Executive Summary

In 2005 to coincide with the Irish launch of the UNICEF *Unite for Children*, *Unite against AIDS campaign* the Taoiseach committed Ireland to investing additional resources to interventions that benefit children. Hence, these guidelines are positioned within the draft *HIV and AIDS, Policy & Strategy,* the Taoiseach's initiative and the Government White Paper on Irish Aid (2006) while reflecting Ireland's commitment to *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (UNICEF, UNAIDS 2004) and the *Enhanced Protection for Children Affected by AIDS* (UNICEF, 2007).

This guidance document has posited priority issues and responses to children living in the context of HIV and AIDS within four key policy areas already prioritised within Irish Aid. These are POVERTY REDUCTION, HEALTH, EDUCATION, and GOVERNANCE. Hence, a child focus has been built into existing policy actions identified within the four policy priority areas above.

Irish Aid's response to children is governed by six good practice standards, i) child rights; ii) child protection; iii) child participation; iv) child poverty lens/pro-poor approach; v) lifecycle, gender and disability sensitivity; vi) keeping families together, and vii) use of language. Irish Aid will ensure that multilateral, bilateral, civil society and programmatic responses supported by Irish Aid will incorporate these standards where applicable and practicable. This standard is fundamental to Irish Aid's response and provides the benchmark through which implementation will be monitored and evaluated.

The penultimate section of the guidelines presents four short-to-medium term responses to children living in the context of AIDS. These are that,

I. **Irish Aid will contribute to the global, regional and country level debate on social protection, while supporting and advocating for the extension of social protection mechanisms to benefit children living in the context of HIV and AIDS as enshrined in the United Nations Convention on the Rights of the Child, 1989.**

II. **Ireland will work to keep PMTCT and paediatric treatment on the global agenda, while advocating for and supporting at regional and country levels responses that will facilitate an increase/remove barriers to access to PMTCT and paediatric services in the context of health system strengthening.**

III. **Irish Aid will support initiatives that seek to strengthen the role of civil society in the context of children affected by HIV and AIDS, while encouraging the development of partnerships with the state. Irish Aid will further support and advocate for initiatives that enable partnerships between community, faith-based and national NGO's to strengthen the potential for 'one' civil society voice at national level.**

IV. **Irish Aid will support specific interventions in prevention education targeting the most vulnerable children including children living on the street, out-of-school youth and child-headed households.**

The final section of the *Guidelines for Irish Aid's response to children living in the context of HIV and AIDS,* builds a child focus into a number of existing key policy actions contained within the four policy priority areas of POVERTY REDUCTION, HEALTH, EDUCATION & GOVERNANCE as follows:-

GLOBAL LEVEL	REGIONAL LEVEL	COUNTRY LEVEL
• **advocate for and support the development and expansion of Social Protection mechanisms and instruments to tackle child poverty in the context of HIV and AIDS** • **promote the visibility of children within HIV discourse** • **promote a rights based commitment to combat disinheritance, promote civil registration, & develop child protection frameworks** • **protect the rights of women and girls** • **link research to programmatic interventions** • **encourage application of UNICEF *Framework* response** • **advocate for a child-centred approach** • **advocate for DAC OECD peer review to include children**	• **advocate for and support the development and expansion of Social Protection mechanisms and instruments to tackle child poverty in the context of HIV and AIDS** • **support REC's[1] to implement Livingston Declaration & other regional protocols that may impact on children** • **support partnership between donor subgroup and UNICEF ESARO**	• **health & education pro-poor system strengthening** • **support development of PMTCT & Paediatric skills and capacities** • **build coherence with like-minded donors around social protection & other child-focused services** • **support gender responsive and child protection legislative frameworks** • **strengthen civil society's capacity to engage in policy dialogue** • **promote the inclusion of a pro-poor approach to children in planning and budgetary processes** • **advocate for a child-centred approach** • **promote rights-based commitment to combat disinheritance, promote civil registration & develop child protection frameworks**

[1] REC = Regional Economic Committee

Guidelines
Irish Aid Response to Children living in the context of HIV and AIDS

(i) Who are these guidelines intended for?

The guidelines are intended for use by Irish Aid staff working on poverty alleviation, risk and vulnerability, health, education and HIV issues in country programmes and at regional and HQ levels. They should serve as a guide for policy dialogue and to inform engagement with country governments, regional bodies, other donors, multilateral agencies and NGOs.

(ii) Methodology adopted for the development of guidelines

These guidelines emerge following a comprehensive process of documentary analysis and field appraisal. Mapping existing programme support and tracking Irish Aid expenditure on children has also formed part of this process. These stages have been supported by a wide-ranging process of consultation with donors, international NGO's, and Irish Aid staff. Comprehensive reports have been produced which document in detail the issues arising at each stage of development; these include:-

- Briefing paper which is a synopsis of issues emerging within relevant literature in relation to children orphaned and/or vulnerable in the context of HIV and AIDS, while contributing to an understanding of the existing evidence base and identifying where some of the gaps in knowledge lie

- Issues paper following a field appraisal mission to Kenya and Zambia, which documents the issues as they arose in discussion with NGO's, CBO's, FBO's, statutory agencies, Irish Aid personnel, multilateral agencies and individuals with an interest in children affected by HIV and AIDS

- Report of consultations undertaken in relation to children affected by HIV and AIDS

- Existing programme support with *estimated* expenditure tracking

The Guidelines for Children living in the context of HIV and AIDS will not replicate the detail contained in these reports; however, copies of the aforementioned documents are available on request from Technical Section, Irish Aid, Headquarters.

(iii) Irish Aid's response to HIV and AIDS

Irish Aid's response to HIV and AIDS has been guided by its understanding of poverty and vulnerability and how HIV relates to this. The 2000 HIV/AIDS Strategy for the Ireland Aid programme identifies HIV and AIDS as a disease of poverty and more recently of inequality, driven by gender inequality and abuse of human rights. It acknowledges that addressing HIV and AIDS is fundamental to poverty and vulnerability reduction, while promoting a broad based development response to HIV and AIDS focused on pro-poor growth, provision of basic services and addressing the poor status of women. Irish Aid's response to children living in the context of HIV and AIDS incorporates a natural extension of that approach in that HIV and AIDS is purely the lens through which issues affecting children orphaned or vulnerable by whatever means may be addressed.

(iv) Policy home for children living in the context of HIV and AIDS

The forthcoming *Tackling HIV and AIDS to Reduce Poverty and Vulnerability, HIV and AIDS Policy and Strategy, 2008,* is the policy framework through which these guidelines will be operationalised. This document has afforded particular priority to four thematic areas in terms of advocacy, policy dialogue, programme response and operational research; children living in the context of HIV and AIDS are the second thematic area prioritised:-

Children living in the context of HIV and AIDS

The AIDS epidemic has affected millions of children and adolescents and is placing increasing numbers at risk. AIDS weakens such traditional protective mechanisms as parental care and support, intensifies vulnerability and income poverty, and provokes stigma and discrimination. This increases children's risk of exposure to abuse, exploitation and neglect[2].

As a priority thematic area Irish Aid will:

- contribute to the global, regional and country level debate on social protection, while supporting and advocating for the extension of social protection mechanisms to benefit children living in the context of HIV and AIDS as enshrined in the United Nations Convention on the Rights of the Child, 1989.
- work to keep PMTCT and paediatric treatment on the global agenda, while advocating for and supporting at regional and country levels responses that will facilitate an increase/remove barriers to access to PMTCT and paediatric services in the context of health system strengthening.
- support initiatives that seek to strengthen the role of civil society in the context of children affected by HIV and AIDS, while encouraging the development of partnerships with the state. Irish Aid will further support and advocate for initiatives that enable partnerships between community, faith-based and national NGO's to strengthen the potential for 'one' civil society voice at national level.

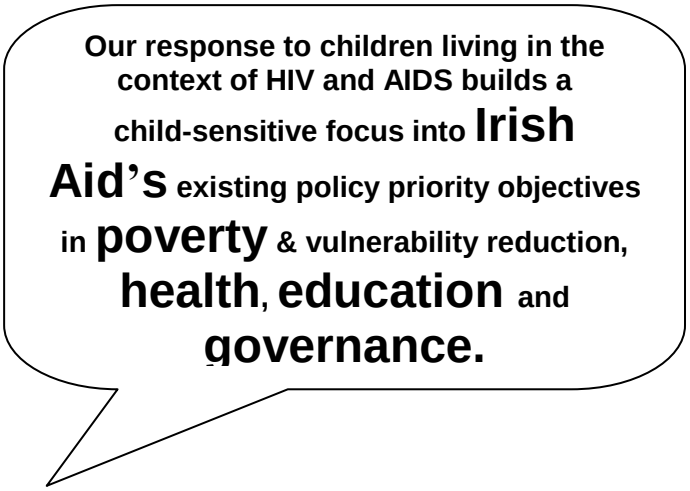
from Chapter 4.2, Tackling HIV and AIDS to Reduce Poverty and Vulnerability – HIV Policy and Strategy 2008

This guidance document has posited priority issues and responses to children living in the context of HIV and AIDS within four key policy areas already prioritised within Irish Aid. These are,

- **POVERTY** **poverty reduction as the overarching objective of Irish Aid, White Paper on Irish Aid, (2006)**
- **HEALTH** **Health Policy, *Improving Health to Reduce Poverty,* (Irish Aid, 2007)**
- **EDUCATION** **Education Policy, Building Sustainable Education Systems for Poverty Reduction, (Irish Aid, 2007)**
- **GOVERNANCE** **Good Governance Policy, (Irish Aid, 2007); Local Development Policy and Guidelines, (Irish Aid, 2007)**

The response to children identified herein largely builds on existing recommendations currently driving and defining the work of Irish Aid, that are pro-poor and targeting the most vulnerable to ensure children's visibility within the response.

[2] Enhanced Protection for Children Affected by AIDS, A Companion Paper to the Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS , UNICEF, 2007



In 2005 to coincide with the Irish launch of the UNICEF *Unite for Children*, *Unite against AIDS campaign* the Taoiseach committed Ireland to investing additional resources to interventions that benefit children. Hence, this guidance note is also posited within the Taoiseach's initiative, while reflecting Ireland's commitment to *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (UNICEF, UNAIDS 2004) and the *Enhanced Protection for Children Affected by AIDS* (UNICEF, 2007). Other international commitments, which frame Ireland's response to children living in the context of HIV and AIDS, include:-

- UNGASS Declaration of Commitment on HIV/AIDS (2001)
- Political Declaration (2006)
- Dublin Declaration (2004) reinforced by the Vilnius Conference (2004)
- UN Convention on the Rights of the Child (1989)
- Communiqué from Gleneagles Summit 2005
- Review of the United Nations Millennium Declaration 2005

(v) Objective, structure and use of the guidelines for children living in the context of HIV and AIDS

The objective of this guide is to inform Irish Aid's engagement in policy dialogue at country, regional and global levels and to provide guidance on good practice standards to govern our support and input into programmatic responses.

SECTION 1	isolates key issues affecting children living in the context of HIV and AIDS under the four policy priority areas within Irish Aid: POVERTY REDUCTION, HEALTH, EDUCATION and GOVERNANCE[3].
SECTION 2	lists good practice standards to govern implementation of responses to children living in the context of HIV and AIDS.
SECTION 3	provides a brief overview of Irish Aid's response to children currently
SECTION 4	presents 4 short-to-medium term priorities and a matrix of responses building children into existing Irish Aid policy priorities

If you are familiar with the issue of children affected by HIV and AIDS, please go directly to programming guidance contained in sections 2 and 4.

[3] For a more comprehensive overview of the issues affecting children living in the context of HIV and AIDS, see the *Briefing Paper* and *Issues Paper* produced in complement to this process as per (ii) above, and refer to reference material cited at the back of this guidance document.

SECTION 1

1.1 Overview of Children living with and affected by HIV and AIDS

It is estimated that 1,150 children become infected with HIV daily and 2.5 million children are living with HIV worldwide. Of those, 80% are born in sub-Saharan Africa and 90% of infections are acquired through Mother-to-Child (MTC) transmission. However, only one in ten HIV positive pregnant women are offered anti-retroviral treatment (ART), which can reduce the risk of MTC transmission, by 40%. In some of the worst affected countries, AIDS is the biggest cause of death among the under 5's and yet only an estimated 10% of children needing antiretroviral treatment receive it. HIV progresses rapidly in children with an estimated one third of infants dying by the time they reach their first birthday. In 2007, an estimated 330,000 children died of AIDS-related causes; the vast majority of these deaths were preventable.[4]

While not infected with HIV, many more children are affected and it is estimated that 15 million children under 18 years have lost one or both parents to AIDS, with the vast majority, 12 million, resident in sub-Saharan Africa. With the consequent loss in affection, support and protection, children are rendered more vulnerable to poverty, social dislocation, exploitation and abuse, while others may become responsible for the care of siblings and/or other ill adult members of the household. One in six households is caring for at least one orphan. The number of orphaned children as a result of AIDS is projected to exceed 25 million by the end of the decade[5], and the number of children in sub-Saharan Africa who have lost both parents to AIDS will rise to 8 million from 5.5 million in 2001, according to estimates[6].

Women, children and elderly caregivers are frequently the hardest hit in communities affected by HIV and AIDS as they balance both care giving and income earning roles with fewer physical assets. Income losses coupled with rising medical costs and ultimately funeral expenses may plunge a household into chronic poverty. The poorest households are likely to resort to non-reversible coping strategies including the sale of land and livestock or withdrawal of children from school because of the lack of other coping means. Deepening poverty, compromised parenting coupled with school absence and the physical and psychological burden on children caring for sick and dying parents have incalculable consequences for the next generation.[7]

Savings are diverted to pay for cost of illness which lowers GDP, while the net impact on GDP in sub-Saharan Africa is estimated to be 1% less because of the epidemic[8]. The International Monetary Fund published research which suggested that in countries where HIV prevalence is 20% or higher, growth declines by up to 1.5% per annum, while per capita incomes are likely to fall by 67% over a twenty year timeframe[9].

Lastly, while perhaps not directly affected, the vast majority of children experience the impact of HIV and AIDS in high prevalence regions due to the adverse affect on school, health and other civil and public services. It is estimated that 90% of children in Zimbabwe and in other countries with severe HIV/AIDS epidemics have been affected as a result of the impacts of HIV/AIDS.[10]

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[4] UNAIDS/WHO, *AIDS Epidemic Update,* November 2007
[5] UNAIDS, Orphans & Vulnerable Children Fact Sheet, 2007
[6] UNICEF, UNAIDS et al, *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS,* July 2004
[7] Ibid
[8] Bell et al, *from* UNAIDS, *Report of the Global AIDS Epidemic*, 2006
[9] Bonnel, R., *quoted in* Bennet, T., *Structural Adjustment and the Spread of HIV/AIDS,* South African Journal of Economics, 2000
[10] Catholic Relief Services, 2004, *from* Richter L., Rama S., *Building Resilience; A Rights Based Approach to Children and HIV/AIDS in Africa,* Save the Children, Sweden, 2006

1.2 Poverty

Poverty reduction to reduce vulnerability and increase opportunity is the overarching objective of Irish Aid
(White Paper on Irish Aid, 2006)

Child poverty in the context of HIV and AIDS and other communicable diseases is multidimensional and beyond the scope of this guidance note. Paragraphs 1.2.1 and 1.2.2 highlight the most salient impacts on child poverty resulting from HIV and AIDS.

1.2.1 Household poverty & child labour

HIV is a slow but progressive disease and each bout of illness presents a range of negative economic consequences for the household and loss of productivity for the sectors in which the sick and their caregivers are involved. The immediate impact on the household however is the loss of labour and consequently income when a breadwinner falls ill. Income losses coupled with rising medical costs and ultimately funeral expenses may plunge a household into chronic poverty. Furthermore, the poorest households are likely to resort to non-reversible coping strategies including the sale of land and livestock or withdrawal of children from school because of the lack of other coping means. Hence the burden of AIDS tends to impact most severely on the poorest households, with women, children and elderly caregivers the hardest hit.[11]

One study found that although there are long existing patterns of child labour in South Africa, the HIV and AIDS pandemic and associated poverty seems to have increased the trend of young children engaging in paid and unpaid labour[12]. Household poverty following the death of a parent or income earner to AIDS is one of the primary factors forcing children to drop out of school and enter the labour market. Girls are usually the first to be withdrawn from school in order to take up domestic positions that are oftentimes poorly paid and hidden from public view where sexual and other violent assaults and exploitation may be facilitated. Child labour is filled with numerous risks including sexual exploitation and HIV infection[13]. When households lose productive members, incomes decline, at least over the medium term and productive labour is shifted from generating income or food to care for sick family members. At the same time, health-care costs increase followed by funeral expenses. There are widespread reports of families selling or renting household goods and assets (from clothing and utensils to livestock and land) to get needed cash. Grandparents or elderly guardians are likely to become primary caregivers for orphaned children and assume a heavy financial burden in the process. It is within this context that children are withdrawn from school (to save money) and/or encouraged to work (to earn money), either to assist their families or provide for themselves[14]. Furthermore, many orphaned and vulnerable children are forced into labour or sexually exploited for cash to obtain 'protection', shelter or food[15]

Girls may be vulnerable to child marriage in AIDS affected communities, as parents may hold a belief that their daughters will be safer or financially better off if married early. However, despite the intention to build a network of relationships that act as a safety net in times of shortage or hardship, young girls in some regions are married to men twice their age, where the power differential is too large to bridge. In such circumstances young girls are subject to physical and sexual abuse and may be at increased risk of

[11] USAID, *Impact of HIV/AIDS on Pro-Poor Growth,* January 2005
[12] Mturi & Nzaminde, 2003, *from* Ibid
[13] Rau B., *HIV/ AIDS and Child Labour; A State of the Art Review,* International Labour Organisation, Paper No. 6, 2003
[14] Ibid
[15] UNICEF, UNAIDS, *The Framework for the Protection, Care of Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS,* July 2004

contracting HIV[16]. Anecdotal evidence suggests that young girls are placed in sex work from a young age by parents and other relatives because the younger they are the greater their earning potential. Young children are brought to cities on the death of a parent and placed/sold to fishing, mining and other industries. There is broad consensus that the HIV and AIDS pandemic and associated poverty has increased the trend of young children engaging in paid and unpaid labour and the *Enhanced Protection for Children Affected by AIDS* document highlights the need for more rigorous research and evidence-based knowledge on the connections between trafficking and child labour.

1.2.2 Street Children

The extent to which HIV and AIDS has contributed to a perceived increase in the number of children living on the street is unclear. However, households experiencing extreme poverty, domestic violence, disintegration of families, orphan hood, and children living with grandparents who may be unable to cope are cited as just some of the reasons why children are living on the street. Evidence suggests a relatively contained but increasing problem with solvent abuse among street children, while there appears to be a particularly poor understanding of drug abuse and no capacity to support young problematic drug users. Hence, street children who do not demonstrate a willingness to be "rehabilitated" are returned to the street where they are vulnerable to violence, exploitation and HIV.

1.3 Health

Health will continue to be a priority sector for Irish Aid. The health policy is built on the premise that health is a basic human right and that investing in health is essential for poverty reduction and achieving the Millennium Development Goals. Attention is focused on supporting country level responses to the health needs of the poor and development of effective and sustainable health systems.

(Irish Aid, *Health Policy; Improving Health to Reduce Poverty*)

1.3.1 PMTCT and Paediatric ART

Ninety per cent of children infected with HIV acquire the infection through Mother to Child Transmission (MTCT), which can occur during pregnancy, delivery or breastfeeding. In the absence of any intervention the risk of such transmission is 15–30% in non-breastfeeding populations, however, breastfeeding by an infected mother increases the risk by 5–20% to a total of 20–45%[17]. However, in resource poor settings caesarean delivery is oftentimes not feasible and it is often neither culturally acceptable nor safe to refrain from breastfeeding. Barriers to the Prevention-of-Mother-to-Child-Transmission (PMTCT) can include a preference for home/traditional birthing practices or resistance to HIV testing in pregnancy for fear of partner notification or rejection compounded by stigma and discrimination. Considerable efforts have been made to introduce and expand PMTCT programmes, which have been shown to be feasible, acceptable and cost-effective, yet despite significant progress they have not been implemented widely in

[16] Ibid and Inter Agency Task team on Children and HIV and AIDS, Population Council Presentation, 24th April 2007

[17] World Health Organisation, *Antiretroviral Drugs for Treating Pregnant Women and Prevention HIV Infection in Infants, Towards Universal Access,*2006 Version

resource-constrained settings[18]. By 2006, only 9% of pregnant women living with HIV were receiving ARV prophylaxis for PMTCT.

The *Unite for Children, Unite against AIDS Campaign*[19] aims to provide PMTCT services to 80% of HIV positive pregnant mothers by 2010; however, there are no indicators to suggest that this goal will be met.

It is estimated that 1,150 children become infected with HIV daily, the vast majority, 90%, through MTCT. The virus progresses rapidly in children with one third of infants dying by their first birthday and one half by their 2nd birthday[20]. Without treatment, most children will die before their 5th birthday and while children account for only 8% of overall HIV infections, they represent 19% of all AIDS-related deaths[21]. Over 90% of children infected with HIV live in sub-Saharan Africa, where there is least access to paediatric treatment. In 2005, only 4% of children needing cotrimoxazole[22] prophylaxis received it and only 10% of children requiring ARV's were afforded access[23]. One of the main challenges of paediatric HIV/AIDS care and treatment relates to the health system infrastructure, in particular the lack of health staff within existing health services or limited availability of laboratory facilities[24]. There is an absence of simple and affordable diagnostic tests and fixed dose child appropriate ARV's. Some tablet formulations are only appropriate for adult consumption forcing physicians to chop or crush them for children and many drugs have adverse side effects that render administration to children more difficult. Resistance and intolerability to front line drugs compounds the problem of administration to children and cost is frequently a factor precluding second line drugs; these are 6 to 12 times more expensive than first line drugs in sub-Saharan Africa.

While, the UNICEF *Unite for Children, Unite against AIDS Campaign* reports that single dose formulations are becoming ever more available, the campaigns goal to provide paediatric ARV or cotrimoxazole or both to 80% of children in need by 2010 is unlikely to be met[25].

Ultimately, global advocacy for the promotion and access to treatment for children has been insubstantial. However, there are significant barriers to be overcome including skilled staff deficiency in health systems, dearth of laboratory test facilities, accessibility of treatment services for pregnant women, PMTCT midwives are insufficiently trained, stigma and discrimination that precludes take up of services for fear of rejection and abandonment if the result is positive. Those who have overcome barriers to access may experience treatment failure due to poor nutrition or lack of clean water supplies, while the most vulnerable households affected by HIV and AIDS may not be in a position to afford transport costs to specialist services or testing surcharges.

1.3.2 Physical and Psychological Impact of Parental Illness and Death on Children

There is significant evidence to suggest that children orphaned by AIDS are significantly less healthy than non-orphans; are less likely to be in school during parental illness or to remain in school following the death of a parent; are at higher risk of child labour, and in the case of adolescent orphans, to sexual exploitation, and increasing vulnerability to

[18] World Health Organisation, *Antiretroviral Drugs for Treating Pregnant Women and Prevention HIV Infection in Infants, Towards Universal Access,*2006 Version
[19] UNICEF, October 2005
[20] Ibid
[21] UNAIDS/WHO, *AIDS Epidemic Update,* 2007
[22] Cotrimoxazole is an antibiotic combination used in the treatment of a variety of bacterial infections. It has been shown to be particularly effective as a prophylaxis to PCP and other infections that may present in children who are immune-suppressed.
[23] UNICEF, *Children and AIDS; A Stocktaking Report,* January 2007
[24] Ibid
[25] Ibid

HIV[26]. Orphaned children are significantly more likely than non-orphans to experience hunger and are less physically healthy[27]. The death of a parent has a critical impact on early life and development and studies demonstrate that the survival of children less than 3 years is at stake particularly when mothers are dying or have recently died; children at this age are 3.9 times more likely to die during the two years surrounding a mother's death[28]. In countries with the highest HIV prevalence, AIDS has made a dramatic difference in child mortality rates; a cohort study undertaken in Uganda found an association between increased mortality rates in children within one year following the death of a parent[29].

Children orphaned and vulnerable in the context of HIV and AIDS may experience considerable psychological distress which may be impacted by food insecurity, conflict, widespread unemployment or lack of essential services. A study in Uganda found that children orphaned by AIDS had higher levels of anxiety, depression and anger, with a tendency towards inactivity, feelings of hopelessness and thoughts of suicide[30]. Interviews conducted throughout the process of consultation and during the field appraisal pointed to the dearth of professional psychological, counselling and social work services available to children.

1.3.3 Prevention

As medical costs increase, the most vulnerable households will tend to adopt non-reversible coping mechanisms which include the removal of children from school to engage in income generating labour or to provide care and support to sick adults. Hence, as education is one key entry point for HIV prevention, some of the most vulnerable children are precluded from accessing HIV prevention. Prevention interventions appear to be missing the most 'at risk' populations and approaches to HIV prevention are oftentimes too generalised. At this stage of the pandemic there are more new HIV infections per year than there are AIDS-related deaths and both investment in scale up of prevention services and knowledge management to inform the development of future prevention strategies is crucial if significant progress is to be realised.[31]

1.4 Education

Irish Aid will…advocate for policies and strategies aimed at the removal of barriers to educational access for the poorest including abolition of school fees and the elimination of school related costs, the elimination of child labour, increased access to early childhood and adult education and the provision of appropriate non formal education services.

*(*Education Policy; Building Sustainable Education Systems for Poverty Reduction, June 2007)

[26] Maastricht Graduate School of Governance, UNICEF, *HIV/AIDS and Its Impact on Children,* Policy Brief No.1, June 2006; UNICEF, UNAIDS, *Africa's Orphaned and Vulnerable Generations; Children Affected by AIDS,* August 2006; Save the Children Sweden, *Missing Mothers,* 2006; Save the Children, *Building Resilience; A Rights Based Approach to Children and HIV/AIDS in Africa,* 2006

[27] Gerter et al, 2004,, *from* Ibid

[28] UNICEF, UNAIDS, *Africa's Orphaned and Vulnerable Generations; Children Affected by AIDS,* August 2006

[29] Nakiyingi et al,2003, *from* Maastricht Graduate School of Governance, UNICEF, *HIV/AIDS and Its Impact on Children,* Policy Brief No.1, June 2006

[30] UNAIDS, *Africa's Orphaned and Vulnerable Generations; Children Affected by AIDS,* August 2006

[31] UNAIDS, *Intensifying HIV Prevention*, 2005

Although there are exceptions, evidence from research across several countries demonstrates lower school enrolment rates among orphans than non-orphans. After death the hazards of missing school are greatest for double orphans. A study from Mexico and Indonesia found that children with a deceased parent are more likely to drop out of school and are less likely to start school[32]. Similarly a long-term impact study undertaken in a Northern region of Tanzania, shows that maternal death causes persistent impact on years of education of almost one year[33].

The relationship between an orphan and head of household impacts on school attendance; the closer the biological tie, the greater the chance the child will go to school[34]. While a household may not be resource poor, the head of household may choose to privilege his/her own children over fostered/adopted children.

Poverty is the single most significant factor determining school attendance and drop out rates are particularly high among children caring for sick parents and young girls who are forced into early marriage. A project working with women and girls in Kenya reported that orphaned girls as young as nine are supporting their siblings through sex work. Children orphaned and vulnerable in communities affected by HIV and AIDS are at risk of missing out on education thus reducing the capacity of the next generation to climb out of poverty; they may be subject to exploitative labour, transactional/survival sex and sexual abuse and are consequently more vulnerable to HIV. It is well established that children of HIV+ parents tend to reduce attendance or drop out of school with the onset of parental illness; one common strategy in HIV and AIDS affected households is to take children out of school because help is needed in the home and/or with decreased income, school fees can no longer be afforded[35].

Education is an entry point for HIV prevention, nutrition, sexual and reproductive health, and a host of general health and life skills initiatives that enable vulnerable children to participate in and to break the cycle of poverty. Young girls tend to be removed from school first when a parent/caregiver falls ill and/or may be forced into child marriage in AIDS affected communities. Young girls in some regions are married to men twice their age, where the power differential is too large to bridge. In such circumstances young girls may be subject to physical and sexual abuse and may be at increased risk of contracting HIV[36]. Furthermore, transactional sex with concurrent relationships between young girls, older men and younger men is an important factor in the spread of HIV in some of the worst affected regions. Hence, keeping young girls in education is crucial for HIV prevention, empowerment and pro-poor growth as education of women is highly correlated with an increase in household economic and physical well-being, enabling their productive capacity[37].

A systemic response to keeping children in school is lacking. Despite the abolition of school fees up to Grade VII in Zambia and other low income countries, which has facilitated considerable uptake in primary education, access challenges remain. Schools have not been compensated for loss of income following the abolition of fees and are consequently resource constrained. New compulsory charges implemented by schools, coupled with the cost of uniforms and books is ensuring that the most vulnerable children remain outside the formal education system. In some cases there are insufficient numbers of state schools to cater for the population and consequently in some of the most vulnerable districts, community schools are filling the gap. These are

[32] (Gertler et al, 2004), *from* Graduate School of Governance, UNICEF, *HIV/AIDS and Its Impact on Children,* Policy Brief No.1, June 2006
[33] (Beegle et al., 2005), *from* Ibid
[34] UNICEF, UNAIDS, *Africa's Orphaned and Vulnerable Generations; Children Affected by AIDS,* August 2006
[35] Graduate School of Governance, UNICEF, *HIV/AIDS and Its Impact on Children,* Policy Brief No.1, June 2006
[36] UNICEF et al, *Enhanced Protection for Children Affected by AIDS,* March 2007; Inter Agency Task team on Children and HIV and AIDS, Population Council Presentation, 24th April 2007
[37] UNICEF, *State of the World's Children,* 2006

unregulated, offering in some cases poor quality education without structures or support and the teaching staff are oftentimes retired members of the community. While perhaps not ideal, community schools are nonetheless the only form of education available to many of the most vulnerable children and they do have a role to play in preparing children who have been out of formal education to enter state schools.

Education remains the most effective means of preventing the transmission of HIV among young people and maximising school attendance may reduce HIV transmission. A study conducted in 2001 among eight villages in South Africa reported that attending school was associated with significantly lower-risk sexual behaviours among both sexes and lower HIV prevalence among young men[38].

1.5 Governance

Addressing governance…lies at the heart of all poverty reduction efforts and is central to improving aid effectiveness. Better governance can yield a powerful development dividend.

Civil society organisations bring a unique experience and perspective to development that enables the voice of communities to be heard and understood in a way which is often not possible at the level of national government. This places an onus on governments to allow for a multiplicity of voices in the national development effort by encouraging civil society involvement and fostering a culture of partnership.
*(*Good Governance Policy, Irish Aid, 2007)

Strong local capacity reduces vulnerability; ease the effects of external shocks and aids recovery. Proximity to those affected leads to better understanding and quicker responses.

Informed National Policy Development, through lesson learning systems that allows government and partners to develop policy informed by the realities on the ground.
*(*Local Development Policy and Guidelines, Irish Aid, February 2007)

1.5.1 Partnerships between civil society and the state

Responsibility for children orphaned or vulnerable in the context of AIDS or otherwise tends to be allocated to institutionally the weakest and least funded Ministries and despite some genuine commitment to children at these levels, department's are so overburdened as to be completely ineffective. Even in countries where the NPA's have included a parallel "OVC" strategy, there are few resources allocated to enable implementation.

There are few incentives for officials working at district level to partner with civil society and allegations that donor agencies are funding civil society to the detriment of a sustainable Government response are not without foundation. Consequently, responses may be fragmented and are potentially unsustainable.

There is widespread agreement that the only way forward is through meaningful partnerships between civil society and the state to agree, develop and implement a joint strategic framework. On the other hand, there is no mechanism through which this can occur, resulting in an enormous disconnect between strategy and implementation, Government and civil society responses. Institutional strengthening is crucial at both civil society and Government levels, but there appears to be little political will to enable it and so both are simply overwhelmed by the extent of the problem. In some settings, there is no political leadership to tackle HIV and AIDS or invest in the future of the most

[38] Hargreaves J. R. et al, *The association between school attendance, HIV infection and sexual behaviour among young people in rural South Africa,* Journal of Epidemiological and Community Health, 2008;62;113-119

vulnerable children. Governments in some of the worst affected countries have focused their efforts on building a strong economy, but inevitably the slow trickle-down effect of economic growth is not reaching the most vulnerable.

Many civil society organizations, particularly those working at community level, are over-burdened, under resourced and working in a context that is defeating them. However, civil society responses, particularly at community level, are fragmented and institutional weakness coupled with lack of capacity is particularly evident. Funding tends to be result orientated, hence NGO's don't have a chance to step back and look at gaps and oftentimes lack the skills necessary for strategic thinking.

The failure of the state to partner with civil society in the development of effective responses to children is exacerbated by poor relationships between NGO's driven by the largely donor provided cash nexus, which has placed organisations in "competition" with each other. Consequently, the promotion of a joint civil society advocacy agenda is somewhat precluded, which only strong leadership can rectify. However, a poor understanding of participatory democracy exists and there are few leaders emerging to enable a joint advocacy framework either between civil society actors or civil society and the state.

1.5.2 Rights and Entitlements

Registration of a child's identity is a fundamental human right, as stipulated by Article 7 of the Convention on the Rights of the Child. Registration enables a child to obtain a birth certificate, which is the most visible evidence of a government's legal recognition of the child as a member of society. A birth certificate is also proof of the child's relationship with parents and, generally, also determines nationality.

Birth registration may be needed for access to health services, welfare services or school enrolment. In sub-Saharan Africa two-thirds of all births go unrecognized, while in other low and middle income countries 55% of births go unrecognized[39]. Countries particularly affected by HIV and AIDS tend to have especially low levels of birth and other forms of registration including marriage, which has particular implications for women and orphaned or vulnerable children leaving them at risk of abuse, exploitation and inheritance violations[40]. Civil registration is crucial in determining the extent of child mortality or orphan numbers[41], but more importantly and particularly in the case of paternal or double orphans, registration can protect women and children from confiscation of property or other assets following the death of a parent.

Women are disadvantaged in education, access to land and other resources, access to employment and public services. Gender inequality in education and employment has a negative impact on economic growth and in Sub-Saharan Africa where women and girls make up 60% of adults living with HIV and AIDS they are often engaged in non-market production. Increasing resources in women's hands can effectively increase children's nutritional status, and it has been shown that educating women increases child survival while improving school attendance rates[42]. Legal institutional frameworks that protect inheritance, land access and other rights denied to women and vulnerable groups are lacking in some countries with a high HIV and AIDS prevalence rate. Strengthening gender responsive legislative frameworks will positively impact on children, enabling subsequent generations to climb out of poverty.

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[39] UNICEF, *State of the Worlds Children,* 2006
[40] UNICEF, UNAIDS, *The Framework for the Protection, Care of Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS,* July 2004
[41] Grassly N. et al, *Comparison of survey and model-based estimates of mortality and orphan numbers in sub-Saharan Africa,* DFID Reproductive Health Work Programme, 2004
[42] UNICEF, *State of the Worlds Children,* 2007

SECTION 2

2. Good Practice Standards

The following good practice standards will underpin implementation of the *Guidelines for Children living in the context of HIV and AIDS* throughout Irish Aid, and Irish Aid will ensure that multilateral, bilateral and programmatic responses supported by Irish Aid will incorporate these standards where applicable and practicable. This standard is fundamental to Irish Aid's response and provides the benchmark through which implementation will be monitored and evaluated.

2.1 Child Rights

As per the *White Paper on Irish Aid*, "The promotion of human rights, directly and indirectly, will continue to be central to Ireland's foreign policy and all the work of Irish Aid", and the *United Nations Convention on the Rights of the Child, 1989*, particularly,

- Article 1 *"… a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier."* (United Nations Convention on the Rights of the Child, 1989)
- Article 6 the child's right to survival and development
- Article 7 the child's right to registration at birth
- Article 12 the child's right to express his/her views & influence decisions concerning them
- Article 19 the child's right to protection from exploitation and abuse
- Article 24 the child's right to the highest attainable standard of health including preventative healthcare, pre and post natal care for the mother
- Article 26 the child's right to benefit from social security including social insurance
- Article 27 the child's right to a standard of living that includes adequate nutrition, clothing and housing
- Article 28 the child's right to education on the basis of equal opportunity including free education and the provision of financial assistance on the basis of need
- Article 32 the child's right to be protected from economic exploitation
- Article 33 the child's right to be protected from narcotic drugs and psychotropic substances
- Article 34 the child's right to be protected from sexual exploitation
- Article 35 the child's right to be protected from trafficking

2.2 Child Protection

Child protection may be interpreted in different ways but it is generally understood to mean protection from violence, abuse and exploitation. There are four primary categories of child abuse. These are neglect, emotional abuse, physical abuse and sexual abuse. Protecting children from violence, exploitation and abuse is central to realising their rights to survival, growth and development.

The *United Nations Convention on the Rights of the Child* (1989) and the *African Charter on the Rights and Welfare of the Child of the Organisations for African Unity* (1999) both identify the role of the state in protecting children. Legally recognised national child protection systems are a starting point and states should be encouraged to establish mechanisms to ensure the protection of children. In practice, effective child protection requires compulsory training and clarity of responsibility for personnel involved in organisations working with children, complemented by a set of policies and guidelines

relevant to their work. Irish Aid will advocate for and support organisations to operate effective child protection policies and practices.

2.3 Child Participation

As per Article 12 of the *United Nations Convention on the Rights of the Child, 1989,* "1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law."

Irish Aid responses will ensure that children are afforded an opportunity to participate in and influence decisions that affect them, while meaningful opportunities for their participation and engagement in response design and delivery will be facilitated.

2.4 Language

"As long as women and children
remain a number – a statistic
and the bullet – an abstraction
in the sad arithmetic
of greed and cruelty
there will be
no subtraction…"

(Cecil Rajendra, *The Logarithm of Liquidation*)

The impact of HIV and AIDS on children may be lost in statistical data and acronyms that serve to disassociate, dehumanise and objectify child/ren affected by HIV and AIDS, children orphaned and vulnerable. Irish Aid is mindful that the language we employ may contribute to the invisibility of children whether at global policy or national level. When speaking for or on behalf of children living in the context of HIV and AIDS, Irish Aid will seek to do so in a language that does not inadvertently condone children's invisibility or contribute to objectification and disassociation. The terminology adopted by Irish Aid is *children living with and affected by HIV and AIDS, children living in the context of HIV and AIDS,* or simply *children affected by HIV and AIDS* without the application of short form acronyms.

2.5 Child poverty lens

It is apparent that service providers whether at country or community level are responding to poverty and vulnerability in a range of contexts, and not specific AIDS orphan targeting. Communities in resource poor settings are clearly using the exclusivity of HIV and AIDS to tackle vulnerable households of which orphans and vulnerable children, whether by AIDS or other causes, are a significant part. We will work to ensure holistic and integrated responses to vulnerable children, as opposed to purely HIV and AIDS-specific programmes, while advocating for broad-based systemic responses that are rooted in a rights-based and pro-poor approach. Our engagement in Sector Wide Approach's (SWAp's), poverty reduction and social protection strategy development mechanisms, health, education and governance frameworks, will be consistent with the application of a child poverty lens to these and other development instruments.

2.6 Lifecycle, gender and disability sensitivity

In negotiating, advocating, shaping and delivering our response to children, Irish Aid will direct responses appropriately in the context of lifecycle stages, while being attentive to the differing social, cultural, economic, and educational impacts of HIV and AIDS on girls and boys. We will further ensure that children living with disabilities are actively integrated into responses supported by Irish Aid, while advocating through policy dialogue that disability issues do not get lost in the competition for priorities. Irish Aid will endeavour to ensure that lifecycle, gender and disability sensitive approaches underpin our support for children living in the context of HIV and AIDS.

2.7 Keeping families together

Keeping families together will be the mainstay of Irish Aid's response, while recognising that this is context dependent and may not be the most appropriate course in every circumstance. Irish Aid recognises that children's wellbeing is best served by their own families and communities rather than institutional models of care. Irish Aid will work to strengthen families and communities affected by HIV and AIDS through a range of modalities, while promoting interventions that contribute to building the resiliency of vulnerable households against shocks and hazards.

In both policy dialogue and in response to requests for support, Irish Aid will advocate for,

- **a RIGHTS BASED approach to children living in the context of HIV and AIDS**
- **national & institutional CHILD PROTECTION frameworks & policies**
- **the PARTICIPATION of children in accordance with their age & maturity**
- **the application of a CHILD POVERTY LENS to response design and delivery**
- **LIFECYCLE, GENDER & DISABILITY sensitivity**
- **Keeping FAMILIES TOGETHER**

through a language that contributes to the visibility of children

SECTION 3

3. Irish Aid Responding to Children Living in the Context of HIV and AIDS

Ireland's commitment to children affected by HIV and AIDS is reflected in the Taoiseach's announcement in 2005 during the Irish launch of UNICEF's global campaign, *Unite for Children; Unite Against AIDS,* "When doubling our funding for these purposes *{HIV and AIDS and other communicable diseases}*, we will ensure that up to 20% of the increased funding now to be allocated will be invested in interventions that benefit children. This new commitment in regard to children represents a statement of policy". Irish Aid's response to children is estimated to be in excess of €24 million or 20% of programme budget[43] and resources are channelled through a range of organisations working at global, regional, country and community levels.

We are committed to increasing our support for programmes, that address the needs of orphans and vulnerable children, and that assist families and communities who care for children who have lost parents.
We will allocate up to 20% of the additional resources for HIV and other communicable diseases to support vulnerable children.

(White Paper on Irish Aid, 2006)

Irish Aid has supported *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (UNICEF, UNAIDS 2004) and the *Enhanced Protection for Children Affected by AIDS* (UNICEF, 2007) and through its work in developing countries, Irish Aid aims to strengthen government capacity to respond to children affected by HIV and AIDS and to support sub-national and NGO responses at district and community levels.

In Zambia specifically, Irish Aid has led an emergency response to children affected by HIV and AIDS in the Copperbelt region through core funding mechanisms to organisations working at community level. Education as an entry point for HIV prevention has been central to Irish Aid's response to children; a number of country programmes have engaged in education system strengthening to build the capacity of teachers to effectively realise HIV prevention, sexual and reproductive health promotion, while ensuring widespread prevention education access for young people. In Tanzania, comprehensive youth targeted HIV prevention has been the main focus of the programme, with capacity building, life skills development and safer sexual negotiation components incorporated. In Uganda, the media has been effectively engaged in the development of radio programmes broadcast in three local languages, which transmit frank discussions in relation to child rights, life skills development and sexual and reproductive health issues. While also engaged in prevention education initiatives, the Irish Aid programme in Ethiopia has further focused on vulnerability reduction and impact mitigation.

The psychological impact of parental illness and death and the extent to which children's early development is affected in the context of HIV and AIDS has prompted support of

[43] Mapping Irish Aid Expenditure on Children, 2007 – *internal document, unpublished.*

trauma counselling and initiatives that work to care and support children though grief. The Horizon's Research Project in South Africa explores current practices on paediatric antiretroviral rollout and integration with childhood development programmes in Limpopo Province, while in Lesotho the GROW project supports children affected by AIDS to develop effective coping strategies to mitigate against the impacts of HIV and AIDS in their lives.

Irish Aid's regional programme primarily focused on Eastern and Southern Africa has prioritised a number of thematic areas responding to critical needs in the region, including interventions that focus on children who are orphaned or otherwise affected by HIV and AIDS. Consequently, the impact of HIV and AIDS on children has been given special attention in regional policy dialogue, programmatic responses and operational research. Research initiatives supported have focused on child trafficking, child protection frameworks and bottlenecks precluding communities from accessing resources, while education and life skills development characterise programmatic responses.

Through multilateral partnerships with UNICEF, the Global Fund to Fight AIDS, TB and Malaria, the Clinton Foundation, the World Health Organisation, UNFPA and UNAIDS, Ireland contributes to increasing the availability of paediatric treatment, while preventing HIV transmission to children through scale up of Prevention-of-Mother-to-Child-Transmission (PMTCT). In supporting research initiatives like the Joint Learning Initiative on Children and HIV/AIDS (JLICA) and Mema Kwa Vijana[44], Irish Aid aims to expand the evidence base to ensure the development of more effective policies for children in the context of AIDS. Our membership of the Inter Agency Task Team (IATT) for Children and HIV and AIDS at country, regional and global levels is one mechanism through which our commitment to the advancement of policy dialogue in the interests of children affected by HIV and AIDS is currently realised.

Civil society partners are core to Irish Aid's response to children and through Multi-Annual Partnership Schemes (MAPS) and other funding mechanisms, civil society provides a wide range of child focused interventions.

[44] Adolescent HIV, sexual and reproductive health research

SECTION 4

4. Key Actions

This chapter provides a range of responses to the issues selected in SECTION 1 of this guidance note. In its response to children Irish Aid will focus on four short-to-medium term priority responses as presented in 4.1, while including in 4.2 a selection of strategic actions within policy priorities areas of poverty reduction, health, education and governance into which a particular child focus has been inserted. These have been identified and informed throughout a lengthy process of consultation and engagement with a wide range of stakeholders and Irish Aid staff at regional, country and HQ levels. Responses presented have also taken account of Irish Aid's comparative strengths as outlined in ANNEX A.

4.1 Short-to-Medium Term Key Actions for Irish Aid

In the short-to-medium term, Irish Aid will advocate and support at global, regional and national levels,

- **the development and expansion of Social Protection mechanisms and instruments to tackle child poverty in the context of HIV and AIDS**
- **increased access to PMTCT and Paediatric treatment services**
- **strengthened Civil Society engagement with the state and the development of platforms to facilitate civil society dialogue and Partnership**
- **support the most vulnerable children through prevention EDUCATION**

- **SOCIAL PROTECTION: - Irish Aid will contribute to the global, regional and country level debate on social protection, while supporting and advocating for the extension of social protection mechanisms to benefit children living in the context of HIV and AIDS as enshrined in the United Nations Convention on the Rights of the Child, 1989.**

WHAT IS SOCIAL PROTECTION?

SOCIAL PROTECTION is the means through which the risks and vulnerabilities experienced by poor people/households may be tackled through instruments which can help to stimulate economic growth by decreasing reliance on non-reversible coping strategies that may lead to increased poverty. Social protection is emerging within the development policy agenda on two levels; as a right on the basis of citizenship as enshrined in Article 22 of Universal Declaration on Human Rights and secondly in terms of the capacity of certain instruments to contribute to poverty reduction and economic growth. There is a significant body of evidence emerging from South America primarily and some pilot programmes in Eastern and Southern Africa demonstrating the potential for both AIDS and poverty mitigation impacts of social cash transfers as one specific instrument within a range of potential social protection measures. Michelle Adato concludes in her recent comprehensive study *What is the potential of cash transfers to strengthen families affected by HIV and AIDS? A review of the evidence on impacts and key policy debates,* that, "Cash transfers have demonstrated a strong potential to reduce poverty and strengthen the human capital of children, and thus can form a central part of a social protection strategy for families affected by HIV and AIDS." (Adato, 2007). Her conclusion is based on evidence from: a) studies of several large-scale, well-established transfer programs in southern Africa; b) studies from newer pilot cash transfer programs in southern and eastern Africa; c) modelling of impacts of cash transfers in sub-Saharan Africa; and d) studies of conditional cash transfers in Latin America and Asia (Ibid, 2007). Social cash transfers are however but one instrument within a broad based social protection framework and social protection has the potential to respond to and mitigate against risk and vulnerabilities experienced by children and other groups. A transformative social protection agenda, which contributes to long-term livelihood security, while tackling inequality and supporting social as well as economic development is ultimately desirable.

- **Ireland will work to keep PMTCT and paediatric treatment on the global agenda, while advocating for and supporting at regional and country levels responses that will facilitate an increase/remove barriers to access to PMTCT and paediatric services in the context of health system strengthening.**

- **Irish Aid will support initiatives that seek to strengthen the role of civil society in the context of children affected by HIV and AIDS, while encouraging the development of partnerships with the state. Irish Aid will further support and advocate for initiatives that enable partnerships between community, faith-based and national NGO's to strengthen the potential for 'one' civil society voice at national level.** Civil society has a crucial role to play in holding governments to account, ensuring that commitments are met and promises fulfilled at national level. As outlined in paragraph 1.5.1 above, weakened civil society responses are in nobody's best interest, least of all children living in the context of HIV and AIDS who need locally based organisations to engage them and represent their interests. Furthermore, national policy needs to engage individuals and communities living with and affected by HIV and AIDS in order to be effective. Otherwise, policy priorities become cemented in rhetoric that bears no resemblance to reality and is so generic and to be impossible to implement.

- While prioritising support for education through programmatic approaches, **Irish Aid will also support specific interventions in HIV prevention education targeting the most vulnerable children including children living on the street, out-of-school youth and child-headed households.**

4.2 Mainstreaming responses to children into existing Irish Aid policies

Level	Responses	Policy Context
Global	▪ In participation with like minded donors, advocate through the Inter Agency Task Team on Children and HIV and AIDS (IATT) and the Global Partners Forum (GPF) for social protection frameworks, in particular social cash transfers and social services, to remove barriers to health, education and other basic services. Contribute to the global debate on social protection by drawing on Ireland's experience of the welfare state's role in poverty reduction.	▪ *"We will identify new and innovative ways to reduce vulnerability, provide social protection and build productive capacity"* White Paper on Irish Aid, 2006 ▪ Enhanced Protection for Children Affected by AIDS (UNICEF, 2007) ▪ Health Policy, Improving Health to Reduce Poverty (Irish Aid, 2006) ▪ Education Policy, Building Sustainable Education Systems for Poverty Reduction (June 2007)
	▪ Advocate for the visibility of children in global discourse and programme development on HIV prevention, treatment, care and support	▪ *"We are committed to supporting integrated programmers that reduce the risk of infection and disease among children and care for those infected."* White Paper on Irish Aid, 2006 ▪ *"Ireland will have a stronger voice in international policy dialogue and advocacy for coordinated and effective global action on health and HIV/AIDS"* Taoiseach's Initiative on HIV/AIDS and other Global Communicable Diseases.
Global	▪ Promote a rights-based commitment[45] to - combat disinheritance - improve civil registration systems by eliminating fees	▪ Enhanced Protection for Children Affected by AIDS (UNICEF, 2007)

[45] In order of priority and in accordance with Irish Aid's comparative advantage

	- strengthen and/or develop specialised child protective services in police, justice and social welfare systems - strengthen, develop and implement legislation and enforcement policies on child labour, trafficking, sexual abuse and exploitation that are in line with international standards to protect children. ▪ Promote legal institutional frameworks that protect the rights of women and girls to access education, inherit land, engage in equal employment ▪ Link research by Irish, international and developing country research institutions[46], to programmatic interventions relating to children living in the context of HIV and AIDS. ▪ <u>While acknowledging that there is no one size fits all solution and that each country's response to children affected by AIDS must be context specific,</u> encourage consideration/application of both *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (UNICEF, UNAIDS 2004) and the *Enhanced Protection for Children Affected by AIDS* (UNICEF, 2007) as templates to guide an effective response ▪ Advocate for a child-centred approach and one that ensures that children are afforded an opportunity to participate in legislative, policy and programmatic responses affecting them ▪ Support the OECD Development Assistance Committee (DAC) to peer review donors in terms of their response to children	▪ Gender Equality Policy, 2004 ▪ Enhanced Protection for Children Affected by AIDS (UNICEF, 2007) ▪ White Paper on Irish Aid, 2006 ▪ The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS (UNICEF, UNAIDS 2004) and the Enhanced Protection for Children Affected by AIDS (UNICEF, 2007) ▪ United Nations Convention on the Rights of the Child, 1989

[46] Priority research areas identified at time of writing, while noting that other areas may emerge as priorities over time, e.g. solvent abuse/addiction and effective treatment outcomes for street children in resource poor settings;

Regional	▪ In participation with like minded donors, advocate through the Regional Inter Agency Task Team on Children and HIV and AIDS (RIATT) for social protection frameworks, in particular social cash transfers and social services, to remove barriers to health, education and other basic services. Contribute to the global debate on social protection by drawing on Ireland's experience of the welfare state's role in poverty reduction.	▪ "*We will identify new and innovative ways to reduce vulnerability, provide social protection and build productive capacity"* White Paper on Irish Aid, 2006 ▪ Enhanced Protection for Children Affected by AIDS (UNICEF, 2007) ▪ Health Policy, Improving Health to Reduce Poverty (Irish Aid, 2006) ▪ Education Policy, Building Sustainable Education Systems for Poverty Reduction (June 2007)
	▪ Provide support and assistance to the Regional Economic Communities and other regional organisations to implement the Livingstone Call for Action[47]	▪ Livingstone Declaration, 23rd March 2006 ▪ *"We will provide assistance to the African Union and other regional organizations in Africa to support efforts to tackle the challenges facing the continent"* White Paper on Irish Aid, 2006
	▪ Support the Regional HIV and AIDS Advisor to convene a donor subgroup (consisting of DFID, RNE, SDC, IA and PEPFAR) to consult with UNICEF and other regional partners on how to strengthen and improve donor support for children affected by AIDS, while further working with UNICEF to clarify and define their role in relation to children in the region affected by AIDS[48].	▪ *from* Regional HIV/AIDS Programme for Southern and Eastern Africa, Programme Strategy 2006-2010
	▪ Within the context of Irish Aid's *Regional HIV/AIDS Programme for Southern and Eastern Africa, Programme Strategy 2006-2010*, continue, as per pillar five[49], to ensure that children are central to Irish Aid's response at regional level.	▪ Regional HIV/AIDS Programme for Southern and Eastern Africa, Programme Strategy 2006-2010

[47] Intergovernmental regional conference hosted by the Government of the Republic of Zambia and the African Union from 20th to 23rd March 2006 at which 13 African countries made a commitment to the development of social protection systems to tackle poverty from both a rights and empowerment agenda.
[48] Informal HIV/AIDS Donor Working Group Donor Retreat, Maputo, 5-6 July 2007
[49] "Interventions that focus on children who are orphaned or otherwise affected by HIVAIDS"

	▪ Support NEPAD/REC's to peer review African countries in terms of responses to children affected by AIDS	
Country	▪ Enable Sector Wide Approaches (SWAp's) to health and education pro-poor system strengthening including social protection mechanisms that may increase access to social services	▪ Health Policy, Improving Health to Reduce Poverty (Irish Aid, 2006) ▪ Education Policy, Building Sustainable Education Systems for Poverty Reduction (June 2007)
	▪ Support/fund PMTCT and paediatric specialist capacities required for health systems that can effectively respond to the needs of expectant mothers and children living with HIV. Explore the potential to develop and fund professional psychological, counselling and social work services for children.	▪ *"Strengthen institutional capacities needed for effective health systems, emphasizing human resources for health, information systems and processes for planning, review and budgeting."* Health Policy, Improving Health to Reduce Poverty (Irish Aid, 2006)
	▪ Where appropriate and in participation with like minded donors, advocate for and support the development of social protection strategies and frameworks, in particular social cash transfers and social services, to remove barriers to health, education and other basic services. Contribute to the debate on social protection by drawing on Ireland's experience of the welfare state's role in poverty reduction	▪ "*We will identify new and innovative ways to reduce vulnerability, provide social protection and build productive capacity"* White Paper on Irish Aid, 2006 ▪ Enhanced Protection for Children Affected by AIDS (UNICEF, 2007) ▪ Health Policy, Improving Health to Reduce Poverty (Irish Aid, 2006) ▪ Education Policy, Building Sustainable Education Systems for Poverty Reduction (June 2007)
	▪ Support and enable access to education for the most vulnerable children	▪ Education Policy, Building Sustainable Education Systems for Poverty Reduction (June 2007)

Country	▪ Strengthen gender responsive and *child protection* [50]legislative frameworks for human rights, as well as national and international governmental and non-governmental human rights institutions	▪ Good Governance Policy, 2007 ▪ Gender Equality Policy (2004)
	▪ Irish Aid will work to strengthen civil society's capacity to engage in oversight activities, policy analysis, policy dialogue, debate and advocacy on behalf of children living with and affected by HIV and AIDS, while further supporting participatory development between civil society organisations and civil society and the state.	▪ Good Governance Policy, 2007
	▪ Ensure that local priorities in relation to children affected by AIDS, orphaned or vulnerable, are addressed in national planning processes to enable poverty reduction at local level	▪ Local Development Policy and Guidelines, 2007
	▪ Advocate for a child-centred approach and one that ensures that children are afforded an opportunity to participate in processes that affect them at legislative, policy and service development levels.	▪ United Nations Convention on the Rights of the Child, 1989
	▪ Strengthen capacity of civil society organizations and local government institutions at community level to operate a child centred approach to service delivery and programming.	
	▪ <u>While acknowledging that there is no one size fits all solution and that each country's response to children affected by AIDS must be context specific,</u> encourage consideration/application of both *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (UNICEF, UNAIDS 2004) and the *Enhanced Protection for Children Affected by AIDS* (UNICEF, 2007) as templates to guide an effective response	▪ The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS (UNICEF, UNAIDS 2004) and the Enhanced Protection for Children Affected by AIDS (UNICEF, 2007) ▪ Enhanced Protection for Children Affected by AIDS (UNICEF, 2007)
	▪ Prioritise a rights-based commitment to combat disinheritance and improve civil registration systems	▪ Enhanced Protection for Children Affected by AIDS (UNICEF, 2007)

[50] Addition to objective 7.4, pg 17, *Draft* Good Governance Policy, 2007

Country	▪ Advocate for/work to strengthen legislation and enforcement policies on child labour, trafficking, sexual abuse and exploitation that are in line with international standards to protect children. ▪ Apply a child poverty lens to poverty reduction strategies, development planning and budgetary agreements negotiated at country level	▪ Consistent with *"Poverty reduction to reduce vulnerability and increase opportunity is the overarching objective of Irish Aid"* (White Paper on Irish Aid, 2006)

At GLOBAL level:-

- **advocate for and support the development and expansion of Social Protection mechanisms and instruments to tackle child poverty in the context of HIV and AIDS**
- **promote the visibility of children within HIV discourse**
- **promote a rights based commitment to combat disinheritance, promote civil registration, develop child protection frameworks**
- **protect the rights of women and girls**
- **link research to programmatic interventions**
- **encourage application of the UNICEF *Framework* response**
- **advocate for a child-centred approach**
- **advocate for DAC OCED peer review to include children**

At REGIONAL level:-

- **advocate for and support the development and expansion of Social Protection mechanisms and instruments to tackle child poverty in the context of HIV and AIDS**
- **support REC's to implement Livingston Declaration & other protocols that may impact on children**
- **support partnership between donor subgroup and UNICEF ESARO**

At COUNTRY level:-

- **health & education pro-poor system strengthening**
- **support development of PMTCT & Paediatric skills and capacities**
- **build coherence with like-minded donors around social protection & other child-focused services**
- **support gender responsive and child protection legislative frameworks**
- **strengthen civil society's capacity to engage in policy dialogue**
- **promote the inclusion of a pro-poor approach to children in planning and budgetary processes**
- **advocate for a child-centred approach**
- **promote rights-based commitment to combat disinheritance, promote civil registration & develop child protection frameworks**

5. Institutional implications for Irish Aid

Ireland's commitment to children affected by HIV and AIDS is reflected in the Taoiseach's announcement during the Irish launch of UNICEF's global campaign, *Unite for Children; Unite Against AIDS,* "When doubling our funding for these purposes *{HIV and AIDS and other global diseases}*, we will ensure that up to 20% of the increased funding now to be allocated will be invested in interventions that benefit children. This new commitment in regard to children represents a statement of policy". Irish Aid's response to children is estimated to be in excess of €24 million or 20% of programme budget[51] and resources are channelled through a range of organisations working at global, regional, country and community levels.

The successful implementation of this policy will depend on Irish Aid maintaining broad political and institutional support and commitment to children. In order to implement the *Guidelines for children living in the context of HIV and AIDS* Irish Aid will undertake the following steps:-

- Build capacity throughout the organisation in order to fully realise Irish Aid's commitment to children affected by AIDS.
- Strengthen and build the competencies and technical skills of current staff across the organisation – both technical and non-technical at HQ and in the field – required for effective implementation of the *Guidelines for children living in the context of HIV and AIDS*.
- Strengthen the provision of technical support and guidance on policy issues, strategic planning and monitoring of country programme responses to HIV and AIDS.
- Facilitate the identification of key strategic partners at all levels to realise through participatory mechanisms, Irish Aid's strategic priorities in relation to children.

5.1 Monitoring and Evaluation

Implementation of the *Guidelines for children living in the context of HIV and AIDS* will be monitored based on performance against priority responses. Multilateral, bilateral and programmatic responses supported by Irish Aid will be defined in the context of the good practice standards, including child rights, Child protection, child participation, language, child poverty lens/Pro-poor approach, lifecycle, gender and disability sensitivity and keeping families together. These standards are fundamental to Irish Aid's response and provide the benchmark through which operationalisation of the guidelines will be monitored and evaluated.

[51] Mapping Irish Aid Expenditure on Children, 2007 – *internal document, unpublished.*

USEFUL REFERENCES

UNICEF, UNAIDS et al, *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS,* July 2004

UNICEF, *Enhanced Protection for Children Affected by AIDS, A Companion Paper to the Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, 2007

UNICEF, ESARO, *The Impact of Social Cash Transfers on Children Affected by HIV and AIDS – Evidence from Zambia, Malawi and South Africa,* July 2007

UNICEF, *Children and AIDS; A Stocktaking Report,* January 2007

UNICEF, UNAIDS, *Africa's Orphaned and Vulnerable Generations; Children Affected by AIDS,* August 2006

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

UNICEF, *State of the Worlds Children,* 2007

UNICEF/IPU, *Child Protection; A Handbook for Parliamentarians,* 2004

UNAIDS/WHO, *AIDS Epidemic Update,* November 2007

UNAIDS, *Orphans & Vulnerable Children Fact Sheet*, 2007

UNAIDS, *Intensifying HIV Prevention*, 2005

United Nations Charter on the Rights of the Child, 1989

African Charter on the Rights and Welfare of the Child of the Organisations for African Unity (1999)

Bell et al, UNAIDS, *Report of the Global AIDS Epidemic,* 2006

Richter L., Rama S., *Building Resilience; A Rights Based Approach to Children and HIV/AIDS in Africa,* Save the Children, Sweden, 2006

Child Protection Unit, *Code of Good Practice; Child Protection for the Youth Work Sector and Children First,* 2nd Edition, May 2003

USAID, *Impact of HIV/AIDS on Pro-Poor Growth,* January 2005

USAID, UNICEF, UNAIDS, *Children on the Brink Report,* 2004

USAID, Children on the Brink Report, 2000

Rau B., *HIV/ AIDS and Child Labour; A State of the Art Review,* International Labour Organisation, Paper No. 6, 2003

World Health Organisation, *Antiretroviral Drugs for Treating Pregnant Women and Prevention of HIV Infection in Infants, Towards Universal Access,* 2006 Version

Maastricht Graduate School of Governance, UNICEF, *HIV/AIDS and Its Impact on Children,* Policy Brief No.1, June 2006

Save the Children, *Missing Mothers,* Sweden, 2006

Nakiyingi et al,2003, *from* Maastricht Graduate School of Governance, UNICEF, *HIV/AIDS and Its Impact on Children,* Policy Brief No.1, June 2006

Grassly N. et al, *Comparison of survey and model-based estimates of mortality and orphan numbers in sub-Saharan Africa,* DFID Reproductive Health Work Programme, 2004

Voipio, T., *Social Protection for Poverty Reduction: The OECD/DAC/POVNET View: from* IDS Bulletin Vol 38, Number 3, *Debating Social Protection,* May 2007

Adato, Michelle, *What is the potential of cash transfers to strengthen families affected by HIV and AIDS? A review of the evidence on impacts and key policy debate,* unpublished, for the Joint learning Initiative on Children and HIV and AIDS, November 2007

Institut de Santé Publique, Epidémiologie et Développement (ISPED), Université Victor Segalen – Bordeaux 2, *Children and HIV/AIDS, From Research to Policy and Action,* Childhood and AIDS, October 2006

Global Movement for Children, *Saving Lives; Children's Right to HIV and AIDS Treatment,* 2006

Whitman C., *HIV and AIDS; The Impact on the Mental health of Children and Caregivers,* Advanced International Colloquium on Building the Scientific Mind, The Hague, The Netherlands, May 2005

Davies, S., Making the Most of It: A Regional Multiplier Approach to Estimating the Impact of Cash Transfers on the Market, Concern Worldwide, Malawi (year of publication unlisted)

Partnership for Child Development, *Ensuring Education Access for Orphans and Vulnerable Children; A Planners Handbook,* 2nd Edition 2006

Family Health International, *Care for Orphans and Vulnerable Children,* 2007

Family Health International, *Orphans and other Children made Vulnerable by HIV/AIDS,* Kenya, 2001

Youthnet/Family Health International, *Adolescents Orphaned and Vulnerable in a Time of AIDS,* 2006

Greenblott K. and Greenaway K., *OVC, HIV, Food Security and Nutrition; A Look at here we Stand, for UNICEF and WFP,* 2007

Website's:-

www.fhi.org
www.concern.net
www.unaids.org
www.worldbank.org
www.care.org
www.worldvision.org
www.trocaire.org
www.unicef.org
www.dfid.gov.uk
www.child-development.org
www.savethechildren.org
www.oxfamireland.org
www.who.int
www.wfp.org

ANNEX A

Comparative Strengths of Irish Aid in HIV and AIDS[52]

- ✓ **Strong political leadership and commitment** within Irish Aid together with financial commitment and strong budget delivery
- ✓ Commitment to **untied grant aid** with a focus on pro-poor local development linked to national policy dialogue
- ✓ Use of a **mix of aid modalities in supporting HIV and AIDS** - including budget support, SWAps and project support
- ✓ **Strong focus on HIV prevention** in the context of comprehensive strategies to address HIV control and impact mitigation
- ✓ A **human rights-based approach** including emphasising the meaningful involvement of people living with HIV and AIDS and their right to treatment and care
- ✓ **Focus on mainstreaming** at different levels including addressing the HIV and AIDS prevention and care related needs of employees
- ✓ **Building partnerships** with civil society organisations and providing support with a specific focus on community involvement and sustainable ownership
- ✓ A **multi-sectoral approach** with a focus on systems strengthening across all sectors - in particular health systems strengthening and reform, and linkages with reproductive health
- ✓ Strong technical input and **engagement in policy dialogue** with partner governments and other development agencies
- ✓ **Strong commitment to harmonisation and alignment** through implementation of the Paris Declaration on Aid Effectiveness and the Three One's
- ✓ **Strategic partnerships** with regional inter-governmental policy and decision-making bodies and strategic engagement with global and multilateral organisations
- ✓ **Support for innovation** and new ideas in HIV interventions

(from draft, Tackling HIV and AIDS to Reduce Poverty and Vulnerability, HIV and AIDS Policy and Strategy, 2008, paragraph 2.4)

[52] Drawn from the Irish Aid Issues Paper on HIV and AIDS and consultation process