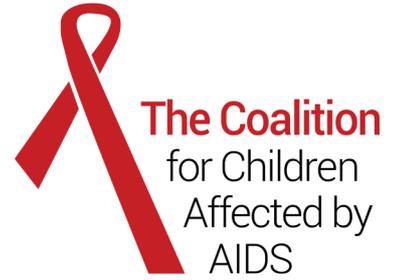


MAKING THE CHILDREN OF KEY POPULATIONS A PRIORITY FOR EQUITABLE DEVELOPMENT



SUMMARY

The children of key populations affected by HIV and AIDS are being overlooked and excluded.

They face a double burden: both the affects of HIV and AIDS and entrenched exclusion by way of association with their parents. Stigma against sex workers, people who use drugs, transgender people, gay men and other men who have sex with men is leaving their children without education, health or protection. Broader social and economic development interventions, including those seeking to prevent and address the affects of HIV and AIDS, are not reaching these children. And targeted interventions for key populations are not addressing the needs of their children. They are a priority for any organisation seeking equitable development both within and beyond the HIV and AIDS sector.

“Our children are raped and people say they deserved it because their mother is a sex worker.”

- A female sex worker from South Africa

The Coalition for Children Affected by AIDS, together with 10 other expert organisations,¹ has produced new research on the children of key populations affected by HIV and AIDS. This is the first global analysis of these children. It is the result of a two-year project involving a literature review, consultations with 45 development organisations working on HIV and AIDS and its impacts, and community-based research in Guyana, Uganda, Indonesia, Kenya, South Africa, and Ukraine. It is hoped that this initial scoping exercise will drive further research, advocacy and, above all, better support for the children of key populations.

1. The Coalition for Children Affected by AIDS; Global Network of Sex Work Projects (NSWP); The Global Network of People Living with HIV (GNP+); Harm Reduction International (HRI); International HIV/AIDS Alliance (The Alliance); International Network of People who Use Drugs (INPUD); The Global Forum of Men who have Sex with Men (MSMGF); Regional Interagency Task Team on Children and HIV for Eastern & Southern Africa (RIATT-ESA); UCSF Center for Excellence in Transgender Health; International Reference Group on Transwomen.

The children of key populations have, until now, remained largely hidden. Mothers and fathers are reluctant to formally register their children, for fear of them being forcibly removed by the authorities, many of which regard key populations as unfit parents. As a result, many of these children miss out on school, health care, social assistance and many other services and supports, including testing and treatment for HIV and AIDS. Government and non-governmental development organisations rarely target or resource interventions for these children. They are absent from programmes targeting orphans and vulnerable children, key populations and children more generally. And they are not represented in the research, assessments or monitoring, which underpin development planning. For example, of the 45 organisations we consulted, only around 20% provide any support to the children of key populations, usually in the form of a small financial grant to assist with school costs.

Stigma against key populations is leading to the pervasive social exclusion of their children. For example, parents report feeling less able to take their children to receive medical support for fear of public shaming and abuse from health staff and other patients. Key population families regularly have to move home in order to avoid stigma and, as a result, children's schooling and socialisation are routinely disrupted. Children of key populations face bullying and exclusion at school. And cases of neglect or violence against the children of key populations are taken less seriously by the police and often go unpunished. As a result of these and other forms of social exclusion, the children of key populations are internalising this stigma, which has long-term consequences on both their psychological wellbeing and opportunities in adult life.

The children of key populations also face entrenched structural exclusion from services and supports. The criminalisation of key populations means that parents, many of whom experience extreme poverty, cannot apply for state social assistance for their children for fear of legal recrimination. As a result, children are missing out on school and medical support since their parents cannot afford the costs involved. Children are experiencing neglect and abuse since their parents are unable to afford proper care or safe housing. In particular, sex workers are often forced to leave their children unattended at home at night whilst they go out to work. Key populations are often arrested and taken into custody without any provisions being made for the care and protection of their children. And laws and policies sometimes promote the automatic forced placement of children from the parents of key populations into alternative care and exclude them from family strengthening services.

These children need, and have a right to, support. They face multiple threats to their health, wellbeing and opportunities, which have lasting consequences on them and their communities. Furthermore, the lack of support available for these children is a major barrier to effective programming for key population parents, many of whom reported to be far more likely to participate in HIV interventions, if the needs of their children were met first.

Achieving change requires a holistic, family-centred approach involving stakeholders from across a range of development sectors working together. This is central to achieve the aspirations of equitable development set out in the Sustainable Development Goals. Organisations working on core development issues such as health, education, social protection and child protection need to better target the children of key populations. And organisations within the HIV and AIDS sector need to prioritise more resources for the children of key populations. Across all sectors, interventions must strengthen the capacity of parents and carers from key populations to provide and care for their own children. In particular, key populations programmes must take a 'whole family' approach, which addresses the needs of adults and children together.

“My child was raped when she was five years old. When I reported the man who did it to the local authorities I was told that, since I am a prostitute, I should not complain about what happened to my child.”

- A female sex worker from Uganda

“Teachers and fellow scholars don't understand them. They bully and tease and see them as abnormal. Teachers are also not sensitized on how to treat and react to the ways of these children. This, then, has major effects on their daily learning and the does not allow them the education received by their peers.”

- Leigh Davids, independent expert on the children of transgender parents

The expert working group on the children of key populations has identified five key priorities for action:

- 1. Strengthen HIV services so that they better address the needs of children of key populations.** Ensure that services take a family-centred approach that recognises the vital role that parents and carers play in supporting their children to survive and overcome HIV and AIDS and its impacts. Develop models of paediatric treatment and of psychosocial care that are sensitive to the specific needs of the children of key populations; improve access to early infant diagnosis, and paediatric and adolescent HIV testing and treatment, as well as to other healthcare and support services; support key population organisations to research the numbers and needs of children.
- 2. Tackle the stigma facing the children of key populations more effectively.** Consult directly with these children to better understand how discrimination is experienced and can be addressed; extend and adapt the existing tools and measures to combat stigma against key populations so that they also include their children; develop anti stigma campaigns featuring the children of key populations, that are supported with additional funds.
- 3. Design and deliver better care services for the children of key populations.** Ensure that care services meet the unique needs of key population families; strengthen the capacity of key population families to care for and protect their own children and prioritise support to keep families together; ensure that care is provided in the best interests of each individual child and with their participation.
- 4. Support the children of key populations to reach their full potential through targeted inclusion in early childhood development and education programmes.** Ensure that infants are nurtured with adequate nutrition, positive parenting, and other aspects of early childhood development; Support the children of key populations to enrol and stay in school; ensure that the learning environment is safe and stigma-free; support schools to champion the rights of key populations and their children in the classroom, in the local child protection system and in the community.
- 5. Strengthen laws, policies and procedures so that the children of key populations can access full citizenship, services and protection.** Guarantee their right to a birth certificate regardless of the health status, drug use, identity or work of their parents; end forced registration of key populations with the authorities; ensure that law enforcement officials and procedures do not jeopardise the safety and rights of the children of key populations; ensure that laws and policies seek to keep families together and do not facilitate the unnecessary separation of the children of key populations from their parents.

“I don’t even know how many times my baby cries when am at work because I lock her in the house the whole night. I am so worried that if the house catches fire my child will die, or if thieves enter the house something bad might happen. But I can’t do anything because I can’t afford a nanny to take care of her at night.”

- A female sex worker in South Africa

“I didn’t have money to send my son to high school... I approached the government office that offers bursaries to disadvantaged children... but I couldn’t I say I hustle as a sex worker and I am a man... So I gave up. Now my son is working on small farms in the village. I pity him. And I am upset that he missed out on high school education.”

- A male sex worker in Kenya

“I just want to live and raise [my] children, [be a] loving husband and not be afraid to die or go to jail. I think I have that right, and really want to use it.”

- A Russian injecting drug user

For more information please visit www.ccaba.org or contact Corinna Csaky, Manager of the Coalition for Children Affected by AIDS, on Corinna.csaky@ccaba.org