵ or are compelled to seek employment on their own to help support siblings, sick parents or grandparents. In child-headed households, the oldest child may also have to care for younger siblings.

Children who are pressured to generate income are particularly vulnerable to trafficking and the worst forms of child labour,⁴⁶ including dangerous work environments.⁴⁷ A recent study conducted by the International Labour Organization (ILO) in South Africa, the United Republic of Tanzania and Zambia underscores the relationship between HIV, child labour and sexual exploitation.⁴⁸ Where girls are viewed as not being equal to boys, girls are more likely to be trafficked for sexual exploitation or sent to work as domestic labourers.⁴⁹ Hidden from public scrutiny, domestic workers are highly vulnerable to physical, psychological and sexual abuse.⁵⁰

In addition, because of gender bias, girls are generally the first group whose education is neglected when they assume adult roles as caregivers for sick relatives or perform labour outside the home. This same gender bias translates into fewer opportunities for young women to earn wages outside the home, which can increase the likelihood of sexual exploitation.⁵¹ In some of the worst cases, girls as young as 10 are forced to engage in prostitution.⁵² The links between the worst forms of child labour, HIV and exploitation extend beyond sub-Saharan Africa. The ILO estimates that globally, 218 million children were involved in child labour in 2004, and that more than half of these children were engaged in hazardous work. Estimates from 2000 suggest that as many as 5.7 million children were in forced or bonded labour, 1.8 million in prostitution and pornography, and 1.2 million were victims of trafficking.⁵³ ILO's global research makes clear

PANEL 4: Gender inequality and the vulnerability of girls

In sub-Saharan Africa, three quarters of 15- to 24-year-olds newly infected with HIV are female.¹ Rising infection rates among girls and young women are linked to gender-based violence in homes, schools and the workplace.²

While both boys and girls are at risk of protection failures, girls are more vulnerable to sexual violence and exploitation due to power imbalances between men and women. Many girls face gender-based discrimination in households and communities, and are therefore less likely to receive basic health care, education and social services.³ Lacking legal and economic resources, crimes such as sexual violence and assault against girls are often under-reported and unpunished.

¹ Joint United Nations Programme on HIV/AIDS, *2006 Report on the Global AIDS Epidemic*, UNAIDS, Geneva, May 2006, p. 8.

² United Nations Children's Fund, *The State of the World's Children 2006*, UNICEF, New York, 2005, p. 70.

³ United Nations Children's Fund, *The State of the World's Children 2004*, UNICEF, New York, 2003, pp. 8, 26.

PANEL 5: Violence and children affected by AIDS

In Uganda, orphans in foster homes reported being treated violently by both caregivers and other children in the home. Orphans felt that their guardians were angry and frustrated due to the increased burden of care and concerns about their limited resources. Violence from other children was motivated by anger at having to share their parents and fear of the orphans' association with AIDS.¹

In 2004, a community organization in Zimbabwe recorded some 4,000 cases of sexual abuse of girls in its area of operation. Such crimes are usually perpetrated by trusted authority figures, including school staff and family members. The consequences for girls may include unwanted pregnancy, sexually transmitted infection, including HIV, and devastating psychological harm. In addition, an increase in the rape of young girls and older children with disabilities, who are assumed to be virgins, has been caused by the myth that sex with virgins cures infected men of HIV.²

¹ World Vision, 'Violence against children affected by HIV/AIDS: A case study of Uganda', World Vision International, Nairobi, 2005, p. 9.

² Girl Child Network, 'Gravity of Girl Child Sexual Abuse in Harare: Towards creating a culture of prevention', Nairobi, 2005, <www.kubatana.net/docs/sexual/gcn_sexual_abuse_zim_050517.pdf>, accessed 29 January 2007.

that poverty and economic shocks, coupled with discrimination and exclusion, are key contributors to child labour – all risks faced by children affected by AIDS in most regions of the world.

B. Violence, sexual abuse and child marriage

Women and girls are particularly vulnerable to sexual violence, which is both a cause and a consequence of HIV.⁵⁴ They are unable to negotiate safe sex, which puts them at increased risk of infection and compounds the violation of their fundamental human rights. And the problem of violence is more common and widespread than most people realize.

The United Nations *World Report on Violence against Children*, published by the UN Secretary-General's Study on Violence against Children in October 2006, reveals that violence is common in schools, institutional care facilities, justice systems, communities, places of work and homes. Among other findings, the report brings together evidence to show that children living with extended families are frequently subject to sexual abuse from uncles, stepfathers and cousins.⁵⁵ Some 40 per cent to 60 per cent of children orphaned in nine countries in sub-Saharan Africa live in households headed by relatives other than grandparents or siblings,⁵⁶ where they face an increased risk of such violence. In Zambia, for example, as many as 32 per cent of adolescent boys and 33 per cent of adolescent girls answered "yes" when asked if they had "ever been physically forced to have sex."⁵⁷

Violence directed at children and adolescents can affect their behaviour as they grow older. Sexual violence experienced at a young age has been associated, for example, with sexually risky behaviour later in life.⁵⁸

Girls in AIDS-affected communities are vulnerable to child marriage as parents seek to have their daughters marry to protect their health and honour, and men often seek younger women as wives as a means to avoid becoming infected with HIV. In some contexts, however, the evidence does not support such hypotheses and practices.⁵⁹ Child marriage, whether in an emergency or non-emergency context, can be used as a 'protective' strategy either for the child (who is perceived to be better off living with another family) or for the child's family (who may be tempted by material compensation, or may view the marriage as relieving them of the burden of caring for the child).⁶⁰ Early and forced marriage for girls and young women often leads to school drop-out and increases the likelihood of HIV infection.⁶¹ Child marriage removes girls' ability to negotiate whether they want to have sex at all, much less negotiate safe sex, and increases the risk of physical abuse.⁶² In addition, women between ages 20 and 24 who were married young are less likely to know how HIV is transmitted as compared with other women in their age group.⁶³

There is a need for more rigorous research and evidence-based knowledge of the connections between HIV and child protection risks such as trafficking and child labour. Research on viable responses, including social and legal protection, must be strengthened as well.

IV PRIORITY ACTIONS

“By placing an excessive emphasis on externally provided, stand-alone psychosocial programmes, we are in danger of discounting the importance of everyday love, support and reassurance that children receive from families and communities. Many caregivers, families and communities need support to be able to provide these conditions for young children.... Young children affected by HIV/AIDS and other major disruptions in their lives have critical psychosocial needs that are best addressed when embedded in their everyday lives.” – Richter, Linda, Geoff Foster and Lorraine Sherr, *Where the Heart Is: Meeting the psychosocial needs of young children in the context of HIV/AIDS*, Bernard Van Leer Foundation, The Hague, July 2006.

AIDS has reshaped childhoods, leaving children inadequately protected and cared for and often growing up in increased poverty. Thus, building a protective environment for children and addressing the particular vulnerabilities of girls and women is crucial. Measures that aim both to prevent children from becoming vulnerable in the first place and to strengthen protective mechanisms will make a significant difference in the lives of all children, especially children affected by AIDS, whose needs are often particularly urgent.

Governments and implementing partners – including international agencies, civil society and service providers – can protect children affected by AIDS by taking the priority actions outlined in this section. These actions aim to support change by developing policy, building capacity and supporting implementation within nationally owned, planned and scaled-up programmes. They should take into account gender and age. Together, these actions all help support the safety, material and psychosocial well-being of children whose lives have been disrupted.

Many countries already have national plans of action for orphans and vulnerable children or for children generally, which may include many of the initiatives listed here. Providing support for these actions – and refining plans to address any gaps – will reduce the vulnerability of children affected by AIDS and ensure that protection violations are addressed.

States have responsibilities in this area. At a minimum, states must develop, communicate and enforce legal standards; ensure that services are integrated and provided without gaps; and oversee and support non-state actors. Some states are able and choose to do more, but in all cases, close cooperation with all actors, including non-governmental and community-based organizations, should be a goal. Many states would like to do more to address the situation of all children made vulnerable by AIDS, but government capacities vary greatly among countries working to address the

impacts of the epidemic. Often, the ministries responsible for the care and support of children are marginalized and underfunded.

ACTION AREA 1: SOCIAL PROTECTION

“States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the measures necessary to achieve the full realization of this right in accordance with their national law.” – Convention on the Rights of the Child (article 26)



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Social protection is widely understood to encompass measures to prevent and respond to risk and vulnerability. For children, the risks of poverty and loss of livelihood are compounded by the risk of losing family care, because families provide children’s first line of protection. Social protection measures, including income transfers, family support services and alternative care, can help mitigate the impact of AIDS by reducing poverty and family separation, and can contribute to better health, education and protection outcomes. The first two measures are described in detail in this action area; alternative care is covered separately, in action area 3 on page 28.

Implement social transfer programmes that benefit children

Social protection includes social transfers, which can be provided as cash, in kind (often as food) or as vouchers. Effective social transfers alleviate income poverty and enable vulnerable households to meet their basic needs. Social transfers can also relieve families of the pressure to place children in institutions, lessen the risk of child labour,⁶⁴ and reduce the stress that contributes to domestic violence.⁶⁵ In Kenya, after the government’s elimination of school fees, there was a reduction in the number of children and families living on the street and increased school attendance. Countries such as Brazil and South Africa have developed and implemented effective social welfare programmes, while Botswana, Lesotho and Namibia have pension schemes that provide old-age benefits. India also has programmes, mostly means-tested, which provide employment guarantees, food for work, unemployment assistance and other benefits. These programmes help households financially and reduce children’s vulnerability.⁶⁶ Recent experience demonstrates that even in resource-poor countries, it is possible and affordable to provide vulnerable households with such services. In Zambia, for example, the government, with support from GTZ (German Technical Cooperation), has implemented a pilot project that aids the 10 per cent of households in a chosen region that are critically poor and incapacitated (i.e., households with sick or deceased breadwinners, no able-bodied workers and high dependency ratios).⁶⁷ If scaled up for the nation, the programme is projected to cost an estimated 0.5 per cent of the country’s gross domestic product.⁶⁸

In the Livingstone Call to Action in 2006, the governments of 13 African countries committed to devising costed national social protection plans within two to three years.⁶⁹ These plans will be integrated into national development plans and budgets and can be supplemented by development partners. This commitment represents an important opportunity for those agencies and organizations interested in supporting national social protection programmes.

Governments should work with civil society organizations to plan social protection programmes that include social transfers and family support services. Successful planning must include estimating needs, developing coordinating mechanisms and securing funding sources, including for programme evaluation.

Each country will need to make decisions about the specifics of social transfers. Issues to be considered include targeting, means testing, the appropriateness of conditionalities, the economic vulnerability of children and their caregivers, the particular vulnerabilities of girls and young women, the potential stigma associated with assistance, and possible perverse incentives for taking in or abandoning children in the case of fostering grants.⁷⁰ Monitoring mechanisms must be established and tied to community participation to ensure that support reaches the intended recipients.

The World Bank has consistently highlighted the need to implement protection mechanisms for children when designing social transfer interventions in countries heavily affected by AIDS,⁷¹ a call echoed in an evaluation of social transfers in eastern and southern Africa.⁷² Strong interrelationships with other social welfare services and staff can help reduce the risk of protection violations and provide links to sustainable economic strengthening programmes and family support services.

PANEL 6:

Social protection improves security and access to basic services – and is affordable

In Kenya in 2004, the Ministry of Home Affairs and the National AIDS Control Council developed a social assistance plan to provide households caring for orphans with US\$0.50 per day. Analysis of a pilot programme in three districts reveals that households spent the money on food, clothing, medical expenses and other minor household purchases. Some positive effects of the programme include children's increased school attendance and access by some children to antiretroviral treatment.¹

While conditional cash transfers have been less popular in Africa than in Latin America, other innovative and complex approaches are being piloted in Africa, including flexi-vouchers in Malawi, cash and food combinations in Ethiopia, and community cash transfers in Rwanda. Moreover, recent research from Central Asia, Latin America and South Africa shows that social protection provided by governments can be affordable.² Providing a pension for everyone over 65 in the United Republic of Tanzania would cost 3.7 per cent of government expenditure. Providing a social transfer of roughly 50 cents per day to the poorest 10 per cent of the population would cost the country approximately 0.8 per cent of gross domestic product. In Mexico, a wide-reaching programme cost an estimated 0.32 per cent of gross domestic product in 2000.³

¹ United Kingdom Department for International Development, 'Social Transfers and Chronic Poverty: Emerging evidence and the challenge ahead: A DFID practice paper', DFID, London, October 2005, p. 15.

² United Kingdom Department for International Development, 'Social Transfers and Chronic Poverty', op. cit. For east and southern Africa only: HelpAge International, Save the Children UK and Institute of Development Studies, *Making Cash Count*, Save the Children UK, HelpAge International and IDS, 2005, pp. 4 and 25.

³ United Kingdom Department for International Development, 'Social Transfers and Chronic Poverty', op. cit., p. 21.

Governments, professional legal organizations and academic partners are encouraged to review laws and policies regarding land ownership and private property.

Strengthen family support

Family support services also fall under the umbrella of social protection and can help address poverty and other challenges faced by families affected by AIDS. As discussed in the original framework document, family support services include day care, respite care, parenting programmes and home visits.⁷³ An additional key service is helping families access comprehensive information about social protection services and receive assistance in filling out paperwork. Social transfer programmes will have a greater impact on children and families when these key non-cash services are also available to help them cope.

The social welfare sector and non-governmental organizations can support local community groups, in providing these services or stimulate the formation of new groups, as needed. It is critical that local actors receive training, so they are able to recognize that the fundamental causes of abuse, such as poverty, discriminatory laws and practices, mental illness among perpetrators and lack of law enforcement, are critical. Government oversight and support of these services will help ensure that social protection services are coordinated and efficient.

Actions for social protection:

- **Implement social transfer** programmes to ensure the most vulnerable families are able to meet their basic needs.⁷⁴
- **Invest in family support services** and ensure appropriate links with social assistance programmes for maximum impact.
- **Involve communities** in the provision of social transfers and family support services.

ACTION AREA 2: LEGAL PROTECTION AND JUSTICE

Combat disinheritance

Children and adolescents who have been orphaned by AIDS are often vulnerable to property- and land-grabbing by relatives or others who are entrusted with their care. Disinheritance is more likely where legislation is outdated, codified laws and customary systems of justice are contradictory, public awareness is low and laws are inadequately applied. Developing, implementing and enforcing specific protections for inheritance and property rights, marriage and divorce, and the treatment of widows and orphans can reduce economic vulnerability among families and children affected by AIDS.



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PANEL 7: Child abuse and exploitation in Malawi

In Malawi, where an estimated 1.4 million children are engaged in child labour and a significant number are thought to be affected by HIV and AIDS, activities are under way to develop interventions that will encourage the support of wills and inheritance rights, bridge the gap between law and traditional practices, and ensure women and vulnerable children are protected.¹

Child marriages are still legal for children aged 15–18 with parental consent.² The government is working on proposed legislation that would make 18 the minimum age of marriage.³ But communities must be sensitized to the rights of children, given that many marriages follow traditional customs, rather than civil law.

¹ Government of Malawi, National Plan of Action for Orphans and Other Vulnerable Children 2005-2009, June 2005, p.14.

² Government of Malawi, 'Malawi Law Commission Discussion Paper No. 1, Human Rights under the Constitution of the Republic of Malawi', June 2006, p. 10.

³ United Nations, Committee on the Elimination of Discrimination against Women, Pre-session Working Group, Thirty-fifth Session, 15 May-2 June 2006, United Nations, New York, p. 2.

Governments, professional legal organizations and academic partners are encouraged to review laws and policies regarding land ownership and private property. Statutes, codes and regulations should clearly articulate the rights of women and children to own property under national law, and procedures for ensuring enforcement of these rights should take account of gender and age inequities.

Focusing only on legislative obstacles is insufficient to ensure equitable property protection and transfer. Where customary law is practiced, local leaders, with support from governments, non-governmental organizations and human rights groups, must be equipped to help protect orphans and widows from losing their inheritance. Legal aid groups can provide training on will writing and succession planning, taking into account the particular vulnerability of girls. Where customary law may jeopardize the well-being of citizens, governments should be responsible for enforcing national law. This may entail providing additional support to local civil courts, making legal practitioners aware of any legislative changes, and taking further steps to make legal aid and the court system accessible to poor families, including children and adolescents.

Improve civil registration systems

Registering a birth is integral to a child realizing the right to a name, nationality and legal identity. All children who are not registered at birth are vulnerable. However, the situation of children who are not registered and lack parental protection is even more precarious. They may have added difficulty establishing their identity and family ties, and thus be denied the right to inherit parental property. In most countries, civil registration – including registration of a parent's death – can help guarantee the inheritance rights of orphaned children.⁷⁵ Birth certificates help facilitate access to basic services, including schooling and social assistance, and can help protect children against child marriage, hazardous labour, trafficking and recruitment into armed forces/groups.⁷⁶

Where civil registration systems are centralized, families are often required to travel long distances and commit scarce resources.⁷⁷ Both access and

usage are likely to be poor when the value of registration is not well understood by government officials and families. A lack of political will to promote better registration often means an inadequate legislative framework, lack of coordination and cooperation between the relevant sectors, and insufficient infrastructure and financial allocations.⁷⁸ Families also face practical problems in accessing registration, including lack of funds for fees and travel, lack of information on how and where to register births and deaths, and bureaucratic obstacles that make registration more difficult when not done promptly.

The 2006 Global Partners Forum on Children Affected by HIV and AIDS recommended increased advocacy and practical steps to remove the barriers to civil registration, including calling on governments to eliminate fees. To achieve this, governments should review and amend national laws and policies that hinder eliminating fees and/or decentralizing registration services. A proven method of increasing registration is by involving other sectors, such as health and education. In Afghanistan, for example, where HIV prevalence is low, the government has linked birth registration to its polio campaign, which has reached almost every household in the country.⁷⁹ High-prevalence countries can learn from this example.

Other innovations include making registration a condition for social assistance (to be contemplated only when registration services are available and



accessible; otherwise it will serve as a barrier to obtaining social assistance), or combining health and birth registration cards. Local governments should be given authority, resources and accountability to improve registration levels in their area. Local and international partners can assist by advocating that registration be included in national development plans and budgets. Governments are encouraged to change policies and practices that prevent those children who remain unregistered from accessing education, health care and other social services, and to facilitate registration for children who were missed in infancy.

Strengthen protective services in police and justice systems

Governments must ensure that perpetrators of abuse or exploitation are held accountable and that those who experience abuse have access to appropriate services. Governments can support the establishment of child protection teams/units that provide safe settings and sensitive procedures for victims of exploitation and abuse, especially girls and young women. Health facilities are appropriate settings for such units, but confidential methods of reporting can also be integrated into community centres or other locations frequented by families and children. It is critical that social workers or social-work paraprofessionals be involved in the investigative and follow-up stages to help ensure appropriate referrals and linkages to services.

Reporting systems and services must be child-friendly, confidential and gender-appropriate. This is particularly important for girls and young women, who may feel uncomfortable reporting abuse and exploitation to men. Referrals should be made to services such as safe houses, counselling, medical care and reintegration support. Reports of abuse must be thoroughly investigated without causing further harm to the child.

Campaigns can be used to raise community awareness of these reporting mechanisms. Cooperation between government agencies – including law enforcement, health and social welfare agencies – is crucial to ensure non-discrimination and protect children's rights throughout the process. Involving youth groups in the design and dissemination of community campaigns is also critical for success.

To create systemic change, training for law enforcement and legal professionals must cover preventive measures, legal frameworks and appropriate responses to child abuse and exploitation. Moreover, both police and judicial procedures should support the application of such measures. Civil servants must be both supported and held accountable for reporting and referring suspected cases of abuse, and for preventing abuse within health, education, care and other services for children provided or regulated by government.

Cooperation between government agencies – including law enforcement, health and social welfare agencies – is crucial to ensure non-discrimination and protect children's rights throughout the process.

Existing community child protection committees, networks and coordination mechanisms for orphans and vulnerable children can help enforce legislation that protects children affected by AIDS.

Strengthen or develop new legislation and policies

It is recommended that governments strengthen rights-based legislation for child protection, ensuring that child recruitment into armed forces or groups, trafficking, harmful labour and sexual abuse are explicitly made illegal. Laws should articulate the protection of children and adolescents and criminalize and penalize offenders. National legislation should seek to codify laws related to child protection in sufficient detail to be enforceable. Legal frameworks ought to reflect entitlements to appropriate services and recognize the rights of girls and young women to equal protection and access. Non-governmental organizations and human rights groups may then advocate for legislation in line with international standards and provide governments with technical support.

Civil society organizations should be involved in legal reform and enforcement efforts to ensure changes to legislation are widely disseminated, implemented and upheld. Civil society can also gauge whether policies, programmes and administrative practices are consistent with laws. Governments are responsible for ensuring that the police, armed forces, judges and legal service providers are fully aware of the laws, have sufficient training and resources for enforcement and are held accountable for consistency and transparency. Health workers and teachers should also be supported to identify and report cases of abuse, and should know where to refer such cases. Legal aid should be made available to children and adolescents who have experienced abuse or exploitation.

Mobilize and support communities to encourage legislation enforcement

Existing community child protection committees, networks and coordination mechanisms for orphans and vulnerable children can help enforce legislation that protects children affected by AIDS. Teachers, health-care workers, religious leaders and others who work closely with children can best identify and respond to situations of child abuse and exploitation. They can be mobilized to help identify, address and refer cases where children have been abused or exploited. And, using their leverage in the community, they can stimulate discussion of the issues, as well as encourage youth and women's groups to assume leadership roles that can help ensure that issues of gender and age are adequately addressed in protection strategies.

Strong linkages with law enforcement and legal groups will help ensure vigorous investigation and prosecution of violations. National guidelines for responding to cases of suspected child abuse, as well as training, should be developed for and with community groups. In some countries, local child protection projects and committees have been established to ensure proper coordination of these initiatives. In South Africa, for example, national policies on child protection helped create community childcare committees.



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The range of activities the committees are involved in include identifying children and families at-risk, referring to support services like after-school programmes, and identifying and monitoring alternative family-based care arrangements.⁸⁰ In Brazil, 4,691 child protection councils were operating at district level in 2005 with roughly 120,000 child protection agents. The councils, which include civil society and government representatives, provide referrals to services for families and children whose rights are threatened or violated.⁸¹

Several countries have launched child-friendly school campaigns aimed at accelerating access to quality basic education for all children and especially for girls, orphans and other vulnerable children.⁸² Ensuring additional protection for children can be achieved by involving parent-teacher associations and youth groups in training and awareness-raising activities. Communities should also be empowered to respond to abuses perpetrated by teachers and other community-based actors who are meant to be protecting children. The procedures for reporting abuses at all levels should be confidential.

Civil society organizations can also advocate for implementation of legislation, monitor the response and suggest amendments. Governments and implementing non-governmental organizations are encouraged to think creatively about how to leverage private sector funds for campaigns. Efforts should be made to promote social responsibility among business leaders and to link these efforts to legislation and enforcement.

Actions for legal protection and justice:

- **Combat disinheritance** by amending legislation, sensitizing community leaders to existing laws, making the process of registering and executing wills easier, and promoting public education on wills and trusts.

Children can best be supported by providing services that enable them to remain within their own families and communities, complemented by systems to place them in safe and nurturing alternative family environments.

- **Improve civil registration systems** by eliminating fees, making civil registries more accessible through decentralization and linking birth registration with other commonly used services.
- **Strengthen and/or develop specialized child protective services** in police, justice and social welfare systems that provide a safe environment and sensitive procedures for children who have experienced abuse and exploitation.
- **Strengthen, develop and implement legislation and enforcement policies** on child labour, trafficking, sexual abuse and exploitation that are in line with international standards to protect children and criminalize and penalize offenders.
- **Support community-based monitoring mechanisms** that include building the capacity of teachers, health and community workers, and members of youth organizations to identify children at risk, report on cases of abuse and exploitation, and provide referrals.

ACTION AREA 3: ALTERNATIVE CARE

In AIDS-affected communities, high rates of parental and caregiver deaths, increasing poverty, movements of children between households and the growing use of institutional care call for urgent strengthening of alternative care systems. Children can best be supported by providing services that enable them to remain within their own families and communities, complemented by systems to place them in safe and nurturing alternative family environments when separation cannot be avoided. Communities and non-governmental organizations, including faith-based organizations, play a key role in providing such services.

Support and monitor children in informal care

'Informal care' encompasses substitute parental care provided on a temporary or long-term basis without the involvement of a third party, such as a government social worker or non-governmental or community-based organization. Informal care arrangements include children living with extended family members – uncles, aunts, grandmothers – as well as with neighbours, friends and other community members. The person who assumes primary responsibility for the care of children orphaned or made vulnerable by AIDS varies among countries. Grandparents are the main caretaker for approximately half of the orphans, with estimates ranging from 24 per cent in Cameroon to 64 per cent in South Africa.⁸³

Governments and donors are encouraged to explore non-contributory pensions or other forms of social transfers for the elderly as a way of providing

for these children. Studies show that grandmothers are more likely to spend these funds on children under their care⁸⁴ and that cash transfers are an effective way to support informal family networks that are under considerable financial strain.

While informal care arrangements are most often safe and appropriate, they can sometimes put children at risk of inadequate care, abuse or exploitation, especially when caregivers are relatives other than grandparents or siblings, or they are not related. Given the large number of children involved, protection requires active monitoring at the community level, along with support services for caregiving families – including social assistance, legal counselling and home visits.

Teachers, health-care workers, faith-based leaders, youth organizations and social work paraprofessionals can protect children. With the necessary training, they can recognize the risks associated with informal care, support families, and respond to and refer violations. Wherever possible, women-led groups can be empowered to help ensure that the particular vulnerabilities of girls are taken into account. Families caring for non-biological children should be eligible for support services such as social assistance, legal counselling and home visits.

Child-headed households can be particularly vulnerable to exploitation and abuse.⁸⁵ In partnership with community groups, social welfare agencies can identify households where children risk being left without adult care, suggest potential foster parents or guardians, and help protect property and assets. Children already heading households, or those who have no safe alternatives, also need to be protected. Governments are encouraged to consider ways to legally recognize child-headed households in order to provide these children with access to social assistance and services, and to prevent land-grabbing and other forms of economic opportunism.

It is also important to promote compliance by working with the legal system and community groups. Research and practice have shown that support to child-headed households is usually best provided through local and community structures rather than through external agencies. The latter approach has often led to the perception that a ‘wealthy NGO’ has assumed the responsibility of caring for the household, resulting in weaker community support and involvement.⁸⁶

Improve the formal care system

Formal care should be provided only when it is in a child’s best interests, and institutional care should be used only on a limited and temporary basis. Young children, in particular, should not be placed in institutional



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PANEL 8: Malawi's plans for alternative care

The cost of implementing Malawi's National Plan of Action for Orphans and Other Vulnerable Children: 2005–2009 is estimated to be US\$3 million (excluding social assistance). The Plan calls for establishing a continuum of alternative care options, including:

- Reviewing existing legislation on foster care and systems of child placement, with a focus on keeping siblings together.
- Developing criteria and guidelines for foster/adoptive parents and creating social support networks to ensure that vulnerable households receive assistance.
- Creating processes to involve children in decision making.
- Ensuring regular monitoring of children in alternative care, including periodic site visits.
- Creating networks of parents trained in child rights, child protection and psychosocial counselling.

Source: Government of Malawi, National Plan of Action for Orphans and Other Vulnerable Children 2005-2009, June 2005.

care. Rather than encouraging alternative placements, health and social welfare professionals should support existing informal arrangements where these are working well, and refer at-risk children and families to social services that are geared to help families remain together. Legislation, policies and admissions criteria for foster and institutional care can facilitate this approach.

The goal of alternative care arrangements must be permanency, through return to the child's own family or placement in an alternative family environment. Clear legislation and transparent procedures can facilitate guardianship⁸⁷ and adoption. Communities must be made aware that these mechanisms protect children and encourage permanency. Identifying guardians while a parent is still alive can be a helpful way to plan for the future and avoid disputes over property and other assets. Adoption and other arrangements, such as *kafalah* in Islamic countries, provide additional legal protections. They should be encouraged for children who have clearly and permanently lost family ties, with the highest priority being given to adoption in the child's country of origin. In countries where intercountry adoption is allowed, ratification and implementation of the Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption ('The Hague Convention') can help ensure this option is safely and appropriately applied.

Foster care should be available for children whose care needs are not being met through informal arrangements and who cannot be reunited with their families over the short term.⁸⁸ Foster care systems should recruit and carefully screen potential foster families, and provide caregivers with financial support and access to other services when needed. Social work professionals should review placements regularly, determining together with the child, family and caregivers whether they can or should be reunited with their family of origin or whether an alternative permanent placement should be considered.

Short-term residential facilities are sometimes needed to provide emergency care for abandoned, abused, exploited or neglected children. Longer-term arrangements, such as residential care facilities that offer a familial environment, may be an appropriate option for older adolescents, especially where this is their own stated preference. To avoid stigma and isolation, residential care facilities should be integrated in the local community. Contact with family and community should be encouraged and reunification efforts supported whenever appropriate. Governments are responsible for monitoring such facilities to ensure they comply with national standards.

Develop government and community-based monitoring mechanisms

Each government has the responsibility to keep records of the total number of institutional and foster care providers that are operating within its borders

and to regulate their activity and operations.⁸⁹ Institutional care providers must have clear guidelines for admitting children that prevent unnecessary placements, and each institution must undertake periodic reviews of each child's situation with the aim of achieving family-based permanency wherever appropriate. National standards and guidelines can require regular training of care providers and ensure adequate staff-to-child ratios, special assistance for children with disabilities and respect for privacy. Donors – including governments, philanthropic groups, faith-based organizations and civil society groups – should avoid supporting alternative care arrangements that remove children from communities and families. Support to family and community-based care is preferred, such as regulated foster care and, especially for adolescents, small residential facilities integrated in the community.

All decisions on alternative care, whether formal or informal, must be guided by the best interests of the child, taking into account the concerns and wishes of family members and children. Governments and their community partners should also acknowledge the importance of encouraging and allowing children and adolescents to participate in the decision-making process regarding their care. To this end, where cultural norms restrict or discourage the active participation of children, it is the responsibility of community partners, civil society and governments to facilitate better understanding among stakeholders by promoting the benefits of including children and adolescents in appropriate ways.

Governments are encouraged to develop an independent national accreditation agency that can gauge providers' adherence to standards and guidelines and recommend improvements. Children, adolescents and women should be empowered to voice their opinions during such monitoring and should assume clearly defined roles in any accreditation programme.

Developing the capacity of communities and paraprofessionals is crucial to monitoring the well-being of children, especially where professionally trained social workers are few. Local community actors in frequent contact with children (such as teachers and health professionals) are a protective element that can help identify at-risk children and report cases of suspected abuse and exploitation to the appropriate local authorities. To this end, teachers and health professionals should receive training on how to recognize signs of abuse and neglect.

Teachers and health-care professionals can be made aware of which children are in formal care and act as sources of information for social work paraprofessionals. It is important to develop structures that are linked to and supported by local government officials, so that when a protection violation occurs, proper legal follow-up can take place. It is also crucial to

PANEL 9: **Peru and India formally identify cases of abuse, neglect and exploitation**

In 1999, Peru's Ministry of Education mandated the creation of Child and Adolescent Protection Centres (Defensorías del Niño y del Adolescente). The centres provide services to abused, exploited and neglected children free of charge. They are housed in various facilities: at the local government level in community centres; within public and private institutions, such as schools and churches; and as part of civil society organizations.

The concept for these centres has met with success in Peru, in part due to the emphasis on local solutions. Communities are charged with taking responsibility for their children and citizens are encouraged to participate in and report cases of abuse to the centres.

India mandated the establishment of Child Welfare Committees within districts in each state (except Jammu and Kashmir) through the country's Juvenile Justice (Care and Protection of Children) Act of 2000. In practice, committees operated in all states as of mid-2006, vested with the power to rule on the care, protection, treatment, development and rehabilitation of abused, neglected and exploited children.

Sources: Government of Peru, Ministry of Education, Child and Adolescent Protection Centre, <www.dna.org.pe>, accessed 29 January 2007.

Government of India, Juvenile Justice (Care and Protection of Children) Act, 2000, articles 29, 32 and 41, available at <www.law.yale.edu/rcw/rcw/jurisdictions/assc/india/India_Juv_Just.pdf>, accessed 29 January 2007; and Government of India, Department of Social Welfare, New Delhi, available at <<http://socialwelfare.delhigovt.nic.in/child.htm>>, accessed 29 January 2007.

Governments and their community partners should acknowledge the importance of encouraging and allowing children and adolescents to participate in the decision-making process regarding their care.



increase the capacity of appropriate levels of government to address referrals of abuse and neglect. Holding discussions and awareness-raising activities with local actors, along with publicizing national guidelines and standards through media outlets, encourages local monitoring and reporting.

Actions for alternative care:

- **Develop effective means of supporting and monitoring informal care arrangements**, such as care provided by grandmothers or in child-headed households, to ensure children are protected in extended families and other settings where parents are not present.
- **Improve the formal care system** to reduce overuse, guard against protection violations, encourage appropriate permanency planning, and provide opportunities for children and caregivers to express their preferences.
- **Develop government and community-based protection and monitoring mechanisms** that are supported by national guidelines and standards for care providers.

V CROSS-CUTTING ISSUES

A. Addressing stigma related to HIV, abuse and exploitation

Stigma related to HIV or being labelled an orphan contributes to a host of abuses faced by children, increasing their vulnerability and risk of further exploitation. Fostering open discussion can help reduce HIV-related stigma, making these violations less hidden and less acceptable.

Promote community-owned social change

Cultural shifts are more likely to occur when respected members of the community call into question traditional practices that are detrimental to children. Evidence also demonstrates that community-owned solutions are more likely to endure than external 'expert-driven' solutions.⁹⁰ Local actors – teachers, health-care workers and social welfare service providers – can be encouraged and supported to integrate into their work discussions of protection as it relates to HIV. Education authorities, in particular, should include a discussion of protection risks, HIV prevention, and the rights of young girls and women into school curricula and after-school activities.

Vulnerable children, especially those affected by AIDS, may face ostracism, severe punishment or even death as a result of speaking out. This is particularly true for young girls and women, who are more vulnerable than their male counterparts. While child participation is critical, community-level partners involved in promoting discussions should consider the potential risks for children. Children's participation must be voluntary. Existing guidelines on children's participation can inform ethical standards and principles for children who discuss their own experiences of AIDS-related stigma, abuse and exploitation.⁹¹

Sensitize and involve the media

Community groups and non-governmental organizations can establish strategic partnerships with the media to help dispel the myths and fears surrounding children affected by AIDS. Professional media organizations can also be encouraged to develop codes of conduct governing how children's stories are told and be prepared to properly refer identified cases of abuse.

Publicly questioning taboos, such as sexual behaviour, harmful traditional practices and hidden violence that affects girls and women, can help children claim and promote their rights. However, it can also lead to additional protection risks and bring unwanted backlash. Media organizations should recognize that initiatives led by national organizations, preferably youth and women's groups, are more effective than those led by international groups,

PANEL 10: Communities speak out against female genital mutilation/cutting

In Senegal, the women of Malicounda Bambara village publicly declared in 1997 that they would abandon the harmful traditional practice of female genital mutilation/cutting (FGM/C). Their declaration followed a Tostan programme on FGM/C that educated women about their bodies, thus promoting self-development. After this declaration, a similar commitment was adopted by 31 additional villages following community-to-community discussion and participation in education programmes.

Source: Population Council, 'Reproductive Health, The Tostan Story: Breakthrough in Senegal ending female genital cutting', <www.popcouncil.com/rh/tostan/tostan.html>, accessed 29 January 2007.

and tailor their coverage accordingly. Handbooks on the role of media and the discussion of protection risks can help.⁹²

Train national and community leaders

Government agencies responsible for social welfare and health are encouraged to partner with communities, non-governmental organizations and technical advisers to develop training on HIV, children's rights and child protection risks. The training should build on community knowledge and solutions, enhance skills in promoting open discussion and emphasize partnerships. It may be integrated into existing forums that reach civil society, non-governmental organizations, youth and women's groups and other agencies, or into special initiatives designed to stimulate use of the training modules.

Parliamentarians and other political leaders can use their public platforms to educate their peers and constituents about HIV, establish working groups and forums and propose legislation.⁹³ Religious leaders can also help raise awareness and participate in training activities.⁹⁴ Working with community groups and youth networks, they should encourage empathy, especially for children orphaned by AIDS, encourage open discussion of abuse and exploitation and facilitate the identification of community responses.

Recommendations for addressing stigma:

- Facilitate open discussion to promote community-owned social change for children and ensure appropriate adolescent participation.
- Sensitize the media to issues of HIV and protection risks and develop guidelines for reporting abuses.
- Train national and community leaders to stimulate discussion on children's rights, child protection issues, and HIV and AIDS.

B. Strengthening the state's social welfare sector

As outlined in international human rights conventions, governments have an obligation to provide social services for vulnerable groups, including children affected by AIDS. To ensure the availability and provision of such services – and to implement the action steps previously outlined for the areas of social protection, legal protection, justice and alternative care – recognition and support of this government obligation are needed.

Governments should recognize, for example, that the state has a primary responsibility to build structures for channelling social transfers (under the umbrella of social protection) and to participate in the provision of such



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transfers. Systematic efforts are also necessary to develop and fund the required institutional capacity, human resources, policy frameworks and standards. The social welfare ministry often takes the lead on social protection, although health, youth and other departments are closely involved or take leadership roles in certain activities.

Increase budget allocations to ensure sufficient funding

Government agencies responsible for providing social protection services often lack resources. This problem may be compounded by inadequate planning and costing of needed services and oversight functions, and by public-sector reform initiatives that aim to control or reduce social sector expenditure.

Parliamentarians and civil society groups can help address these resource constraints by pressing governments to act on their human rights obligations to protect the most vulnerable. Together with government officials and international partners, parliamentarians can raise awareness of the negative impact of inaction: stalled economic development, continued poverty and increasing harm to children. Parliamentarians can also propose and approve relevant legal protection bills. Development banks and other international partners can prioritize support to this sector by encouraging the development of social welfare sector-wide approaches (SWAPS)⁹⁵ where warranted. All can play a role in ensuring that the social welfare sector features prominently in national development plans, poverty reduction strategies and key budget instruments.

Costed plans are needed to translate political will into reality. Government social welfare departments, local governments and others with social welfare responsibilities are encouraged to determine budget needs – taking into account social assistance, service provision and oversight, including the required institutional capacity. Government departments and international partners can assist with strategic sector planning and budgeting.

Invest in human resources

Implementing the actions in this paper requires staff skilled in social policy development, strategic planning, child welfare and coordination. Adequate staffing is needed at the government level to oversee services that should be regulated by the state – such as alternative care and protective services – and to coordinate and support service provision by other sectors and non-governmental organizations. Service providers (government and non-government) working directly with communities should possess social work and child development skills.

Governments have an obligation to provide social services for vulnerable groups, including children affected by AIDS.

Since sufficient numbers of highly trained staff may not be available, governments are encouraged to partner with non-governmental organizations and academic institutions to develop paraprofessional training in social work and fund district-level positions that are supervised by social work experts.

Plans and budgets made by the social welfare sector and civil registration departments, local administrations and others should reflect staffing and capacity-building needs. International partners, including bilateral donors and development banks, can support these human resource improvements by providing technical assistance and financial support for capacity building; by recognizing the necessity of adequate human resources in this sector; and by advising accordingly when working with governments on public-sector reform and poverty reduction strategies. Government, academic institutions and the private sector can invest in developing appropriate training, including updating public policy and social work curricula.

Develop regulations, guidelines and coordination mechanisms

In keeping with the state's obligations under the Convention on the Rights of the Child, services for children who have lost parental care require a framework and standards that are developed and overseen by the state. International and local non-governmental organizations, including faith-based organizations involved in service provision, can play an important role by contributing to the development of appropriate regulations and guidelines, adhering to them and ensuring that other local service providers also do so. While the involvement of non-governmental organizations can be highly beneficial, it does not relieve the state of its obligations.

Guidance is needed from governments to ensure coordination of social assistance with family support services, including psychosocial and parenting support. Other preventive services, including civil registration, will also require clear standards for thorough implementation by the relevant government sectors. In countries with high HIV prevalence, local HIV coordination structures can be actively engaged, particularly in providing preventive and alternative care services. In countries with low prevalence, existing child protection coordination mechanisms – including those that deal with specific issues, such as child labour or trafficking – may already bring together the required actors and can be encouraged to consider the particular vulnerabilities of children affected by AIDS. Multisectoral groups that are gender-balanced and capable of addressing the particular vulnerabilities of girls and young women can help ensure coordination.

Governments are encouraged to regulate children's entry into care and monitor the quality of care provided. A stipulation should be that only

children who cannot be cared for within their own families are taken into foster or residential care, and that ongoing efforts are made to reintegrate these children into their families and communities. Any regulations should also cover the quality of care received and require accreditation both for institutions and foster caregivers. Governments can require that private service providers give preference to community rather than institutional support and can ensure that residential care facilities are opened only as a last resort.

Governments must ensure that appropriate services are provided and that coverage is adequate. Targeted programmes require clear implementation guidelines to ensure community involvement, prevent stigma and avoid corruption.

Recommendations for strengthening the state's social welfare sector:

- Increase budgetary allocations to government agencies responsible for social welfare, alternative care and protective services to a level adequate, at minimum, for providing statutory services and coordinating and regulating services provided by local government and non-governmental agencies.
- Invest in human resources within the social welfare system to increase the size, competency and reach of staff from both government and non-governmental service providers.
- Develop regulations, guidelines and coordination mechanisms aimed at improving implementation of social protection policies and ensuring more effective service provision.



ANNEX 1

Guidance provided by the Convention on the Rights of the Child

The Convention on the Rights of the Child is the principal framework enunciating the rights of all children. It also provides guidance for actions concerning orphans and other vulnerable children. The following provisions are especially relevant:

- Article 2** Ensures that all rights apply to all children irrespective of the child's, his or her parents' or legal guardian's social, religious, national or other status, disability or poverty.
- Article 3** Includes the provision that the "best interests of the child" shall be a primary consideration in all matters concerning children, including actions undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies. States must take all legislative and administrative measures to provide the protection and care for the child that are necessary for well-being. States agree to ensure that institutions, services and facilities responsible for child protection and care meet with minimum standards.
- Article 4** Requires States Parties to undertake all legislative, administrative and other measures necessary for the implementation of the rights recognized in the Convention.
- Article 5** Recognizes the responsibility of members of the extended family, community or legal guardians to provide for the child in a manner consistent with his or her evolving capacities.
- Article 6** Recognizes that every child has the inherent right to life and ensures to the maximum extent the survival and development of the child.
- Article 8** Concerns the right of a child to preserve his or her identity, including nationality, name and family relations.
- Article 9** Concerns a child's right not to be separated from parents, unless situations of abuse or neglect arise, wherein the best interests of the child are paramount.
- Article 11** Requires that States Parties take all measures to combat the illicit transfer or trafficking of children and enter bilateral or multilateral agreements to prohibit it.
- Article 12** Recognizes children's right to freedom of expression and to have their opinions taken into account in proceedings that concern them.
- Article 16** Concerns a child's right to protection from arbitrary or unlawful interference with his or her privacy, and unlawful attacks on his/her reputation, including stigma due to HIV, poverty or disability.
- Article 17** Recognizes the child's right of access to appropriate information and material for the promotion of social, physical and mental well-being and development.
- Article 18** Recognizes the responsibility of the State to support parents and legal guardians in child-rearing responsibilities and to develop services for the care of children, including developing the necessary institutions and facilities.

- Article 19** Concerns the State's responsibility to take all legislative, administrative, social and educational measures to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation. In addition, protective measures include procedures for establishing social programmes to support the child and those who care for the child, as well as for the identification, reporting, referral, investigation, treatment and follow-up of child maltreatment and for judicial involvement.
- Article 20** Concerns the responsibility of the State to provide special protection for a child deprived of the family environment. States must ensure appropriate alternative care, including foster placement, *kafalah* of Islamic law, adoption or, if necessary, placement in institutions.
- Article 21** Recognizes that adoption, where recognized and/or allowed, shall ensure the best interests of the child and addresses providing legal standards and appropriate measures for adoption.
- Article 23** Recognizes the rights of disabled children to a full and decent life, including necessary assistance to the child and his/her caregivers.
- Article 24** Recognizes the right of children to the highest standard of health and access to health services.
- Article 25** Concerns the entitlement of children who have been placed in care to have a periodic review of their situation
- Article 26** Recognizes the right of every child to benefit from social security, including social insurance, and requires States to take the measures necessary to achieve full realization of this right.
- Article 27** Recognizes the right of children to an adequate standard of living. While parents and caregivers have the primary responsibility to secure the conditions required to ensure adequate development, the State's duty is to take measures to support parents and caregivers and provide material assistance and programmes as needed.
- Article 28** Concerns the right of every child to free and compulsory education and requires that States take measures to reduce drop-out rates and encourage regular school attendance.
- Article 31** Recognizes a child's right to rest, leisure, play and recreation, appropriate for each developmental stage.
- Article 32** Addresses the protection of children from economic exploitation, including work that is hazardous or that may interfere with the child's health, education or development.
- Article 33** Addresses the State's role in taking measures to protect children from the use of illicit narcotic drugs and psychotropic substances and the illegal trafficking of these substances.
- Article 34** Concerns the protection of children from all forms of sexual exploitation, including prostitution and sexual abuse.
- Article 35** Concerns the protection of children being abducted, sold or trafficked for any purpose.
- Article 36** Recognizes the right of children to be free from all forms of exploitation.
- Article 37** Recognizes that all children should be free from cruel or inhuman treatment.
- Article 38** Concerns the protection of children in armed conflict, including ensuring that youth do not engage in hostilities, and protecting and caring for children affected by armed conflict.
- Article 39** Addresses States' responsibilities in promoting recovery and social reintegration in cases of neglect, exploitation, abuse and armed conflict.

ANNEX 2

Strategies outlined in *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*

- 1. Strengthening the capacity of families to protect and care for orphans and vulnerable children** by prolonging the lives of parents and providing economic, psychosocial and other support:
 - Improve household economic capacity.
 - Provide psychosocial support to affected children and their caregivers.
 - Strengthen and support childcare capacities.
 - Support succession planning.
 - Strengthen young people's life skills.
- 2. Mobilizing and supporting community-based responses:**
 - Engage local leaders in responding to the needs of vulnerable community members.
 - Organize and support activities that enable community members to talk more openly about HIV and AIDS.
 - Organize cooperative support activities.
 - Promote and support community care for children without family support.
- 3. Ensuring access for orphans and vulnerable children to essential services,** including education, health care, birth registration and others:
 - Increase school enrolment and attendance.
 - Ensure birth registration for all children.
 - Provide basic health and nutrition services.
 - Improve access to safe water and sanitation.
 - Ensure that judicial systems protect vulnerable children.
 - Ensure placement services for children without family care.
 - Strengthen local planning and action.
- 4. Ensuring that governments protect the most vulnerable children** through improved policy and legislation and by channelling resources to families and communities:
 - Adopt national policies, strategies and action plans.
 - Enhance government capacity.
 - Ensure that resources reach communities.
 - Develop and enforce a supportive legislative framework.
 - Establish mechanisms to ensure information exchange and collaboration of efforts.
- 5. Raising awareness at all levels through advocacy and social mobilization** to create a supportive environment for children and families affected by HIV and AIDS:
 - Conduct a collaborative situation analysis.
 - Mobilize influential leaders to reduce stigma, silence and discrimination.
 - Strengthen and support social mobilization activities at the community level.

ANNEX 3

The legislative framework

The legislative framework that supports the care and protection of orphans and children made vulnerable by AIDS includes:

- Prohibiting discrimination in health care, schools, employment or other areas based on actual or presumed HIV status.
- Providing placement and guardianship for children who lack adequate adult care.
- Ensuring women's rights to own property and hold jobs.
- Protecting children against abuse, neglect and sexual contact with adults.
- Eliminating the worst forms of child labour.
- Eliminating barriers that keep the poorest children from attending school or accessing health care.
- Protecting children who live on the streets.
- Developing policies that encourage and support family-based placements for children without adequate family care.
- Establishing specific standards for alternative care of children without family support, including steps to prevent separation of siblings; first preference for family-based placements; use of institutional placements as a last resort and temporary measure; and the involvement of children in decisions regarding their placements.

Source: *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, UNAIDS, UNICEF and partners, New York, July 2004, p. 25.

ANNEX 4

Additional resources

AIDS Portal

Children Affected by HIV and AIDS

www.aidsportal.org/overlay_details.aspx?nex=2

This site brings together people working on issues related to children affected by AIDS and provides space for them to share information, network and engage in discussion. It also provides access to key documents and events.

Contact:

The Grayston Centre
28 Charles Square
London, N1 6HT
United Kingdom
Tel: 020 7324 4780

Bernard van Leer Foundation

www.bernardvanleer.org

The foundation produces policy and position papers on social issues, including a series on early childhood and HIV. In particular, the report *The Way the Money Goes* explores the lack of understanding of the sensitive position of orphaned children among the decision makers who fund HIV work and proposes some strategies for addressing this problem.

P.O. Box 82334
2508 EH The Hague
The Netherlands
Tel: +31 (0)70 331 22 00
Fax: +31 (0)70 350 23 73

Better Care Network

www.bettercarenetwork.org

Provides technical information and guidance around the protection, care and support of vulnerable children, including alternative care options for children who lose one or both parents.

Better Care Network
c/o UNICEF
3 UN Plaza, Room 739-2
New York, NY 10017
Tel: 212 326 7650
Fax: 212 735 4413
Email: contact@bettercarenetwork.org

Canadian International Development Agency (CIDA)

www.acdi-ida.gc.ca/CIDAWEB/acdicida.nsf/En/JUD-121152128-RVG

A collection of papers by CIDA on child participation, war-affected children, child labour and sexually exploited children.

Child-to-Child

www.child-to-child.org

An organization that focuses on an educational process that links children's learning with taking action to promote their health, well-being and development, as well as that of their families and communities. Activities include training and designing educational materials to strengthen local skills.

Child-to-Child Trust
20 Bedford Way
London WC1H 0AL
Tel: 44 0 207 6126648
Fax: 44 0 207 612 6645
Email: [ccenquiries@ioe.ac.uk](mailto:cenquiries@ioe.ac.uk)

Child Rights Information Network (CRIN)

UN Study on Violence: Civil Society Gateway

www.crin.org/violence

This site offers a shared platform for civil society to exert an influence on the UN Secretary-General's Study on Violence against Children 2006. It will soon provide access to established and state-of-the-art information on the many aspects of the study, including regional activities and children's participation in the study. The site is available in French and Spanish and includes a toolkit on child protection, at www.crin.org/docs/kcs_flyer.pdf.

Save the Children
1 St John's Lane
London EC1M 4AR
United Kingdom
Tel: 44 20 7012 6865
Fax: 44 20 7012 6952
Email: info@crin.org

Contact:

Coalition to Stop the Use of Child Soldiers

www.child-soldiers.org

The Coalition to Stop the Use of Child Soldiers works to prevent the recruitment and use of children as soldiers, to secure their demobilization and to ensure their rehabilitation and reintegration into society. The 'Resources' section contains a bibliography of published documents on recruitment of child soldiers, gender, disarmament, demobilization and reintegration processes and other issues related to children involved in armed conflict.

See <www.child-soldiers.org/resources/solereport-jan05.pdf>.

International Secretariat
2-12 Pentonville Road
2nd Floor
London N1 9HF
United Kingdom
Tel: 44 20 7713 2761
Fax: 44 20 7713 2794
Email: info@child-soldiers.org

Defence for Children International (DCI)

www.dci-is.org

An organization actively working in the area of children's rights. DCI coordinates socio-legal defence centres in Albania, Bolivia, Colombia, Ghana, Sri Lanka, the former Yugoslav Republic of Macedonia and Uganda that directly support child victims of violence, exploitation and abuse who are in conflict with the law.

International Secretariat
1 Rue de Varembe
P.O. Box 88
CH 1211 Geneva 20
Switzerland
Tel: 41 22 734 05 58
Fax: 41 22 740 11 45
Email: dci.is@bluewin.ch

ECPAT International

www.ecpat.net

A network of organizations and individuals working to eliminate the commercial sexual exploitation of children. ECPAT seeks to mobilize the global community to ensure that all children enjoy their fundamental rights free from all forms of commercial sexual exploitation.

328 Phaya Thai Road
Bangkok, 10400
Tel: 66 2 215 3388
Fax: 66 2 215 8272;
Email: info@ecpat.net

EveryChild

www.everychild.org.uk/content/Reports

Reports on the state of the formal care systems in Central European countries and former member states of the Commonwealth of Independent States.

EveryChild
4 Bath Place
Rivington Street
London
EC2A 3DR
Tel: 44 0 20 7749 2468
Fax: 44 0 20 7729 8339

The Firelight Foundation

www.firelightfoundation.org

The organization aims to increase the resources available to grass-roots organizations that are strengthening the capacity of families and communities to care for children made vulnerable by AIDS. It conducts public awareness campaigns and donor outreach, and provides grants.

740 Front Street, Suite 380
Santa Cruz, CA 95060
USA
Tel: 1 831 429-8750
Fax: 1 831 429-2036
Email: info@firelightfoundation.org

Contact:

International HIV/AIDS Alliance

www.aidsalliance.org

Contains technical support documents, policy reports, fact sheets and lessons-learned reports on the thematic areas of orphans and other vulnerable children, care and treatment, prevention and civil society development. A toolkit for orphans and vulnerable children is offered at <www.aidsalliance.org/sw505.asp>.

International HIV/AIDS Alliance, Queensberry House, 104-106 Queens Road, Brighton BN1 3XF, United Kingdom
Tel: 44 0 1273 718900
Fax: 44 0 1273 718901

**International Labour Organization (ILO)
International Programme on the Elimination
of Child Labour (IPEC)**

www.ilo.int/public/english/standards/ipecc/index.htm

Keyword: AIDS

IPEC is the International Labour Organization's programme to progressively eliminate child labour by addressing national capacities to tackle the problem. IPEC has concluded several studies on the dynamics between HIV and child labour. The IPEC library contains PDF versions of all ILO publications on child labour and AIDS, including a working paper series, available at <<http://www.ilo.int/public/english/standards/ipecc/themes/hiv/index.htm>>

Tel: +41.22.799.8181
Fax: +41.22.799.8771
Email: ipecc@ilo.org

Integrated Regional Information Network

www.plusnews.org

Offers an email subscription service or RSS feed on the latest developments in the field of AIDS, with frequent articles on orphaned children.

**The International Society for the Prevention of Child Abuse
and Neglect (ISPCAN)**

www.ispcan.org

The organization informs policy on the rights of children worldwide and trains professionals engaged in efforts to prevent and treat cases of child abuse. ISPCAN's website provides presentation and training materials under the 'Resources' section.

245 W. Roosevelt Road
Building 6, Suite 39 – Tel.
West Chicago, IL 60185, USA
Tel: 630 876 6913
Fax: 630 876 6917
Email: ispcan@ispcan.org or
exec@ispcan.org

Keeping Children Safe

www.keepingchildrensafe.org.uk

An organization with a dedicated toolkit for other organizations working on child protection in developing countries. 'Keeping Children Safe: A toolkit for child protection' is available at <www.plan-international.net/ih/kcs/resources.htm>.

Plan International
International Headquarters
Chobham House
Christchurch Way
Woking, Surrey
GU21 6JG
United Kingdom

Contact:

Orphans and Other Vulnerable Children Support Toolkit

www.ovcsupport.net

A joint effort of the International HIV/AIDS Alliance and Family Health International, the Orphans and Vulnerable Children Support Toolkit is an electronic library of resources from a wide range of organizations, based on the understanding that there are many good approaches to supporting orphans and vulnerable children. It addresses such thematic areas as situation assessments, access to education, psychosocial support, children's participation, and monitoring and evaluation. The toolkit is available in English, with some resources also available in French, Portuguese, Russian and Spanish.

REPPSI

www.repssi.org/home.asp?pid=40

The website provides a variety of psychometric tools, as well as manuals and articles on the provision of psychosocial care and support to children affected by AIDS, poverty and conflict.

Regional Office, Angola and Mozambique, South Africa, Lesotho, Swaziland, email: info@repssi.org or admin.src-south@repssi.org

Atlas Office Park, 1st Floor
372 Oak Avenue
Ferndale, Randburg
South Africa
Mailing Address: Box 1669,
Randburg 2125,
Johannesburg, RSA
Tel: 27 11 998 5820
Email: admin.srcsouth@repssi.org

Resources Aimed at the Prevention of Child Abuse and Neglect

www.rapcan.org.za

A South Africa-based organization that is developing child abuse prevention strategies to combat patterns of abuse. RAPCAN trains adults, informs children, disseminates materials and conducts advocacy.

Suite 87 Private Bag X12
Tokai, Cape Town 7966
South Africa
Tel: 27 (0) 21 712 2330
Fax: 27 (0) 21 712 2365
Email: info@rapcan.org.za

Save the Children UK

www.savethechildren.org.uk

An organization with longstanding experience in supporting children throughout the world, including in the areas of protection and exploitation, child labour and juvenile justice.

1 St John's Lane
London EC1M 4AR
United Kingdom

The Stephen Lewis Foundation

www.stephenlewisfoundation.org

This foundation funds community-based initiatives in sub-Saharan Africa, specifically programmes that support orphans and unique initiatives that support grandmothers as mainstays of informal care for children orphaned due to AIDS.

260 Spadina Avenue
Suite 501
Toronto, Ontario
M5T 2E4
Canada
Tel: 416 533 9292

**Third International Conditional Cash Transfers Conference
June 26-30, 2006 (Istanbul)**

<http://info.worldbank.org/etools/icct06/welcome.asp>

Contains the most recent work in the area of social protection. The resource centre has presentations in English and Spanish, notably on the effects of cash transfers in low- and middle-income countries.

Contact:

Toolkit on How to Support Orphans and Other Vulnerable Children in Sub-Saharan Africa

<http://info.worldbank.org/etools/docs/library/237764/toolkiten/index.htm>

This resource guide on supporting orphans and other vulnerable children in sub-Saharan Africa contains recommendations specific to designing programmes for children affected by AIDS. The site is also available in French.

Training and Research Support Centre (TARSC)

www.tarsc.org

TARSC provides training, information, research and capacity support in the areas of public health, social policy, food security, social protection, social and economic rights, reproductive, gender and child rights, and civic-state relations. The centre works mainly in southern Africa and networks with non-governmental, government and academic organizations.

Training and Research
Support Centre
47 Van Praagh Avenue
Milton Park
Harare, Zimbabwe
Tel: 263-4-705108/708835
Fax: 263-4-737220
Email: admin@tarsc.org

UNICEF, East Asia and Pacific Regional Office**Child and Youth Participation Resource Guide**

www.unicef.org/ceecis/Child_Youth_Resource_Guide.pdf

The Child and Youth Participation Resource Guide provides an excellent platform on which to build government and community-based alternative care programmes that incorporate the active participation of children and young people.

UNICEF**Combating Child Trafficking: Handbook for parliamentarians**

www.unicef.org/publications/index_33882.html

This handbook addresses some of the key measures that parliamentarians can take to end child trafficking. It outlines specific steps – including laws, policies and advocacy efforts – that parliamentarians around the world are taking to make children safer from this scourge.

UNICEF**The State of the World's Children 2006**

www.unicef.org/publications/index_36587.html

The report provides a sweeping assessment of the world's most vulnerable children, whose rights to a safe and healthy childhood are exceptionally difficult to protect. It describes in detail how these children are being ignored, growing up beyond the reach of development campaigns and often invisible in everything from public debate and legislation to statistics and news stories.

Contact:

UNICEF Innocenti Research Centre

TransMONEE Database

www.unicef-icdc.org/resources/transmonee.html

A database of country statistics on children, including child protection and abuse. The 2006 version of the database contains 146 economic and social indicators divided into 10 different topics. Data are available for the period 1989–2004/5.

UN Secretary-General’s Study on Violence against Children

www.violencestudy.org/r25

The “Related links” section of this website contains an excellent list of reports, toolkits and studies on violence against children, including documents that focus specifically on the impact of AIDS.

The Working Group on Girls

www.girlsrights.org

The group promotes the rights of girls in all areas and at all stages of their lives, advancing their rights and status and assisting them to develop their full potential as women.

Working Group on Girls
NGO Committee on UNICEF
C/O UNICEF House
3 UN Plaza H-11F
New York, New York 10017
Email: wggs@girlsrights.org

World Vision UK

www.worldvision.co.uk and www.child-rights.org

World Vision UK has developed toolkits on HIV for teachers, churches and schoolchildren. The International Resources on Child Rights site contains many reports, including accounts from children in Uganda and the United Republic of Tanzania on what constitutes violence against them. It is a useful resource for governments and local communities to develop programmes against violence, neglect and abuse of children.

Opal Drive
Fox Milne
Milton Keynes
MK15 0ZR
United Kingdom
Tel: 44 01908 84 1000
Fax: 44 01908 84 1001

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- ⁸⁵ Ayieko, M. A., 'Study Paper No. 7: From Single Parents to Child-Headed Households: The case of children orphaned by AIDS in Kisumu and Siaya Districts', Research Project, United Nations Development Programme, New York, September 1997, p. 1.
- ⁸⁶ Donahue, Jill, and Louis Mwewa, 'Community Action and the Test of Time: Learning from community experience and perceptions', USAID, Project Concern International, CARE, Save the Children and Academy for Educational Development, 2006, pp. iv, 12, 58.
- ⁸⁷ A 'guardian' is a legally appointed adult representative for a child and may be appointed by a local authority or selected by the child or family. A guardian's function is to ensure that a child's rights are upheld and his or her best interests are protected, and in some cases, to act as the child's primary caregiver. The existence, appointment, procedures and duties of a guardian vary from country to country. When no formal guardian system exists, alternative systems can be created so that a child has a legally recognized representative.
- ⁸⁸ The term 'foster care' is generally used in industrialized countries to refer to formal, temporary placements made by the state with families that are trained, monitored and compensated at some level. In many developing countries, however, fostering is kinship care or other placement with a family, the objectives of which may include the care of the child, the child's access to education, and/or the child's performing some type of work for the foster family. Such care is informal and unregulated by the state.
- ⁸⁹ In 2007, The Better Care Network will publish a guide entitled *Manual for the Measurement of Indicators for Children in Formal Care*, which can help governments and civil society monitor formal care. For more information, visit <www.crin.org/bcn/initiatives.asp>.

V. CROSS-CUTTING ISSUES

- ⁹⁰ United Nations Children's Fund, 'Changing a Harmful Social Convention: Female Genital Mutilation/Cutting', *Innocenti Digest*, UNICEF Innocenti Research Centre, Florence, Italy, 2005, p. 25.
- ⁹¹ Wilkinson, John, *Children and Participation: Research, monitoring and evaluation with children and young people*, Save the Children UK, London, 2000, available at <www.crin.org/docs/resources/publications/hrbap/SCUK_participation.pdf>.
- ⁹² See, for example, *The Media and Children's Rights*, a handbook published by MediaWise and UNICEF, 2005, available at <www.savethechildren.ca/whatwedo/rights/Media_and_Children_Rights_2005.pdf>.
- ⁹³ Inter-Parliamentary Union and United Nations Children's Fund, *Child Protection: A handbook for parliamentarians*, Inter-Parliamentary Union, 2004, available at <www.unicef.org/publications/files/Guide_Enfants_OK.pdf>; and Joint United Nations Programme on HIV/AIDS, European Parliamentarians for Africa, Parliamentary Network on the World Bank and United Nations Children's Fund, *What Parliamentarians can do about HIV/AIDS: Action for children and young people*, UNICEF, New York, 2003, available at <www.unicef.org/publications/index_19021.html>.
- ⁹⁴ World Conference of Religions for Peace, United Nations Children's Fund and Joint United Nations Programme on HIV/AIDS, *What Religious Leaders can do about HIV/AIDS: Action for children and young people*, UNICEF, New York, 2003, available at <www.unicef.org/publications/index_19024.html>.
- ⁹⁵ Sector-wide approaches, or SWAPS, are one of several relatively new social development modalities. SWAPS emerged to promote recipient ownership and to avoid the fragmentation of many individual projects within a country. These approaches aim to enhance coordination, effectiveness and efficiency in supporting national goals and to reduce transaction costs for governments.



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CCABA: The Coalition on Children Affected by AIDS



Cordaid

DFID Department for International Development

fhi Family Health International



Global Action for Children

Global AIDS Alliance

FXB international François-Xavier Bagnoud

HelpAge International
Leading global action on ageing



International Labour Organization

International HIV/AIDS Alliance

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