

Don't let children fall off the map

Children in
Eastern &
Southern Africa
affected by
AIDS



The world leaders said:

- Countries would develop “national policies and strategies to build and strengthen government, family and community capacity to provide a supportive environment” for affected children by 2003 and that they would be implemented by 2005 (UNGASS* 2001)
- They would work towards the goal of universal access to treatment by 2010, to reduce the “vulnerability of persons affected by HIV/AIDS... in particular orphaned and vulnerable children and older persons.” (UN World Summit 2005)
- They would “address as a priority the vulnerabilities faced by children affected by and living with HIV, to provide support and rehabilitation to these children and their families, women and the elderly, particularly in their role as caregivers...” (UNGASS Review 2006)

The richest countries said:

- They would work with African partners to “ensure that all children left orphaned or vulnerable by AIDS or other pandemics are given proper support.” (G8 Summit 2005)
- They would work towards the goal of providing universal coverage for PMTCT** programmes by 2010; work with other donors to meet the need for resources for paediatric treatments in the context of universal access until 2010; prevent 24 million new infections; and care for 24 million people, including 10 million orphans and vulnerable children. (G8 Summit 2007)

African leaders said:

- “Special efforts are required to ensure that Africa’s children are protected from these pandemics and their consequences and the full and effective participation of young people in prevention and control programmes is essential to their success.” (Abuja Declaration 2001)
- They would accelerate and focus action in their respective countries towards achieving the UNGASS goals (Windhoek 2002)
- “The Universal Declaration of Human Rights and other human rights conventions establish that social security for all and social protection for the vulnerable is a basic human right.” (Livingstone Call for Action 2006)
- That by 2010: At least 80% of pregnant women have access to facilities to PMTCT; 5 million children orphaned by AIDS and 80% of orphans and vulnerable children have access to basic services; at least 80% of those in need, especially women and children, have access to HIV and AIDS treatment, including anti-retroviral therapy, as well as care and support. (May 2006: Abuja Call for Accelerated Action Towards Universal Access to HIV/ AIDS, Tuberculosis and Malaria Services in Africa)
- They would invest in “social development programmes aimed at improving the well-being of the population and ensuring equal access to primary health care, social services and quality of life.” (Windhoek Declaration on Social Development 2008)

* UN General Assembly Special Session on HIV and AIDS
** Prevention of Mother to Child Transmission of HIV

What the progress reports say:

Whilst some progress has been made towards these goals, the reality is that most affected countries, including those in Eastern and Southern Africa still have a long way to go in terms of fulfilling the many commitments and goals. In Eastern and Southern Africa children, their families and their communities continue to live with the harsh impacts of HIV and AIDS.

The 2010 targets have not been met: “The world is not yet on track to meet targets for prevention, treatment, care and support . . . Most countries will not meet the goals set out at the inception of Unite for Children, Unite against AIDS by the target year of 2010.” *

Only 43% of pregnant women in Eastern and Southern Africa received an HIV test in 2008.*

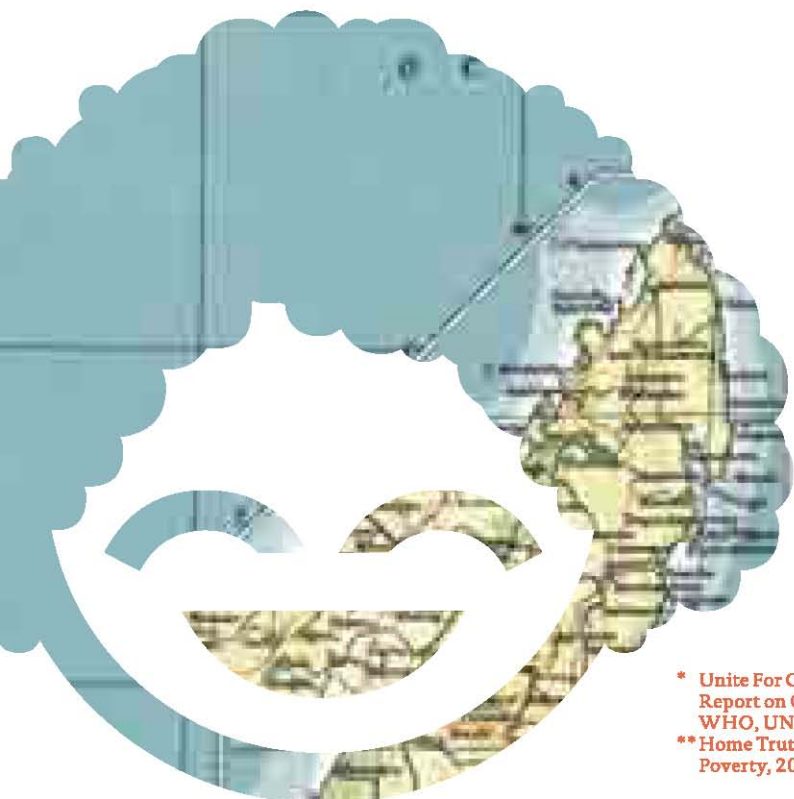
Unequal access to services continues: “Progress to date in PMTCT and paediatric HIV care and treatment has been uneven, underscoring inequities of access to HIV testing and counselling, ARVs for PMTCT and ART for mothers and their children.” *

In 2008, only 40% of infants born to HIV-positive mothers in Eastern and Southern Africa were given ARV prophylaxis for PMTCT at birth.*

The high infection rate for women continues: “PMTCT coverage is up, but far too many women of childbearing age are still becoming infected with HIV and far too few HIV-positive pregnant women are receiving optimal regimens.” *

In 2008 it was estimated that out of 2.9 million 15-24 years olds living with HIV in Eastern and Southern Africa, 2 million of them were women.*

Funding is compromised by poor coordination: “In many countries, the proliferation of external initiatives operating at community level without meaningful oversight has led to duplication, confusion, and undermining of local efforts.” **



* Unite For Children Unite Against AIDS Fourth Stocktaking Report on Children and AIDS, 2009: UNICEF, UNAIDS, WHO, UNFPA

** Home Truths: Facing the Facts on Children, AIDS, and Poverty, 2009: JLICA

Let's listen to
children

Let's involve children at all levels



Let's engage
children in
the issues that
concern
them





Children say*:

“In many places... medical services are only free for those who are 0 to 5 years, what about those between 10 and 18 years, who are orphans with no guardian, living in very poor conditions or those who are making life in the streets?”

RIATT-ESA says: Keep parents and children alive

Direct more resources at children's healthcare:

Increase resource allocation to improve children's access to early diagnosis, child appropriate treatment, child friendly voluntary counselling and testing, and supervisory and follow-up support for treatment adherence.

Target the family and household, not just the child: Adopt a family centered approach for testing, treatment, adherence, counselling and support programmes. Include men and older carers, as well as women in vertical transmission prevention programmes.

Improve nutrition for families and children:

Link and integrate nutritional support into treatment programmes. Incorporate awareness of nutrition and positive living into support group activities for both adults and children.

Work to understand how children get infected with HIV: Conduct research to understand how children are infected with HIV other than by vertical transmission, for instance through sexual abuse or caring for sick family members.



Children say*:

“... some parents who do not know much about HIV still tell their children not to sit or play with other children who are affected by AIDS. Guidance and counselling alone does not stop stigma, because it is so deep in the community that when we know that we are affected or infected we just isolate ourselves”

RIATT-ESA says: Strengthen families' ability to care for children

Help families support and care for children:

Gear relevant support services towards the family, as opposed to children only. In particular target families with children under 5 years old. Institutional care for children should be considered a last resort.

Build up the life skills of children and caregivers:

Strengthen the skills of child, youth and older caregivers with age- and gender-sensitive training. This includes life- and parenting-skills, as well as training and support on sexuality and HIV and AIDS.

Increase family incomes: Cash transfers are a viable means of strengthening families' abilities to provide care and support to children. Strategies of this sort should be aligned to broader national policies and legislation relating to poverty and children.

Improve community health: Hire, train and adequately pay community healthcare workers as a way of increasing access to health systems for older carers and children.

Children say*:

“...there is no clear way to measure whether those who get the (OVC) bursaries are the ones who need it the most”

RIATT-ESA says: Increase the effectiveness of services and funding

Align responses to HIV and AIDS: Countries should ensure that HIV and AIDS responses align with their National AIDS Plans and National Plans of Action on Orphans and Vulnerable Children at all levels. Regional responses also need to be aligned with the plans of regional bodies.

Include vulnerable children in national plans and improve coordination: Ensure vulnerable children are included in broader national development and sectoral plans. Improve coordination between ministries and between service providers for children at national and district levels.

Develop social protection systems and improve civil registration: Integrate social protection policies and plans into national development policies and plans. Strengthen national social welfare systems, with a focus on care and protection of vulnerable children at the community level. This includes improving civil registration, particularly birth and death registration.

Keep information up to date and track how resources are used: Regularly update country and regional situation analyses on vulnerable children. Improve the data which is collected by disaggregating by age and gender. Strengthen monitoring and evaluation mechanisms and encourage effective resource tracking from national to community level.





Children say*:

“... children have no right to inherit their parents’ property, and even if they do have that right, the property is taken away by their relatives and the children do not know what to do and they have nowhere to go to get back their right.”

RIATT says: Ensure vulnerable children’s rights

Make vulnerability relevant to your country:

Define vulnerability at a national level, with inputs from children, older carers, and community level stakeholders. Ensure that different groups of vulnerable children (e.g. children affected by armed conflict, children with disabilities, children on the move) are included, not just those affected by HIV and AIDS. Ensure that classifying children as vulnerable does not stigmatise them.

Improve access to education: Provide free good quality primary and secondary schooling and funding opportunities for tertiary level education. Include life skills in curricula. Provide support for transport, uniforms, school materials and other costs related to education.

Address the gender links to HIV and AIDS:

Incorporate issues of gender inequality, violence and abuse, particularly of girls, into HIV prevention policies and programmes.

Children and older carers have a right to reproductive and sexual health education: Ensure that appropriate sexual and reproductive health education and information is available for children and older carers.

Ensure children are protected by the law:

Strengthen and increase the number of child friendly courts and increase resources available for legal aid for children and older carers. Review and strengthen legal frameworks to include children. Ensure legislation can be implemented.

*All children’s quotations taken from the RIATT-ESA conference “Getting it right for Children”, Dar es Salaam, 2008

RIATT-ESA – Rights Here, Rights Now for children affected by AIDS in Eastern & Southern Africa



The Regional Inter Agency Task Team on Children and AIDS - Eastern and Southern Africa (RIATT-ESA)

RIATT-ESA is a multi-sectoral platform of regional political and economic bodies, civil society organisations, academia, donors and UN agencies responding to the situation of children affected by AIDS in Eastern and Southern Africa. The aim of RIATT-ESA is to motivate for and support a joint, scaled-up and sustainable response which leads to universal access to prevention, treatment, care and support for children affected by AIDS. RIATT-ESA also plays a key role in reviewing the critical progress needed to scale up the response to children affected by AIDS. It does this by:

- 1. Supporting collaboration and coordination** by convening key stakeholders in the region through partners meetings and a conference to contextualise commitments and identify regional issues
- 2. Filling knowledge gaps** by undertaking regional level studies on issues including tracking of resources through sub-grants; child participation; and intergenerational issues between older carers and children in the context of HIV and AIDS
- 3. Supporting regional bodies to address HIV and AIDS** by working actively with SADC and the EAC around children and AIDS, for example providing support to the SADC development of a minimum package of services for vulnerable children
- 4. Giving a stronger voice to children** by striving to involve children in various levels of its work, for example in the RIATT-ESA 2008 conference and through supporting SADC to develop a child participation framework for the region
- 5. Keeping children on the agenda** by advocating regionally and globally on issues affecting children in Eastern and Southern Africa in the context of HIV and AIDS
- 6. Making information more easily accessible** by developing and supporting a regionally specific website on children and AIDS



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