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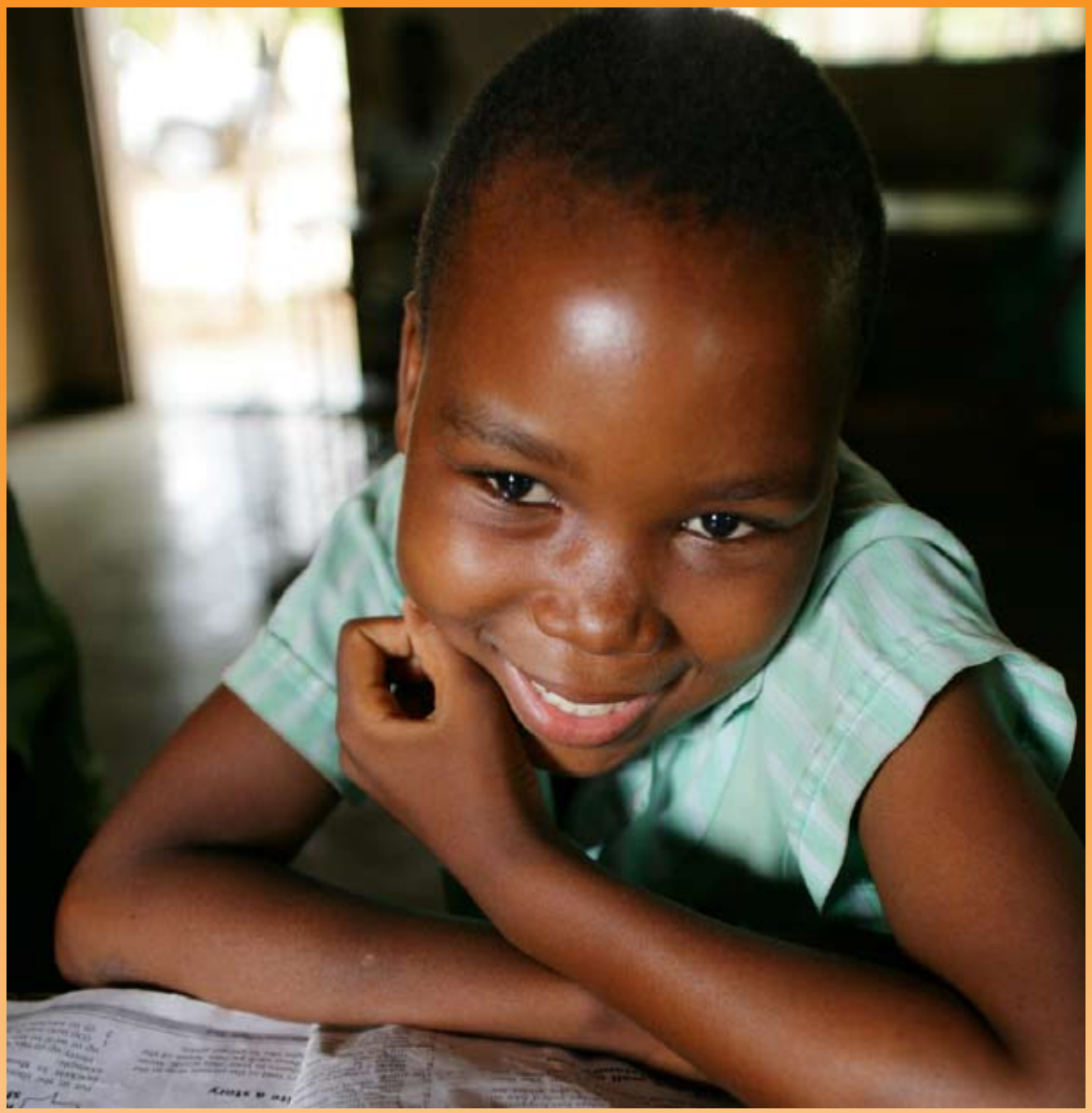
on Children and AIDS

Getting it right for children



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Moving towards universal access for prevention, care and treatment for children affected by HIV and AIDS

29 September – 2 October 2008
Dar es Salaam, Tanzania

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Glossary of terms

AIDS	Acquired Immune Deficiency Syndrome
CP	Child Participation
CSO	Civil Society Organization
FAO	Food and Agriculture Organization of the United Nations
GPF	Global Partners Forum
HAI	HelpAge International
HIV	Human Immunodeficiency Virus
JLICA	Joint Learning Initiative on Children and AIDS
M&E	Monitoring and Evaluation
NGO	Non Governmental Organization
NPA	National Plan of Action
OPPEI	OVC Policy and Planning Effort Index
OVC	Orphans and Vulnerable Children.
RAAAP	Rapid Assessment, Analysis and Action Process
REPSSI	Regional Psychosocial Support Initiative
RIATT	Regional Inter Agency Task Team on Children and HIV and AIDS
SADC	Southern Africa Development Community
Sida	Swedish International Development Cooperation Agency
TACAIDS	Tanzania Commission for AIDS
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

Background to the RIATT

The Eastern and Southern Africa Regional Inter Agency Task Team (RIATT) on Children and AIDS was formed in October 2006 to achieve the February 2006 Global Partners Forum's recommendation of establishing regional task teams that carry out global and regional objectives relating to children in the context of HIV and AIDS. The RIATT is comprised of the AU, SADC, SADC Parliamentary Forum, international cooperating partners, international non-governmental organizations, civil society organizations (CSOs), research and academia, and UN organizations, including UNICEF, UNAIDS, UNDP and FAO.

This multisectoral and interagency partnership strives to build consensus around a regional strategy for children affected by HIV and AIDS. The RIATT terms of reference include:

1. Convene regional actors to harmonize and coordinate with the Global IATT and Global Partners Forum.

2. Act as a regional platform for leveraging, advocacy and leadership.

3. Identify interventions to be carried out at regional level in support of national priorities.

4. Promote learning and manage knowledge that stimulates a regional dialogue and provides insight for a scaled-up response for children.

5. Clarify roles amongst RIATT members in support of common regional goals identified with continental and regional institutions for accelerated implementation at country level.

In 2006-2008, RIATT's work fell into five broad categories: resource tracking, social protection, advocacy, regional engagement, and social innovation. As a step towards building a regional strategy on children and AIDS, the advocacy working group prioritized holding a regional conference as a follow up to the previous East and Southern Africa meetings on children affected by AIDS.

The Conference in Dar es Salaam from 29 September - 2 October 2008 aimed to provide a platform for broad interagency and intergenerational interactions relating to key evidence based findings and recommendations on universal access for children in the context of HIV in the region. The Conference's recommendations and outputs will form the basis for the RIATT 2009-2011 strategic framework and work plan.

For more information on the Global Partner's Forum see http://www.unicef.org/aids/index_iatt.html.

1. Executive summary

The Eastern and Southern Africa Regional Inter Agency Task Team (RIATT) on Children and AIDS was formed in October 2006 to achieve the February 2006 Global Partners Forum's recommendation of establishing regional task teams that carry out global and regional objectives relating to children in the context of HIV and AIDS.

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As a step towards building a regional strategy on children and AIDS, the RIATT identified the need to hold a regional conference and provide a platform for multi country, interagency and intergenerational exchange around key evidence-based findings and recommendations on universal access to prevention, treatment, care and support for children in the context of HIV and AIDS.

From 29 September-2 October 2008, approximately 300 delegates from 19 countries in East and Southern Africa, including 23 children and 12 older carers, convened in Dar es Salaam, Tanzania for the "Getting it Right For Children: Moving Towards Universal Access for Prevention, Care and Treatment for Children Affected by HIV and AIDS" Conference. In addition to the children and older carers, delegates were made up of senior level government representatives, UN agencies, civil society organizations, international cooperating partners, and research and academia.

Serving as a follow up to the regional meetings on children and AIDS in Lusaka (2000) and Windhoek (2002) the RIATT Conference reviewed progress and evidence for taking actions to scale for children affected by the pandemic within the East and Southern Africa region. Within the context of universal access, the Conference sought to identify, share and motivate for the implementation of evidence based, cost-effective and at-scale interventions for use at national levels for children affected by HIV and AIDS.

In the lead up to the Conference, child participation and older carer consultations took place independently in 8 countries and recommendations emerging from these participatory processes were brought to the Conference.

Relevant inputs to the Conference were:

- Results of national consultation processes with children, relevant adults and older caregivers, with a focus on the needs and opinions of children living with HIV, and children affected by HIV and AIDS. Several media outputs were presented at the Conference.
- A summary of international and regional commitments towards additional resources to fulfil the rights of children affected by HIV and AIDS.
- A status report outlining the current state of programming for children affected by HIV and AIDS from a regional perspective including the latest UNICEF OVC Effort Index Report.

- A CD-ROM digest of comprehensive current and emerging research and innovative practices for large scale interventions supporting universal access to prevention, treatment, care and support for children affected by HIV and AIDS, including research from the Joint Learning Initiative on Children and AIDS (JLICA).

The Conference was designed to ensure maximum participation of all adult and child delegates with key recommendations discussed separately each day by Country Delegations in a peer learning and review process. The morning sessions of the Conference provided a platform to present, share, and discuss evidence-based findings and recommendations from research and programme experiences at regional and national level. Afternoon sessions, including a "marketplace meeting" and "gallery walk" enabled participants to interact with each other and identify key lessons learnt in the region and draft country level priority actions accordingly. These action plans were taken back to the countries and shared with the broader Orphans and Vulnerable Children (OVC) networks and/or mechanisms.

The ***key lessons*** that emerged from the Conference were:

1. *Coordination, harmonization and integration of policies, strategies, and plans* at national, district and community levels needs to be strengthened in order to ensure their effective implementation. In particular, policies relating to vulnerable children should be integrated into and coordinated with policies pertaining to poverty. This is critical to avoid duplication of efforts and wastage of resources, and improve strategic partnerships at all levels. Strengthening of monitoring and evaluation, and resource tracking systems are further vital, and as is consistency of quality standards for programmes.

2. Interventions should *focus on all vulnerable children* and not only on children directly affected by HIV and AIDS. While this lesson is an attempt to address issues of stigma and discrimination surrounding children affected by AIDS, it also realizes that children affected by AIDS, and particularly orphaned children, are not the only vulnerable children within the region. Poverty and insecure livelihoods heavily impact on children's and families' vulnerability and resiliency. In addition street and disabled children should not be overlooked as being vulnerable, including in high HIV prevalence rate countries.

3. There is a general lack of data on, including monitoring and tracking of, vulnerable children. This stems from weak and ineffective civil registration systems, which make accessing birth and death registration costly and time consuming for both the government and individuals. *Registration and monitoring systems need to be strengthened* to ensure that no child falls through the safety nets.

4. There is increased recognition that *older carers play a vital role in caring and supporting vulnerable children.* In addition, as a result of weak or non-existent state provisions for care for the elderly, and the large extent of family losses of young adults to AIDS, children now play a central role themselves in providing care and companionship for the elderly. Families care for the majority of children, with

a significant proportion cared for by older persons. When stressing family-centred approaches to care as the best interest of the child, it is critical to disaggregate, by age and gender, what comprises the family in order to ensure that such approaches are sensitive to the needs of both children and their carers.

5. *Child participation* mechanisms should be strengthened at the national, district, and community levels in order to ensure meaningful engagement of children in issues that affect them. Engaging children in decision-making processes empowers children as rights holders as well as duty bearers.

These key lessons were useful for participants to understand the linkages between regional and national gaps as well as to identify promising practices relating to scaling up universal access to prevention, treatment, care and support for children in the context of HIV and AIDS.

A key set of *recommendations* for policy, programming, and funding for vulnerable children in East and Southern Africa were formulated and accepted by all of the Conference participants. These recommendations can be summarized into four broad categories:

1. **Keep parents and children alive and well;**
2. **Strengthen families as a unit of care;**
3. **Increase effectiveness of services and funding;**
4. **Human rights for vulnerable children.**

The Conference recommendations for policy, programming, and funding for vulnerable children in East and Southern Africa called for a greater focus on and support for policy and programming, resource mobilization, and greater regional learning and dialogue.

Children and older carers' meaningful and egalitarian participation was both valuable and significant to formulating the Conference recommendations.

2. Framing the RIATT Conference

As a step towards building a regional strategy on children and AIDS, the RIATT identified the need to hold a regional conference that would provide a platform for interdisciplinary and intergenerational interactions relating to key evidence based findings and recommendations on universal access for children in the context of HIV and AIDS. Serving as a follow up to the regional meetings on children affected by AIDS in Lusaka (2000) and Windhoek (2002), the Conference aimed to review progress and evidence for taking actions to scale for children affected by HIV and AIDS in East and Southern Africa and to agree upon a set of recommendations to take forward as priority actions.

The Conference saw over 300 delegates, including 23 children and 12 older carers, discussing, debating and interacting around ways of "Getting it Right for Children" in the East and Southern Africa region. This multisectoral and intergenerational conference brought together a variety of participants from different sectors, including senior level government, UN, civil society organizations, international cooperating partners and academia. Participants' ages varied between 13 to 70 years of age.

The 19 countries that attended the conference included Angola, Botswana, Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

2.1 Child participation

As part of the Conference preparation, a child participation (CP) task team was established to design and coordinate country level children's consultation processes. Processes to facilitate participation of children were initiated through extensive discussion forums in 8 countries, namely in Burundi, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, South Africa and Tanzania, involving over 5,000 children. Existing children's event calendars and other planned activities were used as entry points for these discussions. A number of in-country events involved facilitating engagement with policy makers and stakeholders on issues concerning children, as well as capacity building with policy makers on the importance of child participation. Key messages were garnered at these country level children's consultation processes, and they were powerfully taken forward by 23 child representatives to the RIATT Conference in Dar es Salaam.

A media company, Jungle Works, was contracted to record the children's experiences and their participation during the country level consultations and at the Conference.

The goals of the CP processes at the Conference were:

1) To engage directly with children's networks and strengthen their capacity for participation at national and regional level and increase their capacity to influence policies concerning care and support for children affected by HIV and AIDS.

2) To promote meaningful and productive child-adult partnerships which focus on enhancing children's ability to participate and influence the national processes and enable adult engagement with children in planning processes.

3) To promote a conference organized jointly by adults and children to share thinking and ideas for future action. Children would be involved as speakers, leaders and delegates in an ethical and meaningful manner.

Key to the child participation process was the design and implementation of a monitoring and evaluation strategy. The quality and effectiveness of the pre and post Conference consultations with the children and the national level follow up activities were assessed to ensure continuity and support of child-adult partnerships. A separate report is currently being compiled documenting the national CP consultations in preparation to the Conference which includes a detailed evaluation of the CP process before and during the Conference.

2.2 Older carer participation

In the lead up to the Conference HelpAge International held consultations with older caregivers in Ethiopia, Kenya, Mozambique, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. A total of 19 focus group discussions were conducted with approximately 250 older carers. Approximately 80% of older carer focus group participants were women and 20% were men. Amongst the older carers in the focus group discussion, the large majority of care and support of children was provided by carers between 60-74 years old. Of those who participated in the focus group discussions, 12 older carers from 8 countries attended and fully participated in the Conference.

2.3 Country Delegations

Under the leadership of the Ministry responsible for children's affairs, each participating country was invited to send a multisectoral delegation of 10 participants to the conference. Membership of the 10-person Country Delegations was, where possible, made up of:

- Three senior government representatives from relevant ministries such as Social Welfare, Health, Education, Social Policy or Finance with leading managerial responsibility for their national programme on children affected by AIDS.
- One representative from a well-established civil society organization with partnerships working with children affected by AIDS.
- One representative from a leading network, forum or association specific to children affected by AIDS.
- One senior representative from the National Aids Programme (National AIDS Control Council or equivalent).
- One representative from an association representing people living with HIV and AIDS, and with children affected by AIDS.
- Two members from the Regional Inter Agency Task Team member organizations responsible for children affected by AIDS.
- One delegate who had made a significant contribution to policy or programming for children affected by AIDS, for example from research, academia or business.

In countries where child participation and older carer consultation processes had taken place, the delegation was expanded to allow two children and one older carer to participate. In addition to Country Delegations, international cooperating partners and researchers were invited to participate as non-country delegates. See annex 1 for the list of Conference delegates.

The Conference was designed to ensure maximum participation of all adult and child delegates with key recommendations discussed separately each day by Country Delegations in a peer learning and review process. The morning sessions of the Conference provided a platform to present, share, and discuss evidence-based findings and recommendations from research and programme experiences at regional and national level. Afternoon sessions, including a "marketplace meeting" and "gallery walk" enabled participants to interact with each other and identify key lessons learnt in the region and draft country level priority actions accordingly. These action plans were taken back to the countries and shared with the broader Orphans and Vulnerable Children (OVC) networks and/or mechanisms. See annex 2 for a more detailed outline of the Conference agenda.

2.4 Conference objectives and materials

Conference objectives:

- Update national progress in response to children affected by HIV and AIDS including child participation processes, leading to regional status report and review against commitments and recommendations.
- Promote ethical and meaningful child – adult partnerships in national responses as modelled in the Conference leading to specific recommendation for ongoing engagement between governments and civil society members with children.
- Engage with the current evidence base focusing on bringing workable actions to scale leading to the production of a compendium of regional, national and local level experiences and lessons learned and strategies for scale up.
- Identify country and regional priority actions and follow up mechanisms articulated through a renewed intent to scale up national responses to children affected by HIV and AIDS.

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Conference inputs:

- Results of national consultation processes with children, relevant adults and older caregivers, with a focus on the needs and opinions of children living with HIV, and children affected by HIV and AIDS. Several media outputs were presented at the Conference. DVDs are available of these through *idebruincardoso@unicef.org*.
- A summary of international and regional commitments towards additional resources to fulfil the rights of children affected by HIV and AIDS. Available at *www.aidsportal.org*.
- A status report outlining the current state of programming for children affected by HIV and AIDS from a regional perspective including the latest UNICEF OVC Effort Index Report. Available at *www.aidsportal.org*.
- A CD-ROM digest of comprehensive current and emerging research and innovative practices for large scale interventions supporting universal access to prevention, treatment, care and support for children affected by HIV and AIDS, including research from the Joint Learning Initiative on Children and AIDS (JLICA). Available at *www.aidsportal.org*.

Conference outputs:

- A set of key recommendations taken forward to the fourth Global Partners Forum (GPF) in Dublin to motivate for increased political will and awareness for policy, programming, and funding for vulnerable children in East and Southern Africa. See Section 5 of this report for the set of recommendations.
- Country priority actions developed and agreed upon by Country Delegations, centred around the evidence-based research presentations and their recommendations, and the marketplace and gallery walk presentations. See Annex 3 for the country priority actions.
- A report detailing the in-country child participation processes and children's involvement during the Conference. The report will be made available in March 2009, and can be accessed at *www.aidsportal.org*.

This report does not aim to provide detailed versions of the Conference inputs and presentations, as this material was available on the CD-ROM handed out at the Conference and has been made available at the AIDS Portal website. This report will rather address the main issues emerging from the meeting and provide examples of promising practices and challenges in moving towards universal access for children affected by AIDS.

3. Plenary sessions

3.1 Monday 29th September - Opening Ceremony:

The Prime Minister of the United Republic of Tanzania, Honourable Mizengo Pinda, emphasized that "HIV and AIDS is a social and economic catastrophe, retarding gains made in development", which, in addition to gender inequality and stigma, negatively impacts on the lives of children. Mr. Jimmy Kolker, Chief of HIV and AIDS, UNICEF, agreed with the Prime Minister's observation but warned that not only children affected by AIDS should be considered vulnerable, as "those children affected by poverty, living with parents who have low levels of education, or living in families with few assets, are often [also] vulnerable." Mr Kolker advocated that all vulnerable children should be monitored closely, particularly in times of increasing food and fuel prices, and climate change.

Dr. Fatma Mrisho, Executive Chairman of the Tanzania Commission for AIDS (TACAIDS) recognized the urgency of effective planning and programming for vulnerable children. She emphasised however that governments do not commit the necessary amount of resources to vulnerable children: "relevant frameworks have been developed, and resources flow in, yet they come from international agencies, not governments…We have to cost strategies, and put our mouth where our heart is."

Noreen Huni, Chairperson of the RIATT Conference, noted the vital responsibility of governments in ensuring children's access to prevention, treatment, care and support, but further highlighted the role children play in ensuring their needs are met: "children are our ears and eyes on the ground, and children can help us get it right if we involve them meaningfully."

3.2 Tuesday 30th September – Overview of Regional Responses: Presentation of key findings from the Regional Status Report, OVC Planning and Effort Index, and National Plans of Action Research

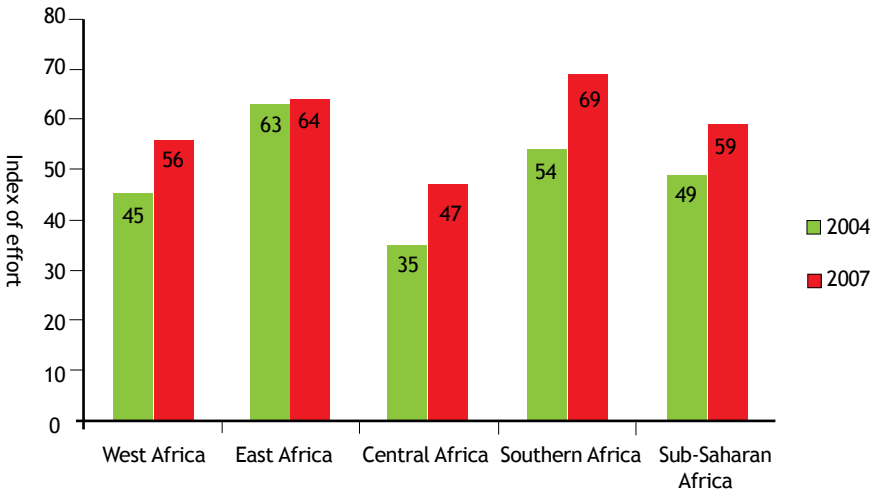
The OVC Policy and Planning Effort Index (OPPEI) is a key tool in monitoring the overall national response to children, and represents a self-assessment by national actors of their country's progress in programming for children affected by AIDS. It is one of the 10 core indicators recommended to countries by UNAIDS to monitor the implementation of their national response to OVC. Underpinning the 2004 Framework for the Protection, Care and Support of Orphans and Vulnerable Children living in a world with HIV and AIDS, it measures the amount of effort by governments, non-governmental organizations and other stakeholders in response to the needs of the increasing number of orphans and other children made vulnerable by the HIV pandemic.

Thirty-five countries in sub-Saharan Africa completed the index in 2007, and each country assessed their national programmes relating to children and AIDS against the following eight indicators:

1. National situation analysis of OVC;
2. Consultative processes;
3. Coordinating mechanism;
4. National action plans;
5. Policy;
6. Legislative review;
7. Monitoring and evaluation;
8. Resources.

Despite the impacts and setbacks of HIV and AIDS on development, the OPPEI reflects a 10% improvement in the overall effort index score for Sub-Saharan Africa, from 49% in 2004 to 59% in 2007. See figure 1.

Figure 1: OPPEI score by region 2004-2007



Countries in Southern Africa have the highest score with 69%, closely followed by countries in East Africa with 64%. However it should be noted that while an increase in the overall regional average reflects the amount of progress the region has made, it also mirrors the HIV prevalence rates in the region. It is not surprising therefore, that Southern Africa has the highest points in sub-Saharan Africa.[2]

The majority of countries taking part in the self-assessment identified the following areas as strengths:[3]

- ***National situation analysis.*** All countries, except one, had completed a situation analysis by 2007, giving countries a clearer and more robust picture of the situation of OVC, leading to specific recommendations for action.
- ***National Action Plans (NPAs).*** 16/20 countries in the region have national action plans specifically focused on OVC, and almost all countries have integrated OVC in national AIDS strategic frameworks and plans, and social protection strategies where these are in place.
- ***Consultative processes.*** Multisectoral national meetings with senior level representatives have been held in the majority of countries, where the situation of children is formally discussed. However these meetings do not happen as often as liked.
- ***Coordination Mechanisms.*** Almost all countries report that bodies have been formally established to coordinate national action for OVC, led by government with multisectoral representation.

The following areas were identified as challenges:

- **Policy.** In general, while specific policies on OVC and children do exist, many are outdated and hence do not reflect new developments and evidence based approaches.
- **Monitoring and evaluation (M&E).** While M&E frameworks have been developed, there is a lack of capacity to synthesize the information that is collected for strategic decision-making and accountability.
- **Resources.** OVC are not programmed for in the national budget. In addition, there are no resource tracking systems in place.
- **Legislative review.** In general, specific legislation on OVC either does not exist or has not been enacted by parliament. Where legislations have been enacted, there enforcement mechanisms exist.

[2]UNICEF (2008). Progress in the national response to orphans and other vulnerable children in sub-Saharan Africa: The OVC Policy and Planning Effort Index 2007 Round. Working Paper.
[3]Presentation by Doug Webb at the RIATT Children's Conference, 30 September 2008, Dar es Salaam.

3.3 Tuesday 30th September - Overview of Country Level Child Participation Consultations.

Ntombizodwa Nhlapo, a 17-year-old girl from South Africa represented her peers who had participated in children's consultations in preparation for the Conference. Ms. Nhlapo stated that, based on consultations with over approximately 5,000 children in 8 countries "a lot has been done, and we say thank you! Most of us have benefited…but we are not happy until all our fellow children have also benefited." Delegates were reminded of Ms. Huni's, opening words: "This Conference will challenge adult to work with children, and not for them. We are aiming to have a solid approach to child participation at the Conference, as well as beyond".

Ms. Nhlapo challenged the audience to think about "what was promised for us", and asked the audience to focus not on the quantity and delivery of services, but also on the quality. The children she represented identified six areas that needed addressing and strengthening, "all of which could be improved if child participation was strong" she said. These are:

I. Education

The children recognized that in general, access to education is increasing, and confirmed Mr. Kolker's statement in his opening address that "where school attendance is high, orphaned children have the same access to education as other children. But where school attendance is low, orphans have less access to schools than other children." Some of the challenges in obtaining a quality education include: low teacher student ratio; indirect and expensive costs of transport, levies, materials, and school uniforms; secondary education is not free; teachers are poorly trained and unmotivated; schools lack learning and teaching materials, hindering children from gaining hands-on and practical experience; materials on life skills and HIV and AIDS are not child friendly, and are not effectively incorporated into syllabi.

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II. Protection

Children in the region emphasised the importance of birth registration and certificates to ensure children's legal protection from sexual abuse, exploitation, and property grabbing. Children across the region called for increasing awareness and sensitization to the importance of birth registration amongst community members and caregivers. Caregivers can then protect children's rights and respect children when they "demand their rights."

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III. Health and nutrition

Their was a clarion call to address corruption and nepotism in the provision of health services. Corruption hinders the achievement of universal access for children, as it impacts on the availability and quality of prevention, treatment, care and support services, including follow up processes. Key constraints facing children in accessing health services include: shortage of qualified, competent and motivated staff; ARV's for children are usually unavailable; health services lack child appropriate information on HIV prevention and on nutritional support for children living with HIV.

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IV. Participation

The children noted that currently many of their peers are unaware of existing child related policies. There is a general perception amongst children that their voices are often used for tokenistic purposes in the media to enforce certain messages. Ms. Nhlapo reiterated her appreciation that children's voices had been integrated into the Conference, and urged the delegates to "take us seriously" by upholding the principle of "nothing about us, without us".

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V. Stigma and discrimination on HIV and AIDS

The lack of appropriate information for children on HIV and AIDS in both schools and health centres is to blame for the stigmatization of children infected and affected by HIV and AIDS by their peers. "AIDS has killed so many people, as if we don't know. Yet children are cheated in false traditions, because we are not allowed to know about sex and AIDS". Lack of proper information on HIV prevention, gender and sexuality for both children and their caregivers will continue to fuel stigma and discrimination.to fuel stigma and discrimination.

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3.4 Tuesday 30th September- Overview of Country Level Older Carer Consultations

Kavutha Mutuvi from HelpAge International and Kufekise Laugery from the Senior Citizens Association of Zambia, highlighted the need to unpack what a family-centred approach to programming for vulnerable children is. Ms. Mutuvi recognized the importance of incorporating families into prevention, treatment, care and support programmes and services for children. Families in Sub-Saharan Africa continue to care for children, despite the challenges of HIV and AIDS and poverty impacting on families' financial and physical capacities.

Ms. Mutuvi indicated that she was not alone in understanding the importance of families in caring for the increasing number of orphans and other vulnerable children. However, she noted that the awareness of exactly who in the family is providing the care is lacking. According to UNICEF's State of the World's Children 2007, 40-60% of care provided to orphans and vulnerable children is by older persons, yet their needs and challenges in caring for their grandchildren are largely ignored.

In order to increase awareness on the roles played by older persons, HelpAge International and its partner organisations conducted 19 focus group discussions with older carers in Ethiopia, Kenya, Mozambique, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. Challenges and good practices were identified, and recommendations developed.

Mrs. Laugery presented the following key findings from the focus group discussions:

I. Socio economic aspects

Older carers are greatly challenged by the socio-economic impact of HIV and AIDS. Lack of a regular income source is a major problem, resulting in the sale of assets including land. In addition, due to their responsibilities as caregivers, older carers have no time to participate in income-generating activities. Older carers cited food insecurity as a key challenge, exacerbated by poverty.

II. Care and support

Many older carers said they lacked training on basic home-based care, counseling and parenting skills, and they consequently felt that they were not adequately supporting the children. In addition, sexuality is seen as a taboo subject and discussing the topic of HIV and AIDS is particularly hard amongst older carers, as well as with children.

III. Rights and entitlements

Most older carers were not aware of theirs or their children's rights and entitlements. Identity documents were noted as particularly difficult to obtain, impacting the legal protection of older carers and children. For example, older carers have to resolve conflicts among family members regarding issues of land inheritance and the rights of their grandchildren.

IV. Health

Accessing health care for themselves and their children is particularly challenging. Government health facilities do not have medicines and older carers are forced to purchase from private clinics, yet they have no money to do so. Rural health facilities do not offer services or have drugs to address health needs of older people and the children. Older carers seek medical care for their children from traditional healers because it is more accessible and cheaper. Older carers are aware that young children have a right to free health care, but the distance and cost of transport to the health facilities is restrictive. Adhering to ARV treatment for the children living with HIV is a challenge as the children challenge the reasons for taking drugs. Disclosing the HIV status to the child is not easy. Older carers cited lack of access to VCT centers as the reason for not taking their children for testing. They rely on the knowledge they have on HIV signs and symptoms. In addition, older carers become stressed when thinking of the problems they face and what will happen to the children should they pass on. Psychosocial support is lacking for both themselves as well as the children.

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3.5 Wednesday 1st October – Panel Discussion in Plenary: Integrating and Coordinating Responses to Children in the Context of HIV

The panel consisted of six speakers namely Masuma Mamdani, JLICA; Dr. Geoff Foster, Ministry of Health, Zimbabwe; Nathan Nshakira, JLICA; Olive Chikankheni, Principal Secretary, Ministry of Women and Child Development, Malawi; Helene Andjamba, Director, Child Welfare Services, Ministry of Gender Equality and Child Welfare, Namibia, and Dr. Jane Chege, World Vision.

All presenters reiterated the need for and value of an integrated and coordinated approach to addressing the needs of vulnerable children in the context of HIV. Key to this is:

- Governments cannot act alone in designing, financing and implementing policies. Civil society organizations have to be aligned with relevant national priorities and processes.
- Civil society participation in tracking external resources is key to supporting community responses to vulnerable children.
- Human resources and capacity building of women and child welfare services is important to ensuring the effective implementation and gender main-streaming of gender and child specific policies.

Pertinent to these observations are the following findings:

- Policies work best if they start simple, make modest demands on institutions, are AIDS-sensitive, rather than AIDS-targeted, and command popular support.
- The scale of community and family responses to children affected by HIV and AIDS has rapidly increased and expanded since the 1980s. However, international NGOs have obtained and spent the most funding on HIV and AIDS, yet most funding is spent within agencies rather than on families and communities.
- External donors and international responses are often not aligned with national and community responses.
- Resource tracking mechanisms are evolving into two broad categories: internal (donor driven) and external (audit function), amidst a crisis of accountability involving corruption and resource misuse.
- Community Care Coalitions are able to act as a strong community empowerment tool as they can coordinate HIV prevention and care activities, can provide monitoring and reporting support, identify and register births and deaths, coordinate resources, and advocate for the rights of orphans and vulnerable children.

3.6 Wednesday 1st October- Mini Plenary: Social Protection Theme

The researchers on this panel included Professor Linda Richter, JLICA; Professor Jacqueline Adhiambo-Oduol, Secretary, Children Affairs, Ministry of Gender and Children Affairs, Kenya; Kurt Madoerin, REPSSI; Fadzai Mukonoweshuro, FAO; and Dr. Douglas Lackey, HelpAge International.

The key message underlying all presentations on this panel was that children affected by AIDS are best cared for in families who have a basic but regular flow of income, access to health care and education, and support from community members.

Specific key findings included:

- Income transfers, such as old age pensions, child care grants, unemployment insurance, and disability grants, whether institutionalized as a legal entitlement or not, provides impoverished families with additional income to spend on food, children's schooling, and medicine. Income transfers are a developmental and rights based approach to improve children's nutrition, general health, and school attendance, increase family assets and income production, and empower women.
- Social cash transfers protect the vulnerable against livelihood risks and reduce the economic and social vulnerability of the poor. They encourage retention of orphaned and vulnerable children within families, and investment in nutrition, health, education, and civil registration is promoted. The KwaWazee study in Tanzania identified that children's stress levels decreased when the household received a grant.
- Income generating activities for older carers are beneficial, however they are suited to more able-bodied and active older carers.
- Data needs to be disaggregated by age and gender, in order for the impact of HIV and AIDS on older persons to be understood and assessed. HIV prevention methodologies need to be particularly adapted to the needs of older persons as older carers are also at risk of contracting HIV and they provide a valuable source of information for children in their care.
- HIV and AIDS mitigation and prevention strategies should include nutrition/health care and support, food security and livelihood support of infected and affected households, and institutional capacity building for delivering support services.

3.7 Wednesday 1st October- Mini Plenary: Family and Community Based Approaches Theme

The researchers on this panel included Alayne Adams, JLICA; Lydia Mungherera, JLICA; Geoff Foster, Family AIDS Caring Trust Zimbabwe; David Alnwick, UNICEF; and Lynn Walker, Save the Children UK.

The panel stressed the need to strengthen family and community based approaches to interventions specific to vulnerable children. With the realization that a significant majority of vulnerable children are cared for by family members, and particularly by older carers, these presentations focused on how families and communities can be incorporated into universal access to treatment, prevention, care and support programming.

Key findings from the panel included:

- Universal access to ART for all HIV infected individuals would substantially reduce orphaning. Adults on ART in Uganda reduced orphanhood by 93% and resulted in an 81% reduction in the mortality of HIV negative children under 10 years. In general, however, treatment of HIV infected parents has received little attention from agencies and civil society organizations concerned with supporting children affected by AIDS.
- It is important to involve males during both testing of their partners (i.e. couples testing) and testing of their infants, as this reduces stigma within the family to support the patient and will create a safety net for children infected and affected by HIV and AIDS.
- 92% of children who head householdsare girls, of which only 50% attend school on a regular basis. An increasing number of children care for relatives with HIV related illness, as well as for disabled and elderly relatives:
  These children are usually unaware of the details of HIV, and they are often not consulted in decision-making processes that affect them. Challenges for child carers are substantial, and include means of providing actual care, particularly to HIV infected family members, cultural taboos of caring for adults of the opposite sex and talking to adults about death and illness, and psychosocial and social skills.
- The importance of faith based organizations should not be underestimated, as the majority of FBO's programmes focus on HIV and AIDS activities, even though they lack technical training on HIV and AIDS issues and 80% receive no external HIV/AIDS funding. Challenges in working with FBOs include the disparity between the language of faith which is value laden and language of development which is rights based resulting in differing operating practices. Local networks of FBOs need to be established and linked with health and development organizations.

3.8 Wednesday 1st October - Mini Plenary: Legal and Child Protection Theme

The panel consisted of Immaculate Nakityo, Plan Uganda; Tapfuma Murove, World Vision; Isabel de Bruin Cardoso, IATT consultant; Dr. Lucy Steinitz, Family Health International; and Richard Mabala, JLICA.

The over arching theme of this plenary allowed for a broad presentation of the varying issues pertaining to legal and child protection, including:

- Access to prevention, treatment, care and support services by children.
- Birth and death registration and the implications on children's rights.
- Children's participation into setting quality standards.
- Child protection in HIV and AIDS programming.
- Vulnerability to HIV amongst adolescent girls.

Central amongst the research findings was the need to move away from targeting of children affected by AIDS to instead focusing on all vulnerable children. All children, and not just children affected by AIDS, have the right to have their human rights fulfilled and protected by the state.

Key findings emerging for the presentations include:

- There is insufficient attention paid to the vulnerability factors in the spread of HIV amongst adolescents. While poverty is an important determinate, this needs to be unpacked to include loss of parents, mobility and migration, forced sexual initiation, residence and age of marriage.
- Training teachers in reproductive health, HIV and AIDS, and psychosocial support is vital to ensuring schools as places of safety. Such knowledge and awareness should also be institutionalised in child friendly and appropriate means in health care systems, local governance bodies and law enforcement agencies.
- Children are most often abused when caregivers are absent to protect the child, however abusers are often people close to the child, such as relatives, teachers, and children in child headed households. Despite the occurrence of child abuse, community based workers have limited practical skills to deal with child protection issues as manuals or guidelines on child protection are not in place.
- Birth registration is a key legal tool that can protect children from physical and sexual abuse, child labour, and early marriage. A parent's death certificate is of particular importance to upholding a child's right to property and inheritance. Birth and death registration allow the state to monitor and plan for its citizens, as well as to track progress in achieving the MDGs.
- In a focus group with children in Namibia and Zimbabwe, children ranked education as their number one priority, and protection as the second most important service. Adults ranked protection for children as the fifth most important service. Both groups ranked children with disabilities as a concern, and recognized that more attention needs to be paid to them.

3.9 Thursday 2nd October – Plenary session: Advocacy briefing on Global and Regional Commitments Relating to Universal Access for Children Affected by AIDS

Martha Newsome, Senior Director for Global Health and HIV and AIDS Hope Initiatives, World Vision International, reminded delegates of the global and African policy commitments on children and AIDS. She stressed the urgent need to sustain action by Governments and the international community to protect the rights and needs of all children living with and affected by HIV and AIDS, in order to reach the goal of universal access.

Launched in 2005, the *Unite for Children, United against AIDS* campaign advocated for a prominent place for children within the global HIV and AIDS agenda. The goals of the *Unite for Children, Unite against AIDS* are targeted to reinforce and scale up international efforts around children and AIDS, and are derived from the child-related articles of the 2001 Declaration of Commitment on HIV/AIDS. The campaign's goals, also know as the 'Four Ps' are:

1) Prevent mother-to-child transmission of HIV
By 2010, offer appropriate services to 80% of women in need

2) Provide paediatric treatment
Provide antiretroviral treatment, cotrimoxazole or both to 80% of children in need

3) Prevent infection among adolescents and young people
Reduce the percentage of young people living with HIV by 25% globally

4) Protect and support children affected by HIV and AIDS
Provide services that reach 80% of children most in need

Despite the commitments on children and AIDS made at various international meetings and summits, progress to scale up the global and national response has been slow. Accordingly, recommendations have been formulated within the framework of the Four Ps by many stakeholders, including RIATT members, in order to ensure the goal of universal access to treatment, prevention, care and support for children affected by AIDS is reached by 2010.

The recommendations include:

1) PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

Governments, with the support of the international community, should deliver scaled-up comprehensive and integrated prevention of mother-to-child transmission services by;

- Ensuring that national PMTCT scale-up plans are produced, fully resourced and implemented, using the 'PMTCT-plus' approach which incorporates all members of the family.
- Reinforcing country-level accountability mechanisms for national PMTCT goals and targets through the appointment of national management teams and the establishment of a functioning co-ordinating mechanism.

2) PROVIDE PAEDIATRIC TREATMENT

Governments, with the support of the international community, should ensure effective and equitable access to services are scaled-up, including diagnosis and antiretroviral treatment for children, by;

- Explicitly including children in national treatment targets and plans and ensuring that children are included when monitoring progress towards universal access.
- Improving the coverage and effectiveness of treatment interventions by ensuring the decentralization of paediatric care from urban, tertiary care centres to more primary clinics.
- Ensuring that infant diagnostics for HIV is a priority area for action within the scale-up towards universal access, using latest technologies.
- Developing programmes to enable adolescent children to access appropriate VCT and access to ART.

3) PREVENT INFECTION AMONG ADOLESCENTS AND YOUNG PEOPLE

Governments, with the support of the international community, should work with children and young people to ensure they have the information and skills to protect themselves from HIV. This must be achieved by scaling-up national responses which;

- Ensure that school curricula provide children with accurate, age appropriate and in depth information about sexual and reproductive health and HIV and AIDS and the life skills to transform that knowledge into practice and that teachers are adequately trained and supported to teach these curricula.
- Invest in age appropriate and effectively targeted peer-to-peer HIV education and life skills programming that promotes and supports children's own strategies for preventing HIV.
- Invest in age appropriate and effectively targeted peer-to-peer HIV education and life skills programming that promotes and supports children's own strategies for preventing HIV.
- Provide child and youth friendly health services where children and young people (particularly the most vulnerable e.g. street children and children with disabilities) can access health, including sexual and reproductive health, and HIV information and services confidentially.
- Develop, implement and monitor programmes with inputs and involvement of children that specifically address sexuality and harmful gender stereotypes that promote e.g.

multiplicity of sexual partners for men and boys, and the expectation that girls should use sex to support their families.

- Involve children affected by AIDS in all these programmes as active partners (e.g. in developing the programmes, as peer educators and counselors etc), rather than merely as beneficiaries.
- Set up mechanisms of participation in communities, schools and organisations to ensure that the children participate on a regular basis.

4) PROTECT AND SUPPORT CHILDREN AFFECTED BY HIV AND AIDS

Governments, with the support of the international community, ensure that children living with and affected by HIV and AIDS receive care and support. This must be achieved by ensuring that national responses are scaled-up so that;

- Where national plans of action for orphans and vulnerable children exist they are fully resourced, and implemented, including a minimum 'package of services'.
- Issues related to children living with and affected by AIDS have explicit focus in national AIDS plans, in national development plans, overall national plans of action for children and the policy plans of ministries such as education, health and social welfare and development.
- Laws, policies, regulations and services to protect the rights of children affected by AIDS and support families and communities looking after these children are in place, implemented and monitored with the inputs and involvement of children, older carers and civil society.
- Factors that increase the vulnerability of children and young people to HIV infection (such as gender based violence) are identified and addressed in all plans.
- The voice and views of children and their carers, especially older carers on whom the burden often falls, are central to the development of programmes relating to care, support and protection of children affected by AIDS. This may include developing structures that ensure regular consultations with the children and the carers.

4. Country delegation responses

4.1 Where are we now?

Current promising practices and challenges in achieving universal access as identified by Country Delegations:

Keep parents and children alive and well

- The Unite for Children, Unite for AIDS target for preventing mother to child transmission (PMTCT) will offer appropriate services to 80% of women in need by 2010. PMTCT , or preventing vertical transmission services were considered to be increasingly available and accessible, with most countries acknowledging a decrease in HIV infection rates amongst newborn children.
- HIV prevention campaigns directed towards adults seem to be of reasonable success as most countries' HIV prevalence amongst 15–49 year olds are either decreasing or stabilizing. It was noted however, that there is a lack of data and information on HIV prevention for children, as evidence shows that the HIV prevalence rates amongst children between 2–15 years is steadily increasing, despite a proliferation of peer education programmes relating to health and sexuality. Potential factors for such an increase can include:

a) Sexual abuse of children.
b) Harmful traditional practices and gender inequality.
c) Lack or poor life-skills programming both in and out of schools.
d) Unavailable or inappropriate HIV prevention campaigns targeted at children and youth.
e) Cultural factors impeding older carers from discussing sex with children.

- In addition to prevention methods failing to curb and reverse the impact of HIV on children, treatment of seropositive children is also problematic due to lack of availability and access to paediatric drugs and insensitive counselling and testing services for children.

Strengthening families as a unit of care

- There was a general awareness that a family based approach to care and support is vital to children's wellbeing, as the large majority of vulnerable children exist within the context of families. However, most programmes and services fail to include children's carers, and particularly older carers, which was recognized as a challenge to achieving universal access for care and support. There was recognition that a 'family based approach' should be defined to specify older carers as playing the primary role in caring and supporting vulnerable children, and particularly those affected by AIDS.
- Country delegations acknowledged the presence of institutional care for orphans and other vulnerable children, but there was general agreement that care by family members was in the best interest of the child as the child would remain in his/her original community and culture.
- Cash transfer programmes were identified as a promising trend to alleviate the burden of poverty and livelihood insecurity, however caution was voiced that more

research has to be conducted in order to understand the impacts of such programmes on families' and particularly children's wellbeing. In addition, it was stressed that cash transfer programmes should not be considered as a 'one size fits all' solution to overburdened families.

Increasing effectiveness of services and funding

- The majority of countries noted that a National Plan of Action for Orphans and Vulnerable Children is the primary step to addressing universal access for children affected by AIDS. Despite this realization however, some countries had still not implemented their NPA after the Rapid Assessment, Analysis and Action Process (RAAAP) that spearheaded the design and development of NPAs. Lack of implementation hinders the formulation of a specific and targeted budget for children affected by AIDS, and it impacts on the monitoring and evaluation of government funds for children. In addition, the general lack of awareness of the importance and value of NPAs was noted, as not enough is being done to integrate and coordinate the plans into other established and relevant legislations and policies, such as those pertaining to HIV and AIDS.
- Where NPAs had been implemented there was little coordination at the district and community levels, frustrating monitoring and evaluation attempts of collecting data and measuring the impacts of the NPA, both of which are vital processes to revising and updating related policies, strategies, and programmes. Lack of coordinated implementation also results in funds being mismanaged and not reaching the targeted beneficiaries.

Human rights for vulnerable children

Human rights is at the centre of ensuring the universal access for children affected by AIDS. The relationship between human rights and HIV is closely intertwined and the failure to respect, protect, promote and fulfil human rights fuels the spread and exacerbates the impact of HIV. At the same time, HIV infection often leads to violations of human rights as seen in the infringement of or denial of rights of people living with HIV. Even though most countries represented at the Conference had ratified the Convention for the Rights of the Child and the African Charter on the Rights and Welfare of the Child, most governments are not doing enough to uphold their responsibility of ensuring that children's rights are being protected and fulfilled. Country delegations identified the following issues as violating children's rights and increasing their susceptibility to HIV:

- Lack of specific legislation protecting the rights of children;
- Weak civil registration systems impede on availability and access to obtain birth certificates and parent's death certificates, which can offer legal protection for children from sexual and physical abuse, early marriage, child labour, juvenile justice and violation of inheritance and property rights;
- Sexual and reproductive health information is not integrated into HIV awareness campaigns and into life skills programmes.

4.2 Key lessons

Country delegations were asked to assess the current situation pertaining to universal access for children in the context of AIDS, and identify key lessons from the programming and research evidence-based findings and recommendations that were presented during the first two days of the Conference. The lessons are consolidated into five overall key lessons:

1. Coordination, harmonization and integration of policies, strategies, and plans at national, district and community levels needs to be strengthened in order to ensure effective implementing. In particular, policies relating to vulnerable children should be integrated and coordinated with policies pertaining to poverty. This is critical to avoid duplication of efforts and wastage of resources. Strategic partnerships at all levels need strengthening as do monitoring and evaluation and resource tracking systems In order to establish consistency of quality standards for programmes.

2. Interventions should focus on all vulnerable children, and not only on children affected by HIV. While this lesson is an attempt to address issues of stigma and discrimination surrounding children affected by AIDS, it also realizes that children affected by AIDS, and particularly orphaned children, are not the only vulnerable children. Poverty and insecure livelihoods heavily impact on children's and families' vulnerability and resiliency. In addition, street and disabled children should not be overlooked as being vulnerable, including in high HIV prevalence rate countries.

3. There is a general lack of data on, including monitoring and tracking of, vulnerable children. They key reason for the lack of data stems from weak and ineffective civil registration systems, which make accessing birth and death registration costly and time consuming for both the supplier (government) and 'buyer' (individuals). Registration and monitoring systems need to be strengthened to ensure that no child falls through the cracks after birth, and is not left without support.

4. There is increased recognition that older carers play a vital role in caring and supporting vulnerable children. Families care for the vast majority of children, with a significant proportion cared for by older persons. When stressing family-centred approaches to care as the best interest of the child, it is critical to disaggregate, by age and gender, who comprises the family, in order to ensure that such approaches are sensitive to the needs of both children and their carers.

5. Child participation mechanisms should be strengthened at the national, district, and community levels in order to ensure meaningful engagement of children in issues that affect them. Engaging children in decision-making processes empowers children as rights holders as well as duty bearers.

◦ UNICEF Photo

4.3 Country priority actions

The key lessons informed participants of regional and national gaps and promising practices relating to scaling up universal access to prevention, treatment, care and support for children in the context of AIDS. These lessons were critical to Country Delegations as they drafted country priority actions, as well as to the broader Conference in formulating a set of key recommendations. See Annex 3 for each Delegation's set of country priority actions.

5. Conference recommendations:

Children and older carers' meaningful and egalitarian participation was both valuable and significant to formulating the Conference recommendations.

Recommendations for policy, programming, and funding for vulnerable children in East and Southern Africa

"We the delegates from 19 East and Southern African countries reaffirm the commitments made at the second United Nations General Assembly High Level Meeting on HIV/AIDS (UNGASS) to work towards universal access to prevention, treatment, care and support for children by 2010. Our Conference has benefited significantly from consultations and engagement with young people and older caregivers, both in the lead up to, and during our meeting. Here in Dar es Salaam we have actively promoted multi sectoral and inter generational dialogue between government, civil society, UN agencies, international cooperating partners, children and older caregivers.

This Conference followed regional meetings on Children Affected by AIDS in Lusaka (2000), Windhoek (2002), and Cape Town (2004). We recognise that significant progress has been made towards achieving the recommendations of these meetings particularly around planning national responses, treatment, prevention of vertical transmission, and resource mobilisation and allocation. However, much still remains to be done. The RIATT Children's Conference delegates reinforce the urgent need for long term and predictable funding if universal accesses for children to treatment, prevention, care and support is to be achieved. To this end, we recommend that the following actions be taken by governments, community and faith based organizations, the international community and regional bodies where appropriate:

1. KEEP PARENTS AND CHILDREN ALIVE AND WELL

- 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 adherence.
- Expand the reach of vertical transmission prevention programmes for both women and men, and adopt a family centred approach, including older carers, to testing, treatment, adherence, counselling and support programmes.
- Link and integrate nutritional support into treatment programmes, and incorporate awareness of nutrition and positive living into support group activities for both adults and children.

- Conduct research to understand how children are infected with HIV beyond vertical transmission, such as through sexual abuse and caring for sick family members.

2. STRENGTHEN FAMILIES AS A UNIT OF CARE

- Gear relevant support towards the family, rather than only orphaned children because the large majority of them are cared for within a family context. Institutional care should be considered a last resort.
- Cash transfers should be considered as a viable means of strengthening families' capacities to provide care and support, and should be aligned to national policies and legislation relating to poverty and children.
- Strengthen skills of child, youth and older caregivers with age and gender sensitive training, including life-and parenting skills, and awareness on sexuality and HIV and AIDS.
- Create formal structures and systems for effective and meaningful child participation at national, district and community levels. These structures should engage adolescent children in designing, implementing, and monitoring programmes that concern them.
- Support families with children under 5 through effective early childhood care and development programmes.
- Hire, train and adequately pay community health care workers to increase the accessibility of health systems to older carers and children, and linking them to needed services.

3. INCREASE EFFECTIVENESS OF SERVICES AND FUNDING

- Align all responses with the National AIDS Plans and National Plans of Action on "Orphans and Vulnerable Children" at all levels of government and ensure regional responses are aligned with plans of regional bodies.
- Ensure vulnerable children are included in national development and sectoral plans.
- Improve coordination between ministries and all key stakeholders providing services to children at national and district levels.
- 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 including at the community level.
- Strengthen monitoring and evaluation mechanisms and encourage effective resource tracking from national to community level.
- Update regularly country situation analyses on vulnerable children to keep up with realities on the ground.
- Improve regional and national data collection on vulnerable children and their carers by disaggregating by age and gender.
- Emphasize the importance of civil registration systems, particularly birth and death registration in the legal protection of children.

4. HUMAN RIGHTS FOR VULNERABLE CHILDREN

- Include all vulnerable children in legislation, programmes, plans, and delivery of services, not just children orphaned and affected by AIDS.
- Define vulnerability at national, rather than international level, with inputs from children, older carers, and community and faith based organizations, to ensure that no vulnerable children are excluded or stigmatized. Vulnerable children can include orphaned and other children affected by AIDS, children affected by armed conflict,extreme poverty, and children with significant disabilities.
- Provide free good quality primary and secondary schooling and financing opportunities for tertiary level education, which include lifeskills. Support for transport, uniforms, and school materials must be provided.
- Incorporate issues of gender inequality, violence, and abuse particularly of girls into HIV prevention policies and programmes.
- Reinforce the right to appropriate sexual and reproductive health education and information for children and older carers.
- Strengthen and increase the number of child friendly courts and increase resources available for legal aid for children and older carers.
- Strengthen legal frameworks designed to protect children and ensure their timely implementation.

These recommendations were taken forward to the Global Partners Forum in Dublin, Ireland in October 2008, to motivate for increased political will and awareness on vulnerable children within the East and Southern Africa region.

6. Closing remarks and way forward

"The exchange of information and experiences is one of the major outcomes of this Conference. We have our take home lessons and exercises, and we expect that you do too", said Dr. Fatma Mrisho, Executive Chairman of TACAIDS on the final day of the Conference.

Mr. Per Engebak, Regional Director of UNICEF ESARO echoed Dr. Mrisho's sentiments and stated that the Conference "is probably the biggest gathering of decision makers, policy makers, implementers and representatives of groups affected to have been held…it was very useful…The recommendations reflect that we have a greater consensus on what works than ever before".

The Conference was also key for setting a regional agenda, as "this regional Conference on children affected by HIV and AIDS is an opportunity to move children to the top of the regional agenda where they belong", said His Excellency Honourable Professor David Homeli Mwakyusa, Tanzanian Minster of Health. "The Conference can be taken as a model for how Africa and its partners can inspire meaningful regional initiatives to address the vital issues facing children. It is one of a number of important partnership initiatives, focusing on universal access to treatment, prevention, care and support for children affected by HIV and AIDS", he added.

One such partnership, the Global Partners Forum (GPF), which saw delegates from the RIATT Conference attend their fourth meeting in Dublin from 6-7 October 2008. Key to the GPF meeting was the set of recommendations developed and agreed upon by the delegates of the RIATT Conference which advocated for increased support to ensure that all children have universal access to prevention, treatment care and support.

To this end, the GPF meeting in Dublin was an important opportunity to ensure that all major development partners realize the importance of 'Getting it Right' for children in this region and that collectively we cannot afford to fail. And it will be an opportunity for reminding the development partners that Governments in this region are fully committed, that they do have operational plans, they do have viable approaches, they do have good monitoring mechanisms, and that they are squeezing their own national development budgets as hard as they can to fund viable and sustainable approaches. But it will also be an opportunity to call for solidarity and assistance from the development partners to support Governments to scale up effective approaches – and to ensure that we 'Get it Right' for all children in our region.

During the closing ceremony of the Conference Mr. James Kwale, an older carer from Zambia emphasized that older carers need to keep children under their care healthy, but that older carers themselves also need to stay healthy. To this end he stressed that health services must be more accessible and responsive to the needs of older carers. He emphasised that social protection systems and cash transfer programmes are vital to the welfare of the elderly and that of the children they care for and they should initiated and scaled up.

Mr. James Kwale asked that skills training be provided around home based care, income generation activities and food security stressing that whilst "It is true that income generating activities are not practical for every older carer, there are still many older carers like those of us at this conference who have demonstrated high levels of energy." Educational support programmes for vulnerable children must continue he implored with teachers and the education system needing to be sensitive to the financial and physical challenges older carers face in supporting school-going children. Mr. Kwale closed by stating that Government and CSO OVC programmes need to become more inclusive of older carers, and identify and focus on supporting those in the family and community who are providing the care for vulnerable children.

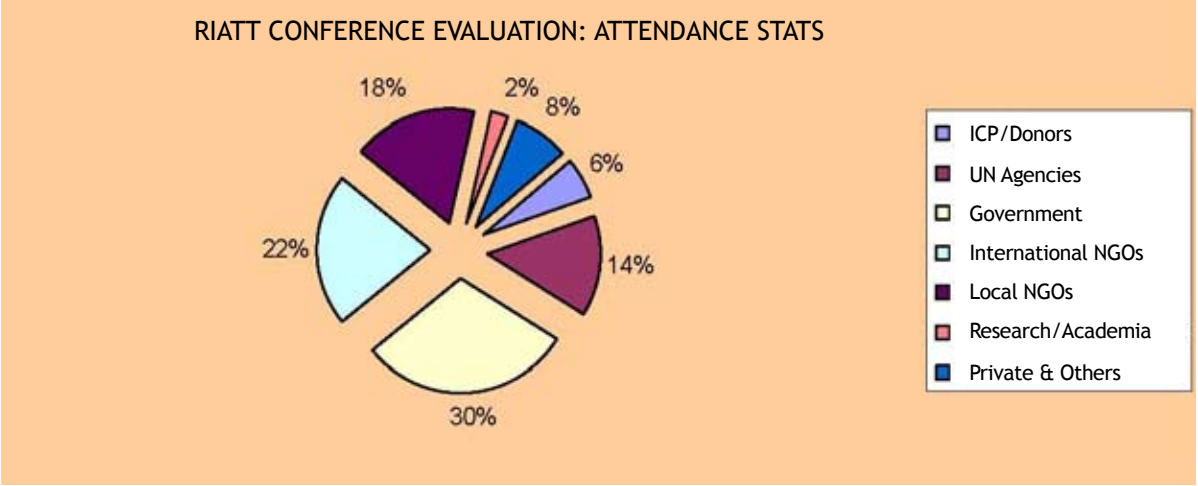
Hopeseon Mwale, a child delegate from South Africa, encouraged participants to take into consideration two key recommendations in order to get it right for children and to achieve universal access to prevention, support, care and treatment for all children affected by AIDS. First, "organizations [must] work together and not compete". Second, "When you go back, please have the same commitment and the same will…We need to always be involved in the processes that affect us not just for conferences like this one, but also for programmes about children in our communities."

7. Evaluation of Conference

All delegates were asked to complete a Conference evaluation form at the end of the Conference. The evaluation rated different aspects of the Conference including conference logistics and management, plenary and mini-plenary sessions, innovative learning and sharing approaches, and the involvement of children and older carers. A scale of excellent, good, average, poor, or very poor was provided. Space was provided for delegates to qualify their comments, express their opinions, and make recommendations. Of the 260 participants, 30% were from government, 22% from international NGOs, 18% from local NGOs, and 14% from UN agencies. This reflected the truly multisectoral nature of the Conference. The remaining 26% of participants were either private or representatives of international cooperating partners, and research. See Figure 1.

Figure 1: RIATT Conference Attendance Statistics

Below are opinions and comments of the 70% of participants who fully filled in the evaluation form. The data is presented as percentages of those who completed the forms and provided



General perception of the Conference

The data generated from the evaluation indicate that 70% of delegates' expectations of the Conference were met, with the large majority (61%) of delegates believing that the Conference was good, and one third indicating that it was excellent. There was no discrepancy between organizations over the perceptions of the Conference. See Figure 2 for the breakdown of organizations' perceptions of the Conference.

Figure 2: Rating of the RIATT Conference, disaggregate by organization.

Type of Organizations	In Attendance	Excellent	Good	Average	Poor	Very Poor	no comment
ICP/Donors	11	2	7	1	1	0	0
UN Agencies	26	6	15	4	0	0	1
Government	56	16	33	5	1	0	1
International NGOs	40	12	24	2	0	0	2
Local NGOs	33	11	19	2	1	0	0
Research /Academia	4	0	4	0	0	0	0
Private & Others	15	6	7	1	0	0	1
Totals	**185**	**53**	**109**	**15**	**3**	**0**	**5**
	100%	29%	59%	8%	2%	0%	3%

Perception of plenary and mini-plenary sessions, marketplace and gallery walk

Nearly half the delegates (49%) indicated that the relevance and quality of the plenary sessions, including the mini plenary sessions, was good. 43% of these delegates qualified their response, mostly indicating that there was not enough feedback on the progress of national commitments, and that there was a lack of evidence from the community level.

Approximately two thirds (57%) of the delegates noted that the marketplace approach to collecting and exchanging information was good. Almost half of the delegates indicated that the gallery walk to present countries key learnings was excellent.

As previously noted, the marketplace and gallery walk were key processes to identifying key learnings. The top three learnings included (1) programmes relating to vulnerable children need increased participatory planning and implementation; (2) increased need for advocacy on social protection and integration of poverty issues; (3) general need for an integrated approach to programming and planning.

As a result of the plenary and mini plenary sessions, the marketplace and gallery walk, 93% indicated that they gathered useful information about country OVC efforts.

Interaction with child and older carer participants, and orientation session on child participation.

Half of the participants (53%) indicated that the involvement of children and older carers was good. The majority of NGOs noted that the involvement of children and older carers was good, however the majority of government representatives noted that their involvement was excellent. See figure 3 about perceptions surrounding the involvement of children and older carers, disaggregated by organization.

Figure 3: Involvement of children and older carers.

Type of Organizations	In Attendance	Excellent	Good	Average	Poor	Very Poor	No comment
ICP/Donors	11	3	5	1	0	0	2
UN Agencies	26	9	13	2	0	0	2
Government	56	23	22	6	0	0	5
International NGOs	40	15	20	2	0	0	3
Local NGOs	33	9	19	0	1	0	4
Research /Academia	4	1	2	0	0	0	1
Private & Others	15	4	6	0	1	0	4
Totals	**185**	**64**	**87**	**11**	**2**	**0**	**21**
	100%	35%	47%	6%	1%	0%	11%

An overwhelming majority (98%) of the conference participants were of the opinion that child delegates were given ample opportunity to make presentations during conference. Some of the comments in support of this view include:

"child delegates were given opportunity to make their presentations in a transparent way that enabled them to express their feelings";

"child delegates should have been given more opportunities to make presentations at the plenary";

"child delegates only had opportunity to make presentations during the opening and closing session";

" there is need for children to be fully integrated as part of the conference proceedings";

" child delegates were allowed to give feedback during country discussions";

"we need to give opportunity to children from deep rural areas to make presentations during such conferences".

In addition, 50% of delegates indicated that the orientation session on child participation was good. Some additional comments on the CP processes of the conference as expressed by the delegates is listed in Box 1

BOX 1: Additional comments by adult delegates on the CP processes of the conference

- I want to know more about child participation processes
- Many of host country local languages were not used at the conference
- Absence of child delegates from some countries
- Children coming to a foreign country is sometimes scary
- I was not being involved/part of the in-country planning process
- Children were denied full participation
- Selection criteria of child delegates need to be explained during the conference
- Countries without child delegates were not exposed to conference processes
- Need to use child friendly language during conference presentations
- Do not make children work like adults - children need time to play and visit the city
- Adults had difficulty in accepting the participation of children in a high-level conference of this nature
- Give children more participatory time/opportunities
- Child participation at conference was a good initiative
- Consultations with children has enormous value
- All delegates should be briefed on all child -elated arrangements/processes during the conference
- There was limited consultations/interactions between adults and children at during the conference due to lack of time
- Conference missed songs/poems on HIV prevention
- Child delegates & facilitator TAMASHA did a good job
- Children should have their own separate conference
- Journalist sometimes asked the children embarrassing questions
- Most participants were not aware of conference processes
- Conference evaluation forms had no space for child delegates to comment
- Children should be helped to have practical presentations
- Communicate to countries in time to enhance national level preparation
- Future child conferences should be shorter to limit the time child delegates spend time away from school to participate in conference
- Children with disabilities did not participate in conference

Networking

The majority of government and private representatives indicated the Conference provided an excellent platform to establish useful contacts, while the majority of international and local NGOs believed that the Conference provided a good platform.

Knowledge gain and way forward

Almost all participants gained new knowledge and 90% of all participants gathered useful information for their field of work. 70% of participants, of which 30% were government representatives, anticipated that they could influence policy or implementation with the information gained from the Conference. Of these 70% participants, however, only 30% qualified their response. The majority of qualified responses indicated that they would increase awareness and advocacy on universal access and children in their country, help increase coordination mechanisms at the community level.

Overall management of Conference

This indicator was not quantified. Only 88 participants provided a qualified response, with the top three responses including (1) the Conference was well-managed; (2) more information should have been made accessible prior to the Conference; and (3) more resources should have been invested in communication.

For more information about the ongoing work of the RIATT please contact Isabel de Bruin Cardoso (RIATT Co-ordinator) at *idebruincardoso@unicef.org*

A soft copy of this report is available from www.aidsportal.org

Annex 1

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