National responses for children affected by AIDS:

Review of progress and lessons learned
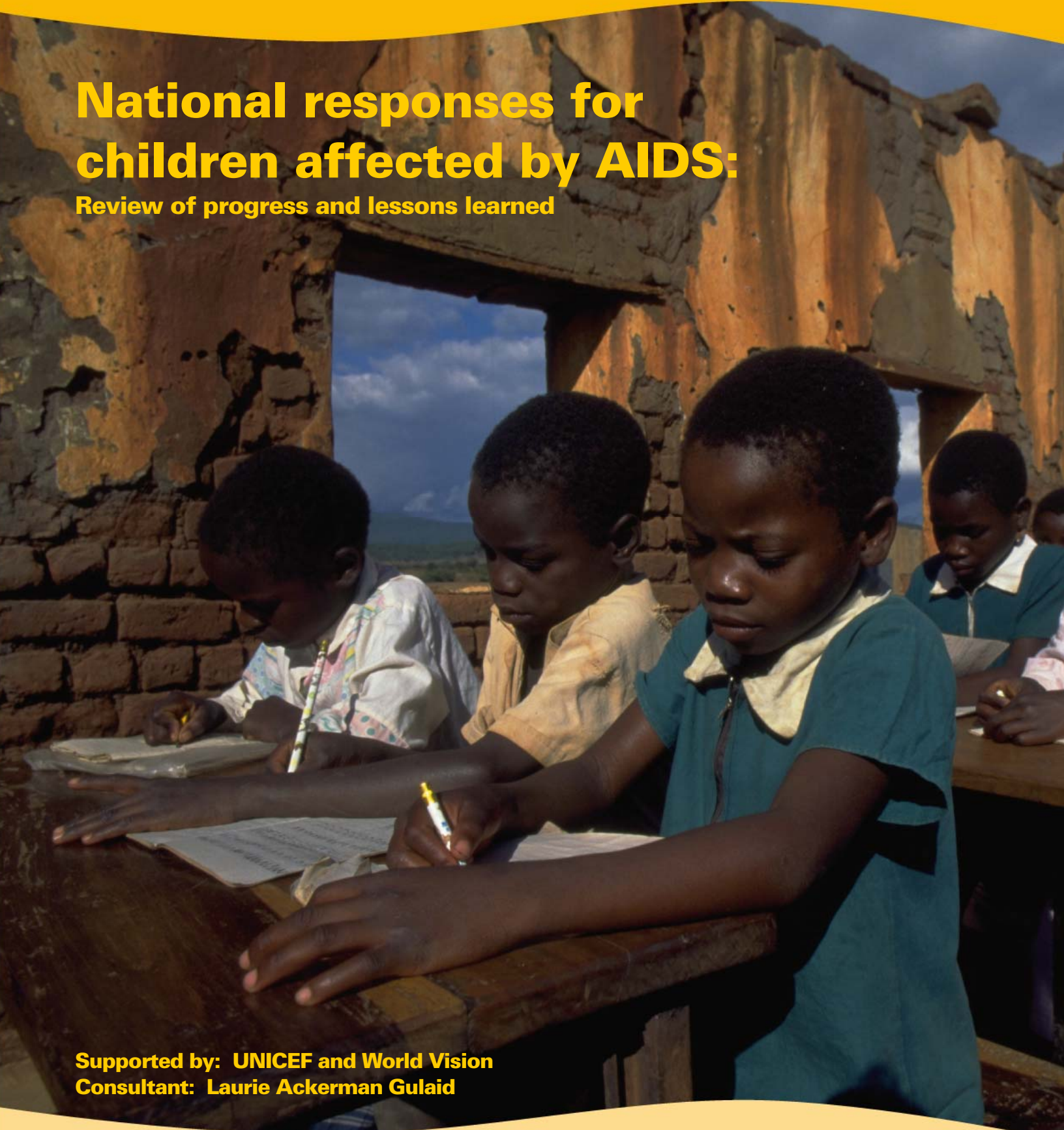
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Acronyms

AIDS	Acquired immune deficiency syndrome
CABA	Children affected by AIDS – most often refers to socio-demographic categories of children, including orphans and children directly affected by AIDS or children living in households directly affected by AIDS
CRC	Convention on the rights of the child
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GPF	Global Partner's Forum on Children Affected by AIDS
HIV	Human immunodeficiency virus
IATT	Inter-Agency Task Team
NGO	Non-governmental organization (may be international or local and community-based)
NPA	National plan of action – a plan that sets priorities and objectives, defines strategies, identifies coordinating bodies, includes a monitoring and evaluation strategy and estimates costs and funding sources for prioritized actions.
OVC	Orphans and vulnerable children – Sometimes refers to the broad group of all orphans and other children experiencing a locally defined set of vulnerabilities. At other times OVC is used to refer to all orphans and only those children made vulnerable by AIDS
PEPFAR	President's (United States) Emergency Plan for AIDS Relief
PMTCT	Prevention of mother to child transmission, also called PPTCT (prevention of parent to child transmission)
PRSP	Poverty Reduction Strategy Paper
RAAAP	Rapid Assessment, Analysis and Action Planning
SAARC	The South Asian Association for Regional Cooperation
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

Executive Summary

This report was commissioned by the Inter-Agency Task Team (IATT) on Children affected by HIV and AIDS' working group on National Plans of Action (NPAs). It presents a broad overview of progress made and lessons learned in mounting national responses for children affected by AIDS and other vulnerable children[1]. Based on review findings, future actions are suggested to strengthen national responses and ultimately, improve outcomes for children.

This study is based on a review of the literature, key informant interviews and expert consultation. Although an attempt was made to represent different regions and epidemiological contexts, selection of key informants and consultation was largely opportunistic. Based on availability of literature and key informants, Zimbabwe, India and Jamaica were looked at in more detail. In the future, standardised data collection from a purposeful sample of countries would provide a more comprehensive review of national responses and result in more rigorous findings and recommendations.

The current review finds that although significant momentum for addressing the needs of children affected by AIDS and other vulnerable children has been generated at the global, regional and national level, complicated challenges persist especially in terms of defining the target population, capacity for implementation and monitoring and evaluation. A key finding is that wide variation across countries calls for more refined guidance from global and regional stakeholders.

Future actions suggested as a result of this review are as follows:

1) The IATT on children and HIV and AIDS, the Global Partners Forum on Children Affected by HIV and AIDS (GPF) and other global and regional stakeholders should provide countries with more contextualized guidance on national responses for children affected by AIDS and other vulnerable children. Rather than encouraging all countries to develop stand alone NPAs, national governments and their partners should be supported to:

    • assess their country's context in terms of HIV epidemiology, political will, infrastructure and children's welfare,
    • identify practical policies and strategies for mitigating the impact of AIDS on children, and
    • either develop and implement a stand alone NPA for a locally defined target group or integrate key strategies for children affected by AIDS into existing sector plans (e.g., health, education, social welfare, HIV and AIDS) and national development instruments.

At a minimum, all countries should consult across sectors to identify the special needs of children affected by AIDS and help realise their rights by integrating plans to address these needs within their National Strategic Plans on HIV and AIDS.

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[1] In this document, children are defined as persons under the age of 18 years.

2) Guidance for those countries that opt to pursue a stand-alone NPA should draw from lessons learned and recommend that:

- The definition of the target population include locally defined vulnerability factors,
- The locus for NPA coordination is seated above the level of line ministries and has the requisite authority,
- The NPA budget is aligned with the government budget cycle,
- National budget authorities (e.g., Ministry of Finance) are consulted and have commitment to the NPA,
- Capacity assessment and plans to address capacity gaps (especially within Ministries of Social Welfare) are included and budgeted for within the NPA development process, and
- The NPA promotes a family-centred approach to HIV and AIDS to ensure prevention, treatment, care and mitigation are well-linked.

3) While working to meet the specific needs of children affected by AIDS, countries and their partners need to build the capacity of national social welfare and justice systems to better protect all children from vulnerabilities due to all causes. The work done in support of children affected by AIDS has highlighted the range of serious vulnerabilities suffered by children around the world, including extreme poverty, violence, abuse and food insecurity among others. In light of the interplay among multiple vulnerabilities and the need for a sustained response, efforts to support children affected by AIDS should operate in tandem with broader efforts to strengthen social protection, child welfare and justice. This requires longer term funding commitments to address capacity issues.

4) Global, regional and national stakeholders must strengthen all aspects of monitoring and evaluation for national responses to children affected by AIDS and other vulnerable children. Data on the coverage and quality of programmes to support children affected by AIDS and other vulnerable children are inadequate. There is a lack of consensus among global, regional and national stakeholders on the best way forward to improve monitoring and evaluation. With the *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS* (UNICEF et al 2005) as the starting point, global and regional level stakeholders, led by the UNAIDS Monitoring and Evaluation Reference Group, need to work together to provide and support the implementation of practical, operational guidance that includes a focus on children's status, is harmonized with protection and other sector indicators and meets global goal, donor information and programming requirements.

5) National, regional and global stakeholders should improve and increase effort and resources to better address HIV-related stigma and discrimination, which persist in most countries as a significant barrier to all aspects of the AIDS response. Children are deeply affected by AIDS-related stigma and discrimination that inhibits testing, prevention and treatment and excludes them and their families from essential services. Awareness raising campaigns and education alone have not been sufficient to eliminate AIDS-related stigma and discrimination. New ideas, pilot initiatives and best practices

are urgently needed to better target the root causes, engender community solidarity and ensure effective means of redressel.

6) The NPA working group, the IATT on children and AIDS, the GPF and other regional and global stakeholders should promote better documentation and information sharing on national responses for children affected by AIDS and other vulnerable children by:

- Encouraging the use of internet based data banks, such as www.aidsportal.org and the better care network (www.crin.org/bcn);
- Supporting stakeholders in a select number of countries to systematically document their experiences and lessons learned while developing national responses for children affected by AIDS and other vulnerable children;
- Strategically linking countries with similar contexts and similar national responses to share best practices and lessons learned; and,
- Developing simple, reliable tools to standardize future reviews of national responses to children affected by HIV and AIDS and other vulnerable children.

Purpose and objectives

The Inter-Agency Task Team (IATT) Working Group on National Plans of Action (NPAs) is one of eight working groups created to support the Global Partners' Forum on Children affected by HIV and AIDS (GPF)[2]. The mandate of the NPA working group is to make an evidence based-contribution to broad efforts to improve the coverage and quality of nationally owned and coordinated action for children affected by AIDS and other vulnerable children.[3]

The GPF was formed in 2003 to give momentum to fulfilling global commitments for children affected by AIDS as laid out in the United Nations General Assembly 2001 Declaration of Commitments on HIV and AIDS and the Millennium Development Goals. Among the recommendations made by the GPF at their third meeting in 2006 were the following:

Integrate a multi-sectoral response for children affected by HIV and AIDS into development instruments, including poverty reduction strategy papers (PRSPs) by:
- *Integrating action for children affected by AIDS into development instruments*
- *Strengthening national coordination of actions for children affected by AIDS*
- *Governments to develop accountable national plans for action, including national framework to facilitate civil society engagement in policy and planning.*

To follow up on the GPF recommendations and to advance their larger agenda, the NPA Working Group commissioned this review with the following intent:

- To document progress with regard to planning and implementing national responses for children affected by AIDS in both high and low prevalence contexts,
- To identify critical success factors and other lessons, and
- To make recommendations about what type of national response is appropriate in different settings.

To assess lessons learned, the study terms of reference raised the following areas of inquiry:

- What have been the key factors for success of NPAs and other national responses for children affected by AIDS?
- Have national responses led to improved multi-sectoral coordination and action for children affected by AIDS?
- Have national responses been integrated into national development instruments, including PRSPs?
- What is the relative strength of Ministries of Social Welfare to lead and coordinate national responses for children affected by AIDS?
- Have national responses generated and effectively disbursed additional resources for children affected by AIDS?
- Have national responses been translated into community-level action?

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[2] The other seven working groups focus on: civil registration, strengthening communities' role, education, civil society, monitoring and evaluation, social protection, and food security and nutrition.
[3] www.unicef.org/aids/IATT_NPA_WG_TOR_Final(2).doc

- How are monitoring and evaluation efforts responding to global, national and local targets and information needs?
- What can be learned from the broader national plans of action for children promoted during the 1990s?

A NPA for children affected by AIDS and other vulnerable children can be defined as a plan that is based on situation assessment and multi-sectoral consultation, sets priorities and objectives, defines strategies, identifies corresponding coordinating bodies, includes a policy and legislative review and a monitoring and evaluation strategy and estimates costs and funding sources for priority actions (adapted from: Government of Lesotho et al 2003). The development and implementation of such NPAs has been a standard by which global stakeholders have assessed a country's national response to children affected by AIDS and progress towards the UNGASS HIV goals for children. Many countries have not developed NPAs, but have taken into account the issues of children affected by AIDS at the national level through sector plans and broader children's agendas. This review considers NPAs as well as other national-level responses to children affected by AIDS.

As implied by the questions presented above, this review does not focus on the technical content of NPAs or other national response documents, but rather considers their development and implementation. Several studies have looked more comprehensively at NPA content and provide significant insight (see for example Nzima et al 2004, Johnston 2005, Sebates Wheeler and Pelham 2006, Engle 2008, Meite 2008).

Methodology

The methods used to develop this paper included a desk review of current literature on national responses for children affected by AIDS and other vulnerable children (Annex 1), telephone interviews with key informants (Annex 2), and a consultative and written review of the initial drafts by a group of experts (Annex 3).

The literature review included cross-country thematic analyses, specific national policy analyses, situation assessments, select NPAs and other national documents, regional frameworks, workshop reports and very limited evaluations and coverage assessments. Highlighted in the literature on children affected by AIDS is the fact that data, research, monitoring and evaluation are inadequate and that this is a significant constraint to programming (Moroni et al 2007, Miller Franco 2007, Miller-Franco 2007). In general, there is more evidence available on the situation of children affected by AIDS and the content of NPAs than there is on programme coverage, the effectiveness of various interventions or the process of developing national responses.

To supplement the literature and gain further insight into specific countries and issues, telephone interviews were conducted with people working at the global, regional and country level on national responses for children affected by AIDS. The qualitative information gathered through these interviews is not to be represented as systematic or hard evidence; however, it contributed unique information and perspective on the context of various activities and decisions taken.

Based on the availability of documentation and key informants, three countries, India, Zimbabwe and Jamaica, were looked at in greater detail. Although not representative of other countries, these examples do provide useful insights into challenges and problem-solving in the development and implementation of national responses for children affected by AIDS and other vulnerable children in differing contexts.

The first draft of the paper was reviewed at a small consultation in New York on 1-2 April 2008. Participants included some members of the NPA working group and UNICEF Regional HIV and AIDS Advisors. After the meeting, comments were incorporated and a second draft was reviewed by the key informants and a group of technical experts. Comments received from these reviewers helped to shape the final document.

The limitations of this review include the absence of primary data collection and of standardized tools for assessing national responses. There is potential for bias in the opportunistic selection of key informants and in the absence of data on coverage and quality of national response interventions.

Background

Within the global AIDS response, children first received specific attention through the 2001 declaration of commitment of United Nations General Assembly Special Session (UNGASS) on HIV and AIDS. World leaders agreed to the following time-bound goals for children:

> *Article 65: By 2003 develop and by 2005 implement national policies and strategies to: build and strengthen governmental family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psychosocial support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and the loss of inheritance;*

> *Article 66: Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;*

> *Article 67: Urge the international community, particularly donor countries, civil society as well as the private sector to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions, in countries at high risk and to direct special assistance to sub-Saharan Africa (UN General Assembly 2001).*

This declaration was developed in the context of the Convention on the Rights of the Child (CRC), a larger commitment signed by world leaders to endorse and guarantee of the fundamental rights of all children (UN General Assembly 1989). The focus on equity among all children and non-discrimination within the UNGASS HIV and AIDS goals reflects the rights-based approach of the CRC.

Although some action was taken following the UNGASS Declaration of Commitment on HIV and AIDS, especially in the hardest hit region of East and southern Africa, the response was slow, inadequate or absent in most countries. To help increase awareness and mobilize greater action, a framework was developed for the protection, care and support of orphans and vulnerable children living in a world of AIDS and the GPF was created. The framework outlined the parameters of a response for supporting orphans and other vulnerable children (UNAIDS et al, 2004). Following the first GPF, a coalition of donors initiated the rapid assessment, analysis and action planning process (RAAAP) in 16 high HIV and orphan prevalence countries. The RAAAP exercise was intended as an emergency response to identify and catalyze key actions needed over two years to scale up national and multi-sectoral response to orphans and vulnerable children (Webb et al 2006). The intended output of the RAAAP was a country-specific NPA.

In 2006, the UN General Assembly committed to achieve universal access to comprehensive prevention programmes, treatment, care and support by 2010. Within the broader AIDS response, a specific commitment for children was included as follows:

Article 32: Commit ourselves also to addressing as a priority the vulnerabilities faced by children affected by and living with HIV; providing support and rehabilitation to these children and their families, women and the elderly, particularly in their role as caregivers; promoting child-oriented HIV/AIDS policies and programmes and increased protection for children orphaned and affected by HIV/AIDS; ensuring access to treatment and intensifying efforts to develop new treatments for children; and building, where needed, and supporting social security systems that protect them. (UN General Assembly 2006).

Over the last five years, children have become more prominent on the global AIDS agenda and countries across several regions of the world have begun to develop national level responses. There has been an increase in resources directed to children, including a 10% earmark of funding from the United States President's Emergency Plan for AIDS Relief (PEPFAR), bilateral funds from other countries such as the United Kingdom and Ireland and emerging allocation of Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) specifically for children. At the regional level, capacity building workshops in Windhoek, Maseru, Kampala, Dakar, Hanoi and Kathmandu have generated increased momentum and greater national response capacity. New partners have joined in at the global, regional, national and local levels to support efforts for children affected by AIDS and other vulnerable children. These include a range of line ministries and other government bodies as well as international non-government organizations (NGOs), local NGOs, faith-based and community-based organizations. Despite this increased momentum, national level service coverage and improved outcomes are not yet well achieved or documented. The UN Secretary General's report on HIV and AIDS highlighted that in 11 high-prevalence countries, only 15 percent of orphans are living in households that receive some form of assistance (UN General Assembly 2008).

While the response for children affected by AIDS has taken root and begun to develop, there have been significant shifts in the AIDS epidemic and response:

- HIV prevalence has not escalated in other regions at the rate or to the levels it did in East and southern Africa. Most of the world remains at low or concentrated prevalence.
- With the increasing availability of anti-retroviral therapy, AIDS is now a manageable chronic illness for those with access, making it possible for parents to 'live positively' and thereby delay and prevent orphan hood. Paediatric antiretroviral treatment formulations have also improved and become more affordable and available.
- Programmes for the prevention of mother to child transmission (PMTCT) have expanded and proven very effective in lowering the rate of vertical transmission. In low and middle-income countries, the proportion of HIV-positive pregnant women receiving antiretroviral prophylaxis to reduce the risk of transmission increased from 10 per cent in 2004 to 23 per cent in 2006 (UNICEF 2008). But despite this marked increase, the world is still far short of the target of 80 per cent coverage by 2010.
- Growing interest in social protection and social cash transfers has mobilized action among some donors and countries to better serve vulnerable groups, including children affected by AIDS.

- Despite the growing response, AIDS-related stigma, discrimination and exclusion continue to be a major challenge in most countries for AIDS response in general and for children affected by AIDS in particular.

In addition, the growing body of evidence on children affected by AIDS and other vulnerable children indicates that orphan hood alone is not a consistent predictor of vulnerability. Other child and household criteria, such as poverty and food insecurity, are proving more robust in identifying vulnerability. These findings highlight the need for targeting definitions that incorporate specific vulnerability criteria, rather than relying solely on socio-demographic categories, such as 'orphans'. This evidence and the developments outlined above have significant implications in terms of the appropriateness of different types of national responses for children affected by AIDS and other vulnerable children.

The remainder of this paper is organized into four sections. The next section reviews progress to date in the support, development and implementation of national level responses for children affected by AIDS. Next, the specific review questions are addressed followed by some additional observations. The final section offers suggested areas of action intended to help facilitate the continued improvement of national responses for children affected by AIDS and other vulnerable children.

Progress made in the development of national responses for children affected by AIDS

National level activity for children affected by AIDS and other vulnerable children has been mounting since the late 1990s with a variety of approaches and mixed results in terms of pace, dedicated resources and effectiveness. Nearly 50 countries in differing circumstances around the world are developing or mounting some type of national response for children affected by AIDS and other vulnerable children. UNICEF estimates that 32 countries are developing or have developed NPAs. Of these, 20 had been endorsed by Government as of November 2007 (De Wagt 2007). As an alternative to NPAs, some countries are integrating responses for children affected by AIDS into sector plans for AIDS, health, education and social welfare and/or into national development instruments, such as PRSPs.

In general, the process of developing national responses has been slow. At-scale implementation remains limited. This is largely due to the complexity of the response and the intensity of the NPA process, which involves multi-sectoral collaboration and the development of systems to identify and comprehensively support children affected by AIDS and other vulnerable children. Other major challenges include limited capacity of governments and implementing partners and competing development priorities. In most countries, especially outside of East and southern Africa, funding and political will are significant constraints. The development and endorsement of NPAs has, in most cases, taken roughly three to seven years or more. As a result, actions prioritized in these NPAs have not yet been or are only beginning to be rolled out at scale.

Limitations in monitoring and evaluation are emerging as a major constraint to the response and data on coverage and the quality of programme interventions are lacking. Existing information indicates some evidence of improvement, but continued relatively low coverage of children affected by AIDS with essential services and support (Begala and Stover 2007, UN General Assembly 2006, 2008).

Below is a brief overview of progress made in four regions of the world: East and southern Africa, West and Central Africa, Asia and the Pacific, and the Caribbean. These regions were selected based on their relative progress in mounting national responses and to represent different HIV prevalence scenarios. It is important to stress at the outset that within each region, there is great diversity among countries in terms of HIV epidemiology, wealth, government infrastructure and socio-cultural context among other factors. This section provides only a broad-strokes overview that does not do justice to the varied contexts within each region.

East and southern Africa have the highest AIDS prevalence and orphaning rates in the world. As of 2005, it was estimated that over 8 million children in this region had lost at least one parent to AIDS and many millions more have increased vulnerability as a result of the epidemic (UNICEF et al 2006). HIV prevalence and AIDS mortality are highest in southern Africa and the majority of children in this sub-region have been touched by AIDS in one way or another. Children in East and southern Africa are also often vulnerable from other causes, including poverty, the high burden of malaria and other illnesses, food insecurity, violence and abuse among others. Infrastructure and human resources capacity for the delivery of social services are generally limited in this region.

As was intended in the UNGASS HIV objectives, East and southern Africa benefit from the strongest flow of donor AIDS resources. Eleven of the 15 PEPFAR focus countries are located in this region as is the greatest allocation of GFATM, bilateral AIDS money and other funding flows. In this region, extended families and communities shoulder the largest share of the response. This includes a huge number of small, community and faith-based initiatives. Much of the programme effort is intended to strengthen the capacities of families and communities to support orphans and vulnerable children.

As would be expected, the countries in East and southern Africa have made the most progress in mounting national responses. Beginning in 1998-99 with the support of UNICEF, UNAIDS, the United States Agency for International Development and other donors, some countries including Namibia, Zambia and Botswana among others, began conducting situation analyses, holding national consultations and planning for a national response to the growing crisis of children affected by AIDS. As of November 2007, 16 of the 22 countries in this region have made progress in developing a NPA. Fourteen of these plans have been endorsed by government, one is finalized and awaiting endorsement, and one is in draft. (De Wagt 2007)

In general, the NPA development process in this region has been broadly consultative with various sectors of government, donors and NGOs represented. Most NPAs were developed or refined as a result of the RAAAP exercise in 2004-2005. RAAAP generated tremendous visibility and enhanced most NPAs by helping to ensure that they are multi-sectoral, costed and include a monitoring and evaluation plan. However, the process was widely criticized for being too rushed and donor driven and not being accompanied by a corresponding increase in resources. The initial RAAAP process was also criticized for not being sufficiently inclusive of civil society (Gosling 2005). Efforts were made to correct this locally and in the second round of RAAAP (Webb et al 2006, Interviews 2008).

East and southern Africa is also the region with the most resource mobilization around NPAs for children affected by AIDS. Significant donor resources have been directed towards NPA development and implementation in this region. For example, the European Union recently committed 11.3 million euro in support of Lesotho's NPA and the Children and AIDS Regional Initiative funded by the United Kingdom and Australia in coordination with UNICEF is a multi-million dollar effort to support NPAs in nine countries (UNICEF Lesotho 2006, UNICEF ESAR 2006, http://www.unicef.org/media/media_34656.html). There is also some evidence of increased government funding commitments. In Namibia and Kenya, the governments are funding the social cash transfer initiatives. In Swaziland, the government funds an education grant for children affected by AIDS and other vulnerable children. Despite these important successes, most NPAs are not fully funded and where money is abundant, limited implementation capacity constrains their use.

Based on data from January to May 2006 across nine countries, approximately 12% of the 2006 NPA budget had been received with another 23% pledged leaving a funding gap, if all pledges were realized, of 65 per cent (Webb et al 2006). These figures are probably underestimates since they were assessed early in the government fiscal year and not all domestic monies had as yet been allocated. However, initial country reports from the 2008 Effort Index indicate low levels of government funding and a generally inadequate resource base for NPA implementation (UNICEF et al 2008). One problem is that most NPAs are not aligned with the

government budget calendar (Interviews 2008). In PEPFAR focus countries, where money is more readily available for the AIDS response, the funds are off budget and government capacity, especially in terms of social welfare, remains a major constraint.

Among the NPA interventions that are underway in several countries are education support, feeding and nutrition, PMTCT and health care interventions, community care centres for children affected by AIDS and other vulnerable children, psychosocial support, social cash transfers and improved legislation to protect children.

Zimbabwe

Despite a notable drop in HIV prevalence from 23.2% in 2003 to 15.6% in 2007, Zimbabwe has one of the highest HIV prevalence rates in the world and an enormous child care deficit. In 2006, one in four children was an orphan, with 80% due to AIDS. This number will continue to rise due to the HIV high prevalence rate and the challenges of expanding treatment.

The government of Zimbabwe launched a National AIDS Policy and adopted a National Orphan Care policy in 1999, making it one of the first countries to mount a national response. The next year Zimbabwe uniquely introduced a 3% income tax levy to help pay for the AIDS response. In 2002, a national conference on orphans was held and Zimbabwean delegates attended the regional capacity building workshop on children affected by AIDS in Windhoek.

In 2003, the government of Zimbabwe created a Working Party of Officials to develop a NPA for orphans and other vulnerable children. The committee included government, donor and NGO representatives. The NPA was adopted by government in 2004 and then followed by the RAAAP exercise. The NPA was costed and launched in 2005. During this time, the Ministry of Public Services with support from UNICEF developed a national "Orphans and Vulnerable Children Intervention Atlas" that lists available support for orphans and vulnerable children by location, organization and range of services.

The NPA outlines responsibilities for several ministries and incorporates many activities that pre-dated it, including the "BEAM" education grant for vulnerable children. Other relevant line ministries (education, health and AIDS) have endorsed the plan, which is housed in the Ministry of Social Welfare where most of the new activities reside. With the commitment of other ministries to their roles and responsibilities within the NPA, daily inter-sectoral coordination is not essential to implementation.

In 2006, UNICEF working with Government and donors created the "Programme of Support", a mechanism intended to channel resources systematically through grantees for the widely decentralized support of orphans and vulnerable children. The operational guidelines for the Programme of Support, which include a unified reporting system, were approved by Cabinet in July 2006

As a result of the first round of applications in 2007, 27 proposals were selected to receive funds for three years. Initial disbursements were made in March 2007 and by the end of February 2008, some type of essential external support had been provided to 165,000 children. In total, 400,000 children are targeted through this multi-year, multi-donor programme.

Some of the factors for success identified in Zimbabwe include high level government commitment, a long history of social welfare programs, a relatively strong Ministry of Social Welfare, and the unique political situation that allowed a donor-based pooled funding mechanism to be established. Government accepted this mechanism with the proviso that administrative expenses are capped and the bulk of the money is directed to vulnerable children. A few dynamic individuals in senior government and donor agencies played an important role in moving the NPA and Programme of Support agenda forward.

The placement of a donor-funded advisor on orphans and vulnerable children, who sat in the National AIDS Council and had good working relationships with the Ministry of Social Welfare, helped to improve communication and coordination between these two departments.

The biggest challenge for the NPA and Programme of Support is the rapidly declining economic situation in Zimbabwe. Education, treatment and other interventions previously supported by government are diminishing and innovative solutions must be found. (Sources: Government of Zimbabwe, National AIDS Council and UNICEF Zimbabwe 2008, Interviews 2008)

As the NPAs in this region have developed, two major trends have appeared. First, rather than specifically targeting children affected by AIDS, there is a broader focus in targeting orphans and vulnerable children due to all causes. Only 2 of 13 NPA target group definitions reviewed even mention the terms HIV or AIDS and all included other vulnerabilities. Three reasons appear to be behind this expanded focus. First, targeting on the basis of orphan hood or other socio-demographic criteria has not proven to be a robust approach for identifying vulnerable children (Gulaid 2007). Second, most children in this region are affected by AIDS in some way and therefore targeting AIDS resources on the basis of vulnerability rather than AIDS-specific criteria will lead to relatively small errors of inclusion. Major donors in this region, including PEPFAR, have recognized this and allow for more flexible targeting criteria. Third, targeting on AIDS-related criteria may increase stigma against children affected by AIDS and may also be discriminatory towards children who are vulnerable from other causes. This broader approach does create additional challenges in terms of defining vulnerability and creating systems to identify vulnerable children and monitor programmes.

A second trend in East and southern Africa is an increasing focus by donors, governments and in NPAs on social protection, especially in the form of cash transfers to households with vulnerable children. There is increasing evidence from pilot programmes in the region, that cash transfers can reduce poverty among vulnerable children and families (Schubert 2007, Mhamba et al 2007). There is also evidence that targeting on the basis of vulnerability criteria, including household poverty and household labour capacity, as opposed to AIDS-specific criteria, can achieve good coverage of vulnerable children affected by AIDS without increasing AIDS-related stigma (Schubert 2007). Some countries, such as Somalia, Ethiopia and Botswana, are moving away from a stand alone NPA approach to a broad-based social protection framework. In Zambia, the NPA for orphans and vulnerable children has been integrated into a universal children's agenda that is part of the 5th National Development Plan (De Wagt 2007, Interviews 2008).

West and Central Africa have lower overall prevalence rates than East and southern Africa, but the epidemiology is heterogeneous both across and within countries. For example, in Nigeria HIV prevalence ranges from less than 2% in some states up to 10% in others. At 0.7%, national prevalence in Senegal is very low but among female sex workers prevalence rates up to 30% have been documented (UNAIDS 2007a). This region is home to more than 4.2 million orphans due to AIDS, accounting for 21% percent of orphans from all causes. A much larger number of children are affected by AIDS (UNICEF et al 2006, Interviews 2008). Yet, AIDS is only one of several other more prevalent sources of child vulnerability in the region, including conflict widespread poverty, food insecurity, violence, and abuse. The context in this region is also defined by weak capacity for implementation in terms of human resources service

infrastructure, civil society and ability to absorb financial resources as well as a legislative and judicial environment that is still being established (UNICEF WCARO 2007).

Programming for children affected by AIDS is a relatively new area for West and Central Africa and received a major push from the second phase of the RAAAP initiative beginning in 2005. In 2007, the UNICEF regional office determined that 19 of 24 countries have included children's issues in their national AIDS strategy while nine countries included children affected by AIDS and other vulnerable children in their PRSPs (Interviews 2008). As of September 2007, 13 of 24 countries in the region had made some progress on developing NPAs, but most are delayed in draft form or not yet operational (De Wagt 2007). According to the UNICEF regional office, four country NPAs, namely those of Cote d'Ivoire, Central African Republic, Burkina Faso and Nigeria are the best developed and most potentially actionable (WCARO 2007). Two of these countries, Nigeria and Cote d'Ivoire are PEPFAR focus countries. Nigeria, Cote D'Ivoire and the Central African Republic were part of the first round of RAAAP and Burkina Faso participated in the second round (Webb et al 2006).

In September 2007, UNICEF convened a workshop for these four countries to review and assess their national plans of action with the aim of identifying bottlenecks in NPA implementation, developing a region-specific strategic framework for orphans and vulnerable children and helping move other countries forward in the process. All four countries reported some achievements in implementation, including grant provision to NGOs and training in Nigeria; health, nutrition and education support in the Central African Republic and Burkina Faso; and, the establishment of 'social centres' in Cote d'Ivoire to coordinate activities at the community level. During early 2008, Cote d'Ivoire validated its NPA and programme for 2007-2010. Despite this progress, all four countries reported major delays and constraints to implementation.

The participants in the workshop identified the lengthy and heavy process of developing a NPA as a major obstacle. Other constraints identified included the difficulty of coordinating across sectors, a lack of data on children affected by AIDS, limited capacity, the higher priority of many other child vulnerabilities in this region, and the challenge of mobilizing funds. At the workshop, it was reported that only those NPAs with support from the GFATM and/or UNICEF have begun implementation. Others are having difficulty mobilizing political will and needed resources. The representatives of the four countries and other workshop participants agreed on the need of having a national plan, but recommended a lighter, less intensive process (UNICEF WCARO 2007, Interviews 2008).

It is important to note that all of the NPAs in West Africa, except that of Cote d'Ivoire, focus on the broader group of orphans and vulnerable children, not specifically on children affected by AIDS. The rationale for broad targeting in this region mirrors that of East and southern Africa – to better identify vulnerability (including vulnerability to HIV infection) and to avoid stigma and discrimination. Given the epidemiology and context described above, this means that the majority of vulnerable children targeted in the West and Central African NPAs are not children directly affected by AIDS.

In general with the possible exceptions of Nigeria and Cote d'Ivoire, that benefit from significant PEPFAR funding and the Central African Republic which secured funding from the GFATM, NPAs in this region have not generated the estimated financial resources needed

(Haggard 2006). Given the special needs of children infected and affected by AIDS, the high priority of prevention in this region and that conflict and other serious vulnerabilities affect huge numbers of children in this region, increased AIDS and other monies and more flexible funding are required.

Asia and the Pacific is a low prevalence, heavily populated region with several HIV epidemics underway. Thailand, Myanmar and Papua New Guinea have generalized epidemics while India, China, Cambodia, Viet Nam, Indonesia and other countries have pockets of concentrated prevalence with rates as high as those found in sub-Saharan Africa. High risk behaviours including injecting drug use and commercial sex work are the primary drivers of HIV transmission in Asia and this region is home to some of the fastest growing epidemics in the world. Stigma and discrimination are significant barriers to the response in this region, where the concept of AIDS as a 'social evil' or criminal offence still lingers. (UNAIDS 2007a, Commission on AIDS in Asia 2008, Interviews 2008).

Across the region, more than two million children have lost one or both parents to AIDS and many times that number are affected. Yet, children affected by AIDS are a small proportion of the much larger number of children who are vulnerable as a result of poverty, malnutrition, child trafficking, conflict and/or natural disasters among other violations. With some exceptions, including in Papua New Guinea and Nepal, social welfare services are relatively strong in many Asian countries, but the general response to orphans and children without caregivers in this region is institutionalization (SAARC 2008, UNICEF EAPRO 2006b).

Actions at the sub-regional level are helping to drive national responses for children affected by AIDS. In March 2006, a consultation on Children and AIDS was held in Hanoi for countries in East Asia and the Pacific. The Hanoi Call to Action requested countries to develop locally defined targets and plans to scale up services for children affected by AIDS and their families (UNICEF EAPRO 2006b). A follow up forum held in March 2008 found progress had been made in situation analysis, PMTCT, paediatric AIDS and the promotion of a family centred approach among other areas. Further action was called for along these specific intervention areas. Although the outcome document did call for improved monitoring and evaluation and strengthened partnerships, it did not specifically prescribe the development of NPAs.

Papua New Guinea, Cambodia, Viet Nam and Malaysia are currently in the process of drafting NPAs. One province in China, with a population of 98 million, has a provincial level plan of action. Papua New Guinea and Cambodia, which have generalized epidemics, are developing a focus on orphans and children with AIDS-related and other vulnerabilities. In both countries, the coordinating authority is a national committee on orphans and vulnerable children that sits within a line ministry. Viet Nam has a concentrated epidemic and is a PEPFAR focus country. Led by the Ministry of Social Welfare, the NPA development process in Viet Nam focuses more specifically on children affected by and vulnerable to AIDS. Within a broad agreed-upon framework, each of the government ministries involved (education, health and social welfare) is defining its own specific targets and activities. The process is being facilitated by an external consultant based in the Ministry of Social Affairs. Prospects for resource mobilization to support these NPAs are unknown at this point, but a handful of donors have expressed interest (Interviews 2008).

As described in the box below, India is the first country in South Asia to mount a national response to children affected by AIDS. In 2007, the South Asian Association for Regional Cooperation (SAARC) endorsed a regional strategic framework on the protection, care and support of children affected by AIDS. For protection efforts, the regional framework argues that specific targeting of children affected by AIDS increases stigma and is inequitable in the face of so many other childhood vulnerabilities. With limited HIV and AIDS resources in the region, the framework prioritizes geographic areas of high HIV prevalence. Within those areas, all children are targeted to ensure that they have equitable access to existing social and welfare services. Reducing stigma and discrimination, especially in the delivery of social services, is a priority.

India

India is a middle income country with a fairly strong social services infrastructure. The country has a national HIV prevalence of 0.9% and is considered a low prevalence country. Yet, within India, there is high variability in prevalence and risk. Six states are categorized as high prevalence and it is estimated that nearly nine million children in India are affected by AIDS.

In 2006, UNICEF in association with the National AIDS Control Organization and the Ministry of Women and Child Development commissioned a field study to examine the barriers faced by children affected by AIDS. The findings confirmed that high levels of AIDS-related stigma, discrimination and exclusion prevent these children from accessing essential services, including education and health care.

Based on these findings and a growing awareness of the impact of AIDS on children, the Government together with its partners developed a policy framework for children and AIDS. The policy framework brings together in one document the key entry points and services for children affected by AIDS, including primary prevention, prevention of vertical transmission, paediatric AIDS treatment, the protection of children affected by AIDS and reducing stigma and discrimination. The policy framework is driven by government and defines targets and priority actions for relevant ministries, including the Ministry of Health and Family Welfare, the Ministry of Women and Child development, the Ministry of Human Resources Development and the Ministry of Social Justice and Empowerment. Each intervention area has a unique target group and targeting approach.

As in the SAARC Framework, the protection component of the India framework takes a universal, rights-based approach. Geographic areas with high HIV prevalence are prioritized, but within those areas, all children are targeted to ensure that there is equitable access to existing services. A key strategy is to reduce barriers for children affected by AIDS and other vulnerable children.

As a policy framework, rather than a policy per se, this plan does not require cabinet approval. Each of the four Ministries involved have endorsed the plan and committed to carrying out their tasks within their sector plans. The framework has also been agreed to by the National Council on AIDS, which is chaired by the Prime Minister and consists of representatives of approximately 30 ministries, including Finance.

The framework is not specifically costed, but intervention-specific funding already exists for some of its components. Prevention, PPTCT and treatment activities pre-date the framework and their budgets reside within the National AIDS Control Program. Protection interventions are the most recently introduced and are not yet part of the National AIDS Control Program nor do they benefit from specific donor funding. They are however aligned with the evolving national India Child Protection Scheme. Stakeholders are now working to develop operational guidelines for implementation. (Sources: Government of India 2007, UNICEF India 2007, Interviews 2008)

In this region, there is tension between donors who exclusively target children directly affected by AIDS and the broader approach targeting all vulnerable children adopted in the protection components of the SAARC and India frameworks and the evolving NPAs. Another area of tension is the need to accelerate prevention to address children vulnerable to HIV who are an extremely high priority in this region, but not identified as children affected by AIDS in terms of standard global definitions.

The Caribbean remains the second most affected region in the world after sub-Saharan Africa. Adult HIV prevalence in the Caribbean was estimated at 1% in 2007. The primary mode of HIV transmission in this region is sexual intercourse with especially high rates of HIV infection among female sex workers (UNAIDS 2007). AIDS-related stigma and discrimination are strong in the Caribbean and children affected by AIDS are exposed to multiple vulnerabilities, including violence which is a major threat to children's rights. The government sector is quite strong with functional essential services. Civil society does not play as dominant a role as in sub-Saharan Africa.

Jamaica

Jamaica has a national HIV prevalence rate of just over 1 per cent. Based on HIV prevalence rates in 2002, it was estimated that over 5,000 children had lost a parent to AIDS and another 20,000 had become more vulnerable as a result of the epidemic. In Jamaica, violence is the most prevalence cause of child vulnerability.

Jamaica was the first country in the Caribbean to develop a NPA. A national situation assessment of orphans and vulnerable children was carried out in 2002.   At about the same time, a National Steering Committee on orphans and other children made vulnerable by AIDS was created. Drawing from the assessment findings, the National Steering Committee led the process of developing a NPA for the period 2003-2006. The plan was intended to operate under the auspices of the Child Development Agency within the Ministry of Health. It had the agreement of the National AIDS Committee and the National Steering Committee on Orphans and Vulnerable Children and UNICEF. Four regional committees were also set up for coordination in the four health sector regions of the country.

The gains made as a result of the development of the NPA included putting the issues of children affected by AIDS into focus and getting those issues onto the AIDS and other national agendas. The development of the NPA offered an important opportunity to bring government and NGOs together and increase understanding between them. Benefits continue to be reaped from this alliance, including partnership in extending services to hard to reach children and families and innovation in programming. A directory of services for children was also produced as an outcome of the NPA.

Despite these accomplishments, the NPA was never comprehensively implemented and the regional committees eventually dissolved. Several reasons have been identified. Firstly, the AIDS response environment in Jamaica has shifted and the highest priority now is to achieve universal access in treatment and prevention. Partners believe that in this sense one of the NPA objectives is being achieved. Increased numbers of parents on treatment is leading to less children becoming orphaned due to AIDS. A situation assessment planned for later this year will examine these trends. In terms of obstacles to carrying out the NPA, one report states: "There have … been serious difficulties building the capacity, will and leadership of the lead agencies to implement the necessary actions". (UNICEF and UNAIDS 2008) No particular ministry or sector truly championed the NPA and multi-sectoral buy-in proved to be a challenge.

In the absence of an operational NPA, stakeholders in Jamaica have identified key opportunities for responding to AIDS-related stigma and poverty experienced by children. With the support of UNICEF and other partners, aspects of the NPA are being integrated into the National Strategic Plan on HIV and AIDS 2007-2012 as well as the health and education sectors. Next steps include completion of the updated situation analysis, development and capacity building for a service referral mechanism, establishment of a registry for infected children and support to income generating projects. More broadly, the Jamaican government and its partners are working on a national framework for children to address the root causes of vulnerability for all children. The issues of children affected by AIDS will also be incorporated into this development instrument. There are no plans to revive or update the stand-alone NPA. (Sources: Government of Jamaica 2003, Jamaica National AIDS Committee 2003, Jamaica Foundation for Children 2005, Interviews 2008)

The HIV prevalence rate in Haiti is among the highest in the Caribbean and is largely fuelled by heterosexual transmission. Following the release of the global framework and prompting from UNICEF and others, a NPA had been drafted by early 2007. However, the development process was insufficiently inclusive and the draft was not considered comprehensive nor did it have consensus from key stakeholders in the country. The near absence of quality data on children affected by AIDS, a fragile political context and widespread child vulnerability due to causes other than AIDS all constrain the finalisation and endorsement of the NPA. With encouragement from UNICEF, a coordinating committee (cluster) on Orphans and Vulnerable Children has been created with representatives from various line ministries and NGOs. With the support of PEPFAR, GFATM, UNICEF and others, disparate activities to support antiretroviral therapy, access to essential services and other intervention areas are underway. Partners are also working with government on a national protection framework for all children. It remains undetermined whether a stand alone NPA will be finalised and endorsed or whether the national protection framework will supersede or encompass the draft NPA (Interviews 2008).

Guyana developed a NPA for 2006-2010 based broadly on the five action areas of the global *Framework for the protection, care and support of orphans and vulnerable children living in a world with AIDS* (UNICEF et al, 2004) and targeting all vulnerable children. After some delays and limited commitment due to a personnel transition in the government, the Cabinet has asked the Ministry of Human Services and Social Security to take the lead in finalising the NPA and to extend the dates to 2008-2012. A national committee on Orphans and Vulnerable Children has just been established by the National AIDS Programme with representatives from the Ministry of Health, Ministry of Human Services and Social Security, civil society, UNICEF and USAID. The anticipated schedule is to launch the NPA at a National Conference on Orphans and Vulnerable Children in August 2008. No information is yet available on costing and the mobilization of resources (Interviews 2008).

Addressing the study questions

In the absence of standardized data collection (prior to or as part of this review) from countries on the process of developing national responses for children affected by AIDS and without systematic evidence on resulting service coverage and children's outcomes, definitive answers to the questions presented at the outset of this paper are not possible. Instead, the following section draws on trends and themes identified through this review in an attempt to suggest broad responses and areas of further inquiry.

What have been the key factors for success of NPAs and other national responses for children affected by AIDS?

As noted earlier, many of the national responses for children affected by AIDS are newly endorsed or still under development. None have as yet been fully implemented with documented evidence in terms of resource mobilization and allocation, programme coverage, quality of services and support, intervention effectiveness or children's outcomes. In this review, 'success' is therefore defined rather subjectively as evidence of significant momentum at the national level and at least partial implementation. The most advanced national responses are found among the NPAs in East and southern Africa and this is where most of the findings presented below emerged. Care should be taken in generalizing to other countries and approaches.

High level government ownership and political will

Where the NPA process is government driven and political will is strong, NPAs have developed further and implementation is progressing. NPAs in Namibia, Mozambique, Malawi and Zimbabwe were all ratified by government and launched by presidents or vice presidents and all are underway in implementation (Webb et al. 2006, Interviews 2008). Well before the RAAAP exercise, Namibia was firmly committed to the development of a NPA at the highest level of government. In 2002, through a Cabinet Directive, a Permanent Committee on orphans and vulnerable children was created and mandated to serve as the NPA coordinating authority. Implementation of the Namibia NPA is underway with a solid commitment of government and donor resources. Anecdotal information suggests that hosting the regional conference on orphans and vulnerable children in Windhoek in 2003 provided an impetus to the Namibian government for action (Interviews 2008). In no cases reviewed was a strong technical process and document sufficient. The key to momentum and implementation included strong political will in support of a multi-sectoral national response.

Availability of resources

Another fairly obvious key factor contributing to success is the availability of resources, both current and potential. It is a critical point that most of the donor monies directed towards national responses for 'orphans and vulnerable children' are earmarked only for the AIDS response. Countries hardest hit by AIDS with a high flow of donor and government monies dedicated to the AIDS response have been the most successful in implementing NPAs to date. In these countries NPAs have been used effectively to leverage bilateral funds including PEPFAR, World Bank Multi-Country AIDS Programme funds and GFATM towards children

affected by AIDS and other vulnerable children. Information on government funding is less accessible, but insufficient to fund any of the NPAs in their entirety (Monasch et al 2007, UNICEF et al 2008). For example in Cote d'Ivoire, a PEPFAR-focus country, it is estimated that the government funded 4% of the 2004-2006 NPA, while UNICEF funded another 14% and PEPFAR funded the balance - 82% of the total budget (Interviews 2008). The challenge of resource mobilization in countries where other child vulnerabilities surpass AIDS-related vulnerabilities and limited AIDS resources are available has proven difficult and a major obstacle to political traction and implementation in most cases.

It is important to note that the availability of financial resources is not sufficient for NPA success. In some cases, financial resources have been too forthcoming to be effectively absorbed for implementation by government and NGOs with limited capacity. With PEPFAR funding slated to double in coming years and other funding sources potentially increasing (e.g., GFATM and social protection monies), it will be essential to capture earmarks intended for children and to ensure that funds are used to build capacity and strengthen systems for channelling funds and implementation at the community level.

Involvement of non-governmental organizations (NGOs)

Globally and within the regions and countries reviewed in this study, NGOs (including international and local NGOs, faith-based organizations and community-based organizations) are playing a significant role in the response to children affected by AIDS and other vulnerable children. At the global level, international NGOs are involved in shaping policies and guidance. In sub-Saharan Africa, the initial response to growing numbers of orphans and vulnerable children was largely shouldered by extended families, unpaid community caregivers and local NGOs that provided immediate support, caretaking and material goods (UNAIDS et al 2004). Across all regions, NGOs have contributed to innovation in programming and policy development. Advocacy by NGOs and civil society has strengthened many of the national responses, including for example in South Africa, Namibia and Jamaica (Budlender et al 2007, Interviews 2008). Although significant, the input of NGOs is typically small scale and fragmented. More systematic engagement of NGOs in the development, implementation and/or monitoring of national responses is therefore another key factor of success.

An example of a systematic approach comes from Zimbabwe where a government-sanctioned donor Programme of Support was established. As part of the Programme of Support, a unified reporting system has been accepted by all involved. NGO grants are awarded on the basis of geographic and programme coverage as intended in the NPA. This coordinated approach allows for more harmonized scale up and increased coverage of NPA activities (Government of Zimbabwe 2008, Interviews 2008).

Committed, dynamic individuals

At the core of most NPA "success" stories are a group of dedicated individuals within government and partner agencies who have the vision and commitment to push the agenda forward. Among them, these individuals possess both political as well as technical savvy and clout. For example, in Zimbabwe the ability of a few key senior government officials and individuals in major partner agencies (UNICEF and the governments of New Zealand, Switzerland and the United Kingdom) to think outside of the box and create a unique pooled

funding mechanism. In Zambia and Zimbabwe, the creation of a donor-funded government post to facilitate the process (e.g., National Coordinator of the National Action Plan for Orphans and Vulnerable Children in the Department of Social Welfare and an Orphans and Vulnerable Children Officer to sit in the National AIDS Council in Zimbabwe and a Policy Advisor on Orphans and Vulnerable Children to sit in the Ministry of Sports, Youth and Child development in Zambia), was noted to have facilitated progress. This is also the case in Guyana where the Ministry of Human Services and Social Security created a donor-funded position to help move the agenda forward. In all three countries, the persons recruited had solid experience working on the issues of vulnerable children and good working relations across sectors (Interviews 2008).

The risk when key individuals are essential to national plans and success is that personnel transitions can significantly disrupt progress. For example in Guyana, a changeover of Ministers slowed the endorsement and advance of the NPA and required stakeholders to return to political awareness raising and advocacy (Interviews 2008). It is therefore essential that the key visionaries and promoters of a national response work to generate wide buy-in and to put systems in place that can help ensure sustained progress.

Broadly consultative, technically sound process of development

The process of developing a national response for children affected by AIDS has reaped important benefits in most countries, even where the NPA has not yet been endorsed or remains unimplemented. In all countries reviewed, the process of bringing together officials from different government sectors, international partners and civil society to plan for and develop a NPA generated increased awareness of the magnitude and issues of children affected by AIDS and other vulnerable children. In several cases, new or stronger partnerships were forged amongst line ministries and between NGOs and government.

In some countries although the NPA itself may have languished, the process of its development led to the inception, integration or advancement of key national initiatives for children affected by AIDS. In Swaziland for example, a comprehensive NPA was developed and though it is not an operational document, it helped to systematize and expand nation-wide the 'neighbourhood care points' and 'community-based child protectors'. In Kenya, where the NPA has not yet been endorsed, policy dialogue around its development led to the initiation of a cash transfer programme that has strong momentum and plans for national expansion. (UNICEF Swaziland 2006, Allen et al, 2007, Interviews 2008) In most countries, the NPA development process strengthened capacity for planning, budgeting, monitoring and evaluation.

Global and regional advocacy

Advocacy at the global and regional levels has also been key to the momentum of national responses for children affected by AIDS. Global and regional advocacy generated increased awareness, partnerships, resources and action. The UNGASS HIV commitments, endorsement of a global framework, creation of the GPF, RAAAP exercise, regional capacity building workshops and major advocacy campaign "Unite for Children, Unite against AIDS" among other activities all helped to: put children on national HIV agendas; generate significant funding, including earmarked commitments from major donors; and, push for action at the national level. In the absence of such advocacy, it is unlikely that national responses for

children affected by AIDS and other vulnerable children would have progressed to the current extent. However, global and regional advocacy and donor-driven initiatives do not in and of themselves instil government ownership and without national ownership, successful, sustained national responses do not develop. Global and regional stakeholders must take care not to overrun national initiative and to provide guidance that is both contextually appropriate and cost effective.

Have national responses led to improved multi-sectoral coordination and action for children affected by AIDS?

The degree to which multi-sectoral coordination and action have been achieved varies greatly across countries and within countries at different levels of implementation. In the early development stages of the NPAs, for example in Namibia and Botswana, the plans were somewhat isolated in the Social Welfare offices with limited involvement of other sectors. However, in the later stages of development, both with and without the support of RAAAP, several line ministries, donor agencies and NGOs were involved. The first page of the Namibia NPA 2006-2010 for example, lists the commitments made to the plan by each of 11 ministries, the office of the Prime Minister, the National Planning Commission and the Namibian Parliament (Ministry of Gender Equality and Child Welfare Government of the Republic of Namibia 2007). In general, there has been very broad consultation at the national level in the development of responses for children affected by AIDS and other vulnerable children. In particular, where early national responses to the AIDS epidemic centred in Ministries of Health, the work done in support of children affected by AIDS has helped to involve and elevate the role of Ministries of Social Welfare and Education.

Two distinct approaches seem to show the most promise for ensuring that multi-sectoral consultation is translated into multi-sectoral action at the national level. In one, the locus of coordination for the national response is seated above the line ministries. In Kenya for example, the coordinating authority is seated within Home Affairs in the Office of the Vice President. In this approach, the coordinating body does in fact have authority over the agencies it is coordinating. The second approach, used in Zimbabwe and India, is to involve all relevant ministries (e.g., health, education, social welfare, justice) in the initial development stage to identify and clearly delineate their respective responsibilities within an agreed upon plan (Government of India 2007, Interviews 2008). Once this has been achieved, the requirement for frequent consultation at the national level is reduced and the multi-sectoral activities can move forward in a harmonized manner.

More critical to outcomes for children are examples of multi-sectoral coordination at the district and community level. In the development stage described above, 'government' is often only represented by officials of national-level government. Yet, NPA implementation demands multi-sectoral work at the critical level of the district and in communities where children live. In several countries of East and southern Africa, large-scale, multi-sectoral activities, such as community-care centres and school feeding, are underway and effort is ongoing to establish and sustain district and community level coordination committees. However, monitoring data are not available and limited capacity and oversight requirements continue to constrain coordination at this level (John and Bright 2006, SIAPAC 2006, Mamdani and Omondi 2008).

Have national responses been integrated into national development instruments, including PRSPs?

In the interest of institutionalizing and sustaining national responses for children affected by AIDS, the 3rd GPF in 2006 recommended that countries integrate a multi-sectoral response for children affected by HIV and AIDS into development instruments, including PRSPs. Prior to the 3rd GPF there were two major multi-country studies on the integration of AIDS into PRSPs and other development instruments (Bonnel et al, 2004, UNAIDS 2005). Both studies found that although AIDS was beginning to appear in PRSPs and other national development instruments, the content was weak, costing was nearly absent and PRSP implementation in general was limited. In the first study which focused specifically on children affected by AIDS, protection issues were found to receive the least attention as compared to HIV prevention, PMTCT and care and support for families living with AIDS, all interventions that had been integrated as part of national AIDS plans.

The most recent study assessed not only how well children affected by AIDS were mainstreamed into PRSPs and other development instruments, but also what this meant in terms of tangible benefits for these children (Taylor, 2008). This study focused on high HIV prevalence countries of East and southern Africa and found that integration made little difference in reality over the short term. Despite integration, domestic contributions to the national budget were minimal and multi-sectoral coordination remained a challenge. Even with funding, mounting action was difficult due to frequent reallocations, delays in disbursement and weak capacity for implementation. In contrast, the study showed that integration into sector plans brought clear short-term benefits to vulnerable children. The study concluded that in these high prevalence countries, a costed, multi-sector NPA with strong political support appears to be key to creating opportunities to benefit vulnerable children. But, how the NPA is best integrated into other national development instruments will depend on the context (Taylor 2008). .

Several countries are working to link NPAs with strong, budgeted national development instruments. For Zambia, this is the 5th National Development Plan which now has a full chapter devoted to children's issues.   In India, the health components of the national framework are integrated within the national AIDS strategy while the protection component is linked with the evolving national Integrated Child Protection Scheme (Interviews 2008). AIDS resources, which to date have provided the bulk of funding for NPAs and other national responses, are largely dedicated to the implementation of National Strategic Plans on AIDS. It seems an essential first step therefore to ensure that the issues of children affected by AIDS are integrated and operational within National Strategic Plans on AIDS.

What is the relative strength of Ministries of Social Welfare to lead and coordinate national responses for children affected by AIDS?

Cited in nearly every piece of literature reviewed for this study is the limited capacity of Ministries (or Departments) of Social Welfare to lead, coordinate and implement national responses for children affected by AIDS and other vulnerable children. With few exceptions, the social welfare sector is consistently under-funded, understaffed and politically weak. In several countries, it is a department within a Ministry so the highest social welfare official is below the level of Minister.

Given that national responses for orphans and vulnerable children are intended to coordinate activities in at least the AIDS, health, education, justice and social welfare sectors, placing lead authority within Ministries or Departments of Social Welfare may not be ideal in terms of coordination, programme scope or resource mobilization. In the evaluation of the first NPA in Botswana (short term plan of action or STPA), the authors find major gaps in implementation and observe that 'when considering that the STPA was placed under the mandate of an organization -- Department of Social Services -- best placed to offer social welfare services rather than act as a catalyst for, for example, expanding community-driven interventions, the direction the STPA took [limited implementation and turf disputes] is perhaps not surprising" (SIAPAC et al 2006). In sub-Saharan Africa, the tendency has been to focus on social welfare issues to the extent that other critical services for children affected by AIDS, including caregiver and paediatric treatment, prevention and PMTCT may be de-linked from such services. (Webb et al 2006) Where coordination can be seated at a higher or more fiscally powerful arm of government (e.g., Office of the Prime Minister or Planning Office in the Ministry of Finance), multi-sectoral coordination and budget allocation may fare better.

Although they may not be ideally suited to lead the response, Ministries or Departments of Social Welfare are critical to the success of any national response for children affected by AIDS and other vulnerable children. Their limited capacity relative to other Ministries has been a major constraint to implementation in many countries. In Tanzania where the NPA is endorsed and implementation is underway, the capacity and clout of social welfare is problematic in terms of implementation. Decentralization is a key strategy in Tanzania and all ministries except Social Welfare have been decentralized with staff allocated to districts. Social Welfare is still dependent on a significantly understaffed and under-resourced central office (Mamdani and Omondi 2008). Despite this well-documented constraint, only a few countries are working on a broader capacity strengthening agenda for their Social Welfare agencies (e.g., Viet Nam, Tanzania, Ethiopia and Botswana).   This is an area where increased funding is needed over the long term.

Have national responses generated and effectively disbursed additional resources for children affected by AIDS?

As noted earlier, the well-funded national responses are found in East and southern Africa where AIDS resources and AIDS-related child vulnerabilities are most abundant. For example, a highly visible commitment was recently made by the United States Government through PEPFAR in support of the NPA in Tanzania. In Lesotho, the European Union made a commitment of 11.3 million Euro through UNICEF in line with the NPA (UNICEF Lesotho 2006). Other NPAs, including those in Namibia, Malawi, Jamaica and countries in West Africa, have leveraged GFATM for orphans and vulnerable children. Less is known about the allocation of government monies, but in general it appears to be quite limited. Through the ongoing policy effort index survey, several countries, including Zimbabwe, Malawi, Kenya, Burkina Faso, Central African Republic and Cote d'Ivoire among others, reported that their governments had allocated funding to the NPA. However, in none of these countries are the funds committed by government deemed adequate and none achieved a higher rating than 'modest' or 'very limited' (UNICEF et al 2008). In many low income, low prevalence countries the challenge to leverage financial resources has been fairly insurmountable due to competing

priorities, limited government funding capacity and/or low donor investment for the AIDS response. In many of these countries, the NPA remains unendorsed and/or unimplemented.

Although the literature on channelling resources to children affected by AIDS and their communities is growing, evidence is still limited. A 2006 desk review that focused on Africa "found no studies that tracked allocated funding all the way through community based organizations to children affected by AIDS. Data was found to be very limited on government expenditure on non-health HIV and AIDS activities and on local government expenditure. Nor was it possible to track the amount and proportion of resources reaching affected communities from World Bank MAP, Global Fund or PEPFAR" (Chapman and Grellier 2006). National AIDS Spending Assessments have been conducted in Ghana, Botswana, Mozambique, Senegal and Burkina Faso as well as Thailand, Lao, the Philippines and several Latin American countries. These assessments do include spending on orphans and vulnerable children. In terms of UNGASS reporting, the number of countries that reported spending information on orphans and vulnerable children in 2005, 2006 and 2007 were 9, 36 and 15 respectively. It is possible that additional reports will come in for 2007.[4] The spending levels identified through National AIDS Spending Assessments and UNGASS Reports were not readily available for this study; however, efforts are being made through these assessments and the policy effort index survey to better document the allocation and disbursement of AIDS funding for children.

Have national plans been translated into community-level action?

From the discussions above, it is clear that limited data exist on national-scale implementation of NPAs. There are small scale studies on pilot projects such as the cash transfer programmes in Zambia, Malawi and South Africa and the orphans and vulnerable children support project in Nebbi, Uganda, which have fed into and improved planning for national initiatives (Schubert 2006, John and Bright 2006). Despite the lack of systematic data, there is evidence of large-scale activity underway in many countries. A few examples include the roll out of cash transfers in Kenya and Malawi, neighbourhood care points and high impact health and nutrition interventions in Swaziland, income generation activities and psychosocial support in Namibia, community justice education in Tanzania, income generation activities, key health interventions and provision of material support in Mozambique and the various activities described previously in West and Central Africa.

Recent assessments of Botswana's and Tanzania's plans shed some light on the potential and obstacles for community-level action. The Tanzania report documented support for 'most vulnerable children' from various sources increasing over time. By 2005-2006, nearly one third of the children surveyed reported receiving support through the NPA (Mhamba et al 2007). The plan of action in Botswana, which focused exclusively on orphans due to all causes, managed to reach all intended beneficiaries with one intervention (food packages). The overall programme was perceived to have "strengthened the ability of care giving households to care for orphans and other children, and has cushioned the transition to orphan hood". (SIAPAC 2006) Major constraints identified in the literature to NPA implementation include the challenges of identifying vulnerable children and the lack of resources, capacity and coordination. Overcoming the obstacles related to monitoring and evaluation as described below will be critical to improving the evidence base on community level programming.

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[4] Email correspondence with UNAIDS Geneva.

How are monitoring and evaluation efforts responding to global, national and local targets and information needs?

Monitoring and evaluation are significant challenges to national responses for children affected by AIDS and other children. Limited technical support has been provided to the countries that engaged in RAAAP and those that are supported through the Children and AIDS Regional Initiative (Tegang 2007). Each of the RAAAP-supported NPAs does contain a monitoring and evaluation strategy, but little progress has been made in implementation. Some of the issues identified include:

- inadequate monitoring and evaluation capacity and funding at all levels,
- a lack of baseline data (the denominator) in most countries,
- variation between global, national and local definitions of the target group,
- the complexity of multiple providers and interventions that may result in double counting, and
- multiple data requirements for different sectors and donors (Moroni et al, 2007)

Little data on coverage and programme quality exist and what does exist are inadequate. Numbers rather than rates are provided because denominators are unknown and indicators, such as the number of children or households who received external support, are hard to interpret in terms of benefit or outcome. Governments and their partners are still struggling with how to define and measure vulnerability among children. The definitional needs for measurement and for programming differ and this also causes confusion. A 2007 review of the monitoring and evaluation plans of nine NPAs concluded that unless significantly increased investments are made in monitoring and evaluation, national and sub-national responses in support of vulnerable children will not be evidence-based, strategic or effective. (Moroni et al, 2007)

What can be learned from the broader national plans of action for children promoted during the 1990s?

At a consultation with NGOs in 2002, UNICEF presented a summary of the lessons learned from the promotion of NPAs during the early 1990s to follow up on the first World Summit for Children (UNICEF 2002). The following were identified as 'ingredients for success':

- the NPA process coincided with a major political/social transformation in the country (e.g. South Africa);
- the country had a strong national development planning capacity (e.g. Viet Nam);
- there was widespread social and political mobilization around the NPA, including by children;
- the government viewed the NPA as a process, not a product, and embraced change, criticism and civil society participation, and/or
- the NPA was linked to the national budget or other resource allocation mechanism.

'Recipes for failure' included:

- a donor-driven process;
- a narrowly technical and apolitical approach drive by 'experts' and statisticians;
- a heavy reliance on consultants, especially expatriate consultants;
- a focus on the NPA *document*, not on the NPA *process*;
- a government-*dominated* process (as opposed to a government-*driven* process which involves a wider range of stakeholders); and,
- failure to bring on board the people with the money (e.g. Ministry of Finance, international financial institutions).

As a result of these findings, UNICEF took the position that "there is no single prescription which will suit all cases" and recommended that guidance towards achievement of a 'World Fit for Children' offer countries with three options as follows:

- To develop a full NPA for children,
- To integrate the UNGASS World Fit For Children agenda into existing national and sub-national development plans, PRSPs or other national policy frameworks, or
- To combine the two approaches.

There are significant parallels between the observations made on NPAs for children and those presented in this review. Not surprisingly, the recommendations offered below stress the importance of shaping national response to suit widely varied contexts.

Other observations

There is no "one size fits all" for national responses to children affected by AIDS and other vulnerable children. The diversity of context evidenced across regions, countries and districts makes generalization both impossible and inappropriate. The hyper-endemic countries in southern Africa are probably the most homogenous (at least in terms of HIV epidemiology) while there is extreme diversity among low HIV prevalence countries - from China to India to Cote d'Ivoire to Guyana. HIV epidemiology, degree and impact of poverty, political landscape, government infrastructure, availability of resources, cultural responses to children affected by AIDS and other factors all vary significantly. These factors strongly influence the circumstances of children affected by AIDS and the shape of an effective response.

The more tailored a response to its environment, the more likely it is to be locally owned and effective. A stand-alone NPA may make sense in one setting where potential resources can be identified and political will is strong. In other settings, it may be much more effective and efficient to develop a strategy or framework that identifies opportunities for integrating the issues of children affected by AIDS into ongoing, budgeted national initiatives and plans. In some cases, a stand-alone NPA may serve as a transition to a broader more universal child agenda. In an extremely low prevalence setting with good treatment roll out, it may not make sense to pursue a national level response at all. With such diversity, there can be no template or prescription for an effective national response.

There is confusion in terminology for target populations. None of the countries mounting a national response for children affected by AIDS limit their target population to only those children directly affected by AIDS. Orphans from any cause are always included and most responses take into account children made vulnerable by other causes, where vulnerability is defined locally and definitions vary across and within countries. In sub-Saharan Africa, this larger group is referred to as 'orphans and vulnerable children', but that terminology has also been used to refer more narrowly to children affected by AIDS in the UNGASS HIV indicators and in some countries outside of Africa. In Asia and other low prevalence settings, children vulnerable to HIV infection may also be included in the target group. This confusion in terminology creates problems in targeting, measurement, documentation and general understanding of the issues. Clearer definitions and more precision in terminology would help to delineate the issues and improve the evidence base.

Tension exists between AIDS funding and monitoring requirements that focus exclusively on children affected by AIDS and a broader approach that targets all vulnerable children. In all countries and prevalence settings, evidence is growing to indicate that vulnerability criteria (e.g., poverty, lack of caregivers, etc) are more effective predictors of child vulnerability than are socio-demographic categories such as single or double orphans. A focus on vulnerability means targeting some children that are not directly affected by AIDS.

In the highest HIV prevalence settings of East and southern Africa, broad targeting of orphans and vulnerable children does not pose a serious problem in terms of AIDS funding because few children are unaffected by AIDS and the errors of inclusion will be small. It does however pose serious challenges for monitoring when definitions are not clear and denominators unknown.

In most countries of the world where child vulnerabilities other than those caused by AIDS are far more prevalent than those caused by AIDS, a broad definition and targeting of all vulnerable children raises challenges in terms of AIDS funding. Donor funding may be restricted to only orphans and those children directly affected by AIDS (e.g., children living in a household with an ill parent). Yet, these may not be the most vulnerable children. In this setting, strict targeting definitions and AIDS funding requirements can be discriminatory and increase AIDS-related stigma.

Momentum is growing for a broader social welfare and child protection agenda. Several disparate agendas (including poverty reduction as outlined in the Millennium Development Goals, a World Fit for Children including reduced child trafficking and child labour, and efforts in support of children affected by AIDS) are coming together for some international donors and in some countries to promote a rights-based approach to strengthening 'social protection'. Such strategies focus on strengthening social welfare policies, promoting cash transfers to reduce poverty and extending social welfare to all children in need and other vulnerable groups, including for example the elderly and people with disabilities. As noted above, the evidence base has not documented consistent disparities for children affected by AIDS and debate is underway as to whether NPAs for children affected by AIDS work against a universal child rights-based approach.

In line with the CRC, all countries are ultimately working to reduce child vulnerability and to ensure that the rights of all children are fulfilled. In order to achieve this, funding in support of children will need to increase and be less earmarked to specific agendas, such as mitigating the impact of AIDS.

The availability of antiretroviral therapy for children and caregivers has shifted the paradigm for children affected by AIDS, but many national responses do not yet maximize this potential. Next to primary prevention, keeping parents alive and living positively is the most critical intervention to prevent orphan hood and child vulnerability caused by AIDS. A family-centred approach to treatment and protection is crucial to better outcomes for children. As orphans and vulnerable children are identified, their caregivers should be offered testing and, if needed, put on antiretroviral therapy. Conversely, as parents and other caregivers living with HIV are identified, their children should be assessed for vulnerability and linked to needed programmes and services. Maximizing these linkages and potential is an important way to meet the special needs of children affected by AIDS.

Stigma and discrimination remain significant constraints to the AIDS response and are highly detrimental to children affected by AIDS and other vulnerable children. Nearly all countries considered in this review cited AIDS-related stigma and discrimination as significant barriers in the response for children affected by AIDS. AIDS-related stigma and discrimination inhibit caregivers and children from testing, prevention and treatment and can result in their exclusion from essential services and social welfare support. Stigma and discrimination related to poverty have a compounding effect.

To date, awareness raising is the typical intervention advocated to reduce AIDS-related stigma and discrimination. However, based on persisting attitudes and exclusion, this appears to be insufficient in many countries. Legislation to reduce discrimination exists and is being improved in many countries, but enforcement is limited due to capacity, budget and political

will constraints. The India framework proposes ensuring well-publicized, functional mechanisms for redressel against any type of discrimination in schools, health facilities or other government services (Government of India 2007). Specific budgeting and operational plans for this strategy are not yet available.

Recommendations

A primary aim of this review was to develop recommendations for the IATT on children and AIDS and the 2008 GPF on how to improve the implementation of national responses for children affected by AIDS. Given the methodological limitations of this review, authoritative recommendations are not possible. However, based on the progress and constraints identified through this review, suggested areas of future action are offered as follows:

1) **The IATT on children and HIV and AIDS, the GPF and other global and regional stakeholders should provide countries with more contextualized guidance on national responses for children affected by AIDS and other vulnerable children.**

Guidance should better reflect the tremendous variation in context and the rich diversity of opportunity across countries. Rather than encouraging all countries to develop stand alone NPAs, national governments and their partners should be encouraged to:

- Assess their country's context in terms of HIV epidemiology, political will, infrastructure and children's welfare,
- Identify practical policies and strategies for mitigating the impact of AIDS on children, and
- Either develop and implement a NPA for a locally defined target group or integrate key strategies for children affected by AIDS into existing, budgeted sector plans (health, education, social welfare, HIV and AIDS among others) and national development instruments.

At a minimum, all countries should consult across sectors to identify the special needs of children affected by AIDS and help realise their rights by integrating plans to address these needs within their National Strategic Plans on HIV and AIDS.

To assist countries in assessing their context and determining an appropriate national response, the NPA working group should support the construction of a decision tree framework. The following factors are recommended for consideration in the decision tree:

- HIV prevalence and the prevalence of AIDS-related and other child vulnerabilities;
- Sources and levels of available and potential resources for the response;
- Strength of government infrastructure (including health, education, social welfare and justice) for service delivery at the community level;
- The robustness of various national development instruments, including sector plans, national development plans, poverty reduction strategy papers; and,
- The involvement (actual and potential) of NGOs and other civil society partners.

2) **Guidance for those countries that opt to pursue a stand-alone NPA should draw from lessons learned.**

In particular, guidance should recommend that:

- The definition of the target population include locally defined vulnerability factors,
- The locus for NPA coordination is seated above the level of line ministries and has the requisite authority,
- The NPA budget is aligned with the government budget cycle,
- National budget authorities (e.g., Ministry of Finance) are consulted and have commitment to the NPA,
- Capacity assessment and plans to address capacity gaps (especially within Ministries of Social Welfare) are included and budgeted for within the NPA development process, and
- The NPA promotes a family-centred approach to HIV and AIDS to ensure prevention, treatment, care and mitigation are well linked.

3) **While working to meet the specific needs of children affected by AIDS, countries and their partners need to build the capacity of national social welfare and justice systems to better protect all children from vulnerabilities due to all causes.**

- In all countries reviewed, HIV is only one source of vulnerability among many experienced by children. The work done in support of children affected by AIDS has highlighted the range of serious vulnerabilities suffered by children around the world. In light of the interplay among multiple vulnerabilities and the goals of the CRC, efforts to support children affected by AIDS should operate in tandem with broader efforts to strengthen social protection, child welfare and justice.

- However, limited capacity of government, especially in social welfare and for enforcement of justice, is a significant constraint in most countries. New and sustained resources are needed to strengthen systems and build capacity. Capacity gaps analyses of target Ministries should be conducted and form the basis for developing strategies and budgets to improve human resources, service delivery and management capacity.

- Relatively short, uncertain and earmarked funding commitments lend themselves to emergency-type, vertical responses and hamper capacity building. Funding must be flexible and reliable over the long term to make a sustained difference for all vulnerable children. Governments and donors should extend the level, focus and duration of their funding commitments for children to address capacity issues.

4) **Global, regional and national stakeholders must strengthen all aspects of monitoring and evaluation for national responses to children affected by AIDS and other vulnerable children.**

- Data on the coverage and quality of programmes to support children affected by AIDS and other vulnerable children are inadequate. There is a lack of consensus among

global, regional and national stakeholders on the best way forward to improve monitoring and evaluation. With the *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS* (UNICEF et al 2005) as the starting point, global and regional level stakeholders, led by the UNAIDS Monitoring and Evaluation Reference Group, need to work together to provide and support the implementation of practical, operational guidance that includes a focus on children's status, is harmonized with protection and other sector indicators and meets global goal, donor information and programming requirements.

There remains a need to develop monitoring systems for OVC programmes that meet the specificity of local operations, while retaining the ability to analyze data in accordance with national and international definitions. This will help reduce confusion around terminology and will allow for differing target group definitions for purposes of measurement versus programming as well as definitions that reflect local context. More dedicated resources and technical support for monitoring and evaluation and reporting systems also urgently needed.

5) **National, regional and global stakeholders should increase effort and resources to better address HIV-related stigma and discrimination, which persists in most countries as a significant barrier to all aspects of the AIDS response.**

- Children are deeply affected by AIDS-related stigma and discrimination that inhibits testing prevention and treatment and excludes them and their families from essential services. Awareness-raising campaigns and education alone have not proven sufficient to eliminate AIDS-related stigma and discrimination. New ideas, pilot initiatives and best practices are urgently needed to better target the root causes, engender community solidarity and ensure effective means of redressel.

- Governments and their partners must also take care that interventions to support children affected by AIDS do not create potential for increased stigma and discrimination due to AIDS, poverty or other issues. With creative thinking, flexibility and intent, governments and their partners can develop responses that help children affected by AIDS while advancing a rights-based agenda for all children.

6) **The NPA Working Group, the IATT on Children and HIV and AIDS, the GPF and other global, regional and national stakeholders should promote better documentation and information sharing on national responses for children affected by AIDS and other vulnerable children.**

Beginning in the 1990's with NPAs for children, valuable lessons continue to be learned. However, inadequate documentation and limited information sharing prevent current programmes from realizing the full benefit of these lessons. There are several ways to better share and profit from current and future learning, including the following:

- The NPA working group and other stakeholders should 'advertise' and promote the use of www.aidsportal.org, the better care network (www.crin.org/bcn), and other information banks to ensure that best practices are shared and failures not repeated. Today, only about four NPAs for children affected by AIDS and other vulnerable

children are available on the internet and many other documents are scattered and hard to find through standard searches. The existence of these web-based information banks and guidance for their use should be widely disseminated to all stakeholders through various organizations, their websites and global, regional and national conferences.

- The NPA working group should support stakeholders in a select number of countries to systematically document their experiences and lessons learned while developing national responses for children affected by AIDS and other vulnerable children. The information gathered through interviews for this study provided significant insight that was otherwise not available in print. A systematic approach to gathering "national response development stories" and posting them on the relevant websites would prove useful to stakeholders at all levels.

- The IATT on children and HIV and AIDS should support efforts to identify and strategically link countries with similar context and similar national responses within and across regions to share best practices and lessons learned. Regions are not homogenous and neither are prevalence groupings (i.e., there is significant diversity within the groups of countries that have high, concentrated and low prevalence epidemics). However, countries can be grouped according to the various criteria suggested for the decision tree framework. Countries found to be similar would benefit more from one another's experiences than from a neighbouring country that may have a completely different context and response.

- The NPA working group should consider developing simple, reliable tools and a standardized approach to undertake future assessments of the status of national responses for children affected by AIDS and other vulnerable children. This approach could integrate and replace the currently used policy effort index. The methodology might involve:
    o An updated literature review,
    o Administration and analysis of a close-ended questionnaire based on the study questions posed in this review. The questionnaire would be completed by stakeholders in all countries that are mounting a national response for children affected by AIDS.
    o An in depth review of selected countries to develop case studies and lessons learned on the different types of national responses. This review would include interviews with a representative sample of stakeholders at the national regional and local levels.

- The use of simple tools to gather standard data from a purposeful sample of countries would provide a more comprehensive review of national responses and result in more rigorous findings and recommendations.

- Progress on the five action areas offered above would help to advance national responses for children affected by AIDS and ultimately, improve outcomes for all children.

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