

# Placing Children in the "Visibility" Zone

*- A SAfAIDS Approach to Children and  
HIV Advocacy*

**Rouzeh Eghtessadi (MPH)**

**Southern Africa HIV and AIDS Information  
Dissemination Service (SAfAIDS)**

**17 Beveridge Road, Avondale, Harare, Zimbabwe**

**Tel: +263 4 33 61 93/4**

**Fax: +263 4 33 61 95**

**Website: <http://www.saf aids.net>**

**Email: [rouzeh@saf aids.org.zw](mailto:rouzeh@saf aids.org.zw)**

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# Backdrop.....

- **Children remain an ‘after-thought’** - *1<sup>st</sup> we develop adult-gearred policies, then suddenly remember the child!!*
- **Subsequent delay in sound operationalisation, thus:** **Time lost – lives lost – suffering sky-rockets** – *poor domestication processes*
- **Voices and concerns of children not adequately raised or heard (directly)** – *by law makers, govt & policy makers, donor community*
- **Targets** (MDGs 2, 4, 6, Universal Access- the Four “Ps”, CRC) & related Accountability - *not being monitored/ ‘policed’*
- **Scanty Child focused Comprehensive Approaches, overlooking the “TOTAL HUMAN BEING” package** – *“pocket interventions” versus “basket-services”*

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# SAfAIDS Role

- SAfAIDS holds a unique niche in southern Africa, by harnessing information and communication tools and methodologies to respond to the prevention, care, support, treatment and mitigation needs of diverse target audiences across the region
- SAfAIDS recognises key HIV, AIDS and TB information needs of vulnerable, marginalised and high-risk groups – *and seeks to strengthen community capacities in scaling-up children and HIV advocacy response*

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# *SAfAIDS Child-focused Interventions (1)*

- Policy Domain:
  - Influencing child-friendly policy and legislative processes, through Community, National and Regional Policy Dialogues (PDs) – *Lesotho, Swaziland, Zambia, SADC*
  - SAfAIDS Policy Desk – *“How-to-Cards” and Policy Briefs on PMTCT, children and ART, TB, children & HIV*
  - Advocating informed decision-making– *VFG policy paper & research*
  - SADC GAD elevation to protocol status
  - Repackage policy documents to reach communities
- Access Issues:
  - Scaling-up community preparedness around Children and ART issues – *regional children’s treatment literacy program targeting children and members of their “circle of care”*

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# *SAfAIDS Child-focused Interventions (2)*

- Service and Programme Delivery Systems:
  - Establishment of Children's HIV Information Corners - *direct information needs of children at the community base through edu-taining strategies: RC Network*
  - Capacity Building – *information development, sharing and training for CBOs, children and community groups with knowledge and skills to address the plight of OVC*
  - Best Practice documentation and sharing – *NAP OVC project, SADC Zambia BP*
  - Raising calls for CBOs to advocate and share information *through community and e-discussion forums*
- Elevation and Exercise of Child Rights:
  - Promoting Child Rights, at community level - *through engagement of cultural structures, community groups and children themselves, in community culture dialogues and sensitisation sessions*

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# *What Key Lessons have been Learnt? (1)*

- **Capacity Building towards effective Advocacy**
  - Complementing national efforts, and aligning responses with national, regional and international instruments, commitments and targets is critical – *ensures systematic & collective attainment of universal access targets*
  - Scaling-up community preparedness efforts nurtures a wider pool of community advocates, through the Cascade Model – *'fan-out' and 'trickle' down of knowledge and skills through systematic community mobilisation, empowering the family unit, cultural and religious structures*
  - Nurturing 'child-advocates' and availing spaces for them to engage their governments and the donor community is key to bridging information flow gaps

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## *What Key Lessons have been Learnt? (2)*

- **Direct Advocacy**

- Utilisation of policy dialogues to simultaneously engage: policy makers, civil society, community members, implementers, media and the donor community, is effective - *proven strategic in catalysing relevant Children & HIV related policy transitions*
- Families, and the family law system, must be supported to enable the family structure to strengthen the capacity of children to be involved — *enable children to contribute to finding the solutions, not remain as “victims” on show*
- Linking with women’s advocacy activities, engaging the family unit (*WTLT & Community preparedness program*)

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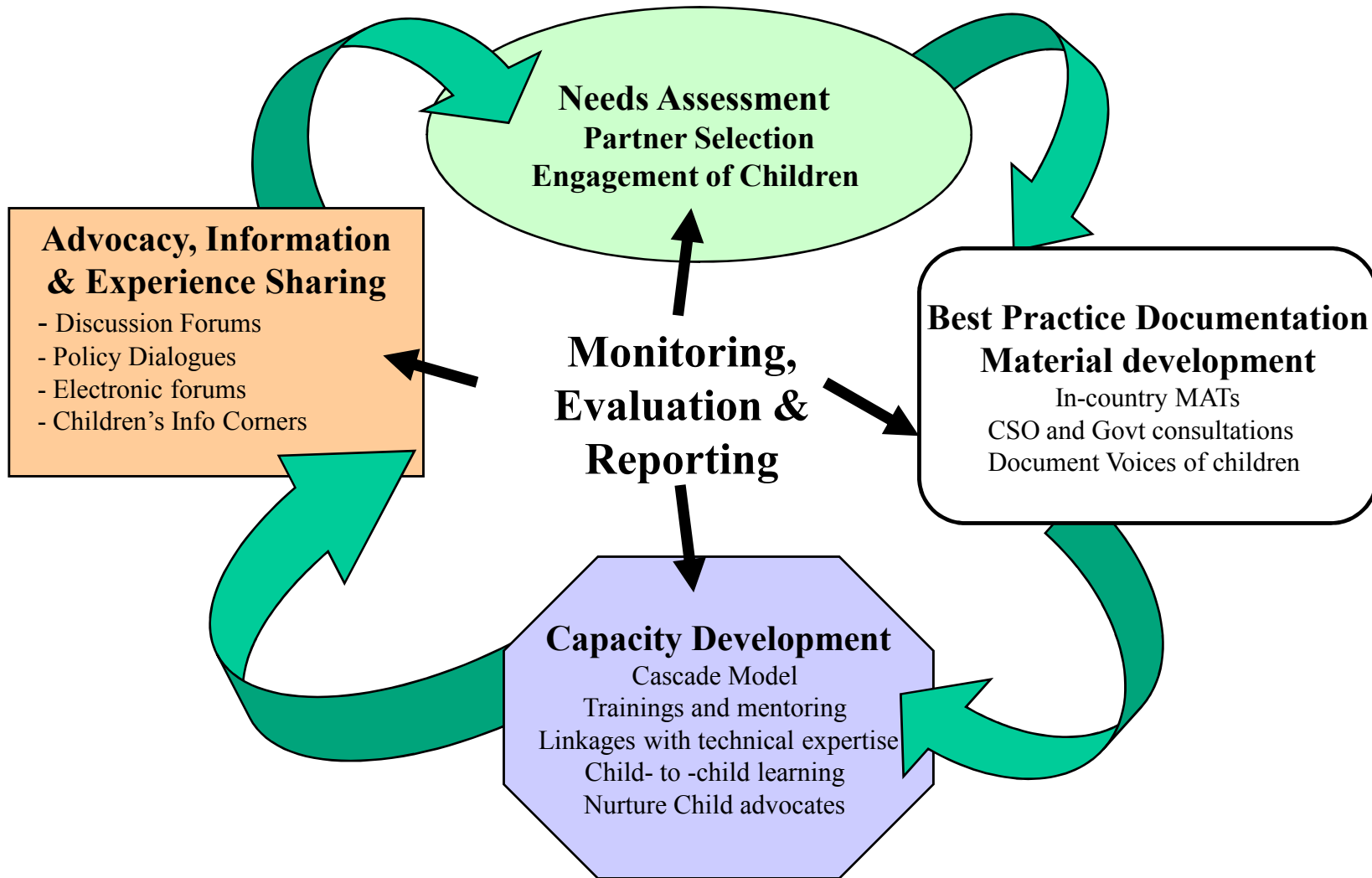


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# SAfAIDS Child-Centered Approach – Advocacy Programmes



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# Recommendations (1)

- **Donor Community/Policy Makers - Directing and mobilising 'in-ratio' resources** (*and capacity to meaningfully employ them*) towards children's direct access, advocacy, capacity, and health care systems strengthening, remains a crucial call
- **Keep 'Child/HIV advocacy' voices on the agenda -** *Funding for advocacy initiatives needs to be scaled-up, as currently shifted to basic needs - support capacity building of CBOs/NGOs currently employing advocacy services to employ better ways of packaging and tracking issues*
- **Govts (esp of high epidemic countries) need to take responsibility for citizens rights, avoid economic sanctions from Int. comm** – *adverse impacts on the population, esp the poor, consistently felt more acutely amongst children*

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## *Recommendations (2)*

- **Governments must work closely with CS – break the parallel approach** - *support in-country monitoring systems, including providing data on children (OVC/CABA) progress issues, to inform and push forward advocacy agendas globally e.g. to UNGASS*
- **Support urgent honoring of commitments made – reinforce strategies, funding, implementing and accountability mechanisms, through domestication and influence of family law – (CRC, Universal Access Targets, CEDAW, UNGASS special session on children )**

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## Recommendations (3)

- **Policing the ‘police’ mechanisms (to monitor target achievement) need to be established** — *e.g. upcoming Regional Interagency Task Team on Children & HIV (RIATT) high level regional conference to review progress & evidence for taking actions to scale for CABA in East and Southern Africa, Sept-Oct 2008*
- **Establish standard Model Package for Children** — *comprehensive, inclusive, (e.g. like HBC std package)*
- **Establish national legal frameworks-** *address child rights that are ignored, violated or uncertain and retrieve their dignity, and counter stigma and discrimination - “a child must be allowed to be a child”, it is NOT ‘ok’ for children to be adopting adult roles, neither is the international community ‘powerless’ to reverse this!”*

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*The Next Generation,  
therein lie the Solutions...we  
must grasp this opportunity  
with championing  
diligence and  
urgency!!*



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