



# National Responses for Children Affected by AIDS: Review of Progress and Lessons Learned

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*Children and HIV & AIDS:  
Action Now Action How  
Mexico - August 2008*

# Outline of presentation

- Background to the review
- Progress with national responses in 4 regions
- Lessons on key research questions
- Recommendations

# Inter Agency Task Team on Children HIV & AIDS

## Working Group on National Plans of Action

One of eight Working Groups working on recommendations of 2006 Global Partners Forum on Children Affected by AIDS

Goal: Make an evidence-based contribution to broad efforts to improve the coverage and quality of nationally owned and coordinated action for children affected by AIDS

### Objectives

1. **Evaluate progress, critical success factors and means of supporting the implementation of NPAs on orphans and vulnerable children in high prevalence countries** to identify good practice and recommendations for scaling-up the protection, care and support for children affected by HIV and AIDS and other vulnerable children.
2. Evaluate the **appropriateness of NPAs as a mechanism in low prevalence countries** for accelerating and scaling up the protection, care and support for children affected by HIV and AIDS and other vulnerable children.
3. **Develop tools** that could assist in strengthening planning and implementation and improving coordination of national responses for children affected by HIV and AIDS and other vulnerable children.

# IATT NPA Working Group Members & Reviewers

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# Review of National Responses

## Aims of the Review:

1. Document progress with planning and implementing national responses for children affected by AIDS in both high and low prevalence contexts
2. Identify critical success factors and other lessons
3. Make recommendations about what type of national response is appropriate in different settings.

The research was funded by UNICEF-ESARO and World Vision and undertaken by Laurie Gulaid

# Review of National Responses Methodology

1. Desk review of current literature on national responses for children affected by HIV & AIDS and other vulnerable children with focus on 8 key questions
2. Phone interviews with key informants
3. Looked at 3 countries in more detail: India, Jamaica & Zimbabwe
4. Draft paper reviewed at consultation with NPAWG & UNICEF Advisors in New York
5. Revised paper finalised after review by NPAWG members and key informants

## **Limitations of Review:**

- Focus on NPA development and implementation not content
- Absence of primary data collection
- No standardised tools for assessing national responses outcomes for children

## Review of National Responses – Global Progress

1. Globally **slow** overall progress with developing national responses and at-scale implementation has been **limited**
2. 50 Countries developing some type of CABA national response
3. 32 Countries are developing or have developed NPAs
4. 20 NPAs endorsed by government
5. Development & endorsement of NPAs in most cases has taken 3 – 7 years
6. Challenges:
  - Complexity of response (multi-sectoral collaboration)
  - Limited capacity of government departments & collaborating partners

## Progress in East & Southern Africa

- Highest HIV prevalence and orphaning rates – majority of children affected by HIV & AIDS
- 8 million children lost one or both parents to AIDS-related diseases
- Programming has been going a long time 1998, but most NPAs developed through the RAAAP process 2004-2005
- By Nov 2007 16 of 22 countries made progress towards NPA & 14 endorsed
- Strong flow of donor resources but limited government funds for NPA implementation
- Not just targeting children affected by AIDS but orphans and vulnerable children due to all causes:
  - Targeting on basis of orphanhood is not robust for identifying vulnerability
  - Most children affected by AIDS, so targeting on vulnerability rather than AIDS-specific criteria more effective
  - Targeting on AIDS-specific criteria risks increasing stigma against children affected by AIDS
- Increasingly governments and donors focusing on social protection and cash transfers to households with vulnerable children

## Progress in West & Central Africa

- Epidemiology is heterogenous across & within countries e.g. Nigeria HIV prevalence ranges from 2-10% in some states
- 4.2 million orphans due to AIDS, 21% of orphans of all causes
- AIDS is only one of more prevalent causes of child vulnerability e.g. conflict, poverty, food insecurity, violence and abuse
- NPA programming is relatively new & by 2007 13 of 24 countries had made some progress with NPA
- Constraints identified: lengthy process of developing NPA, difficulty coordinating across sectors, lack of data on children affected by AIDS, limited capacity, difficult to mobilise funds and higher priority of many other child vulnerabilities
- All NPAs, except Cote d'Ivoire, focused on broader group of orphans and vulnerable children, not specifically children affected by AIDS

## Progress in Asia and the Pacific

- Low HIV prevalence, heavily populated region with several HIV epidemics: Generalised e.g. Thailand, Myanmar and Concentrated populations e.g. India, China, Cambodia, Vietnam
- Stigma and discrimination are significant barriers
- Across region 2 million children lost one or both parents to AIDS and many more affected
- But much larger number of children vulnerable as a result of poverty, malnutrition, child trafficking and conflict
- Generally Social Welfare services are strong
- East Asia & Pacific sub-region: Hanoi Call to Action on children and AIDS: called for locally defined targets and plans for scaling up services to children affected by AIDS. Didn't specifically call for development of NPAs
- 2007 the South Asian Association for Regional Cooperation (SAARC) endorsed a regional strategic framework on the protection, care and support of children affected by AIDS. Argues specific targeting of children affected by AIDS increases stigma and is inequitable re: other childhood vulnerabilities
- Cambodia, Vietnam, Malaysia, PNG, are drafting NPAs and one province in China (with 98 million population) has provincial plan of action
- India has 0.9% prevalence but 6 states are high prevalence. Government has produced policy framework for children and AIDS; universal rights based, targets high prevalence areas but ALL children for equitable access

# Progress in the Caribbean

- HIV prevalence 1%
- AIDS-related stigma and discrimination are strong
- Government sector is strong with functional essential services
- Jamaica was first country in region to develop NPA and had national steering committee. Process got issue on agenda and brought key stakeholders together. NPA never comprehensively implemented for several reasons:
  - Priority given to Universal Access – getting parents on treatment – reduced orphaning due to AIDS. Children's issues in AIDS Strategy
  - Government & partners working on national framework for addressing causes of vulnerability for all children
  - Capacity challenges and no institutional leadership
- Guyana NPA is making progress and Ministry of Human Services and Social Security is taking the lead to finalise and extend it to 2008 -2012

# Addressing the study questions

## 1. What have been the key factors for success of NPAs and other national responses for children affected by AIDS? (Success = Evidence of significant momentum at national level and at least partial implementation)

- High level government ownership and political will e.g. Namibia, Malawi
- Availability of resources e.g. PEPFAR and GFATM
- Involvement of non-governmental organizations in programming e.g. Zimbabwe & advocacy e.g. South Africa, Jamaica
- Committed and dynamic individuals in key positions
- Broadly consultative & technically sound process of development created stronger partnerships
- Global advocacy: UNGASS, GPF, RAAAP, Unite for Children Unite Against AIDS

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

- Varies greatly across countries and within countries
- Two approaches: Locus of coordination above line ministries e.g. Kenya or all relevant ministries in at development stage & agree responsibilities e.g. India & Zimbabwe. Fewer e.g. of multi-sectoral coordination at district level – often national government representatives

# Addressing the study questions

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

- Integration of vulnerable children into national policies, particularly PRSPs, has made little difference in reality re: domestic budget contributions, sectoral coordination and weak operational capacity
- Integration into sectors, especially national AIDS instruments (NSFs), have brought clear short-term benefits for vulnerable children i.e. external funds. Education, health & social protection more varied in country & over time
- If integration into development instruments is to bring about long-term benefits for vulnerable children, several key constraints must be addressed:
  - Strengthen role & capacity of ministries responsible for children
  - More transparent and accountable budget processes
- Off-budget resources can challenge long-term national ownership and need greater alignment and phased handing-over

Process of integration influenced by:

- Relative strength of lead ministry for vulnerable children
- Role of leading politicians e.g. Kenya & Malawi
- Timing of NPA development re: other key development instruments
- Availability of external funds

## Addressing the study questions

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

- General agreement that MSWs are under-funded, under-staffed and politically weak. This has limited capacity to lead, coordinate and implement national responses.
- Multi-sectoral coordination and budget allocation may be better when coordination rests above line ministries e.g. PM's office

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

- Well funded responses in E & S Africa where AIDS resources most abundant, but limited government money
- In most low income, low prevalence countries very difficult due to competing priorities & lack of donor and government AIDS funds
- Little data available to enable tracking

## Addressing the study questions

6. Have national responses been translated into community-level action?

- Limited data on national scale-up of NPAs, but indications of large scale activity in many countries in Africa e.g. cash transfers (Malawi) , neighbourhood care points (Swaziland), nutrition interventions, PSS (Namibia), community justice education (Tanzania)

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

- M&E are the greatest challenges to national responses, specific difficulties include:
  - inadequate capacity & funding
  - lack of baseline data
  - variation between global, national & local definitions of target group
  - multiple data requirements for different sectors & donors

# Addressing the study questions

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

The following were identified by UNICEF as 'ingredients for success':

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

As a result of these findings, UNICEF took the position that "there is no single prescription which will suit all cases"

## Other observations

1. There is no “one size fits all” for national responses due to diversity of context across regions, countries and districts.
  - Stand-alone NPAs may make sense in some contexts where potential resources are available and strong political will
  - Elsewhere more effective to integrate CABA into on-going national initiatives and plans
2. Confusion in terminology for target populations. No country limits target population to only CABA: orphans of all causes always included and most include children made vulnerable by other causes.
  - This confusion creates problems in targeting, measurement, documentation and general understanding
3. Availability of ARVs for children and caregivers has shifted paradigm for children affected by AIDS, but many national responses don't reflect this potential
  - ARVs keep parents alive and is critical intervention to prevent orphanhood and child vulnerability
  - Family-centred approach to treatment and protection is needed and not just focus on mitigation in national responses for CABA.

## Other observations

4. Stigma and discrimination remain significant constraints to the response for children and barriers to prevention, testing, disclosure, treatment, care & support
  - Yet few NPAs deal with stigma and discrimination
  - Awareness-raising alone inadequate and enforcement limited due to capacity, budget and political will

# Recommendations

## 1. The IATT and other global and regional stakeholders should provide countries with more contextualized guidance on national responses for children affected by AIDS and other vulnerable children

Guidance should reflect variation in context and diversity of opportunities across countries. National governments and their partners should be supported to:

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

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

## Recommendation 1 continued...

The IATT should support the construction of a decision tree framework to assist countries assess their context and determine appropriate national response.

The factors recommended for consideration in the decision tree include:

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

# Recommendations

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

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

## Recommendations

### 3. **Countries and their partners need to build the capacity of national social welfare and justice systems to protect all children**

- In all countries reviewed, HIV is only one source of vulnerability among many experienced by children. Research findings have not consistently revealed disparity or greater vulnerability of children affected by AIDS compared to other children
- Governments and donors should:
  - extend the level and duration of their funding commitments to tackle capacity issues,
  - start with capacity gaps analyses and develop strategies and budgets for social welfare and child protection.

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

- Led by UNAIDS M&E Reference Group, start with UNICEF 2005 M&E Guide, provide practical operational guidance that includes focus on children's status, is harmonised with protection and other sector indicators and meet global goal, donor information and programming requirements
- More dedicated resources needed for M&E and reporting systems

## Recommendations

5. National, regional and global stakeholders should increase effort and resources to reduce HIV-related stigma and discrimination, which persist as significant barriers in most countries.

- Invest more resources to develop and implement effective strategies for reducing stigma and discrimination
- Interventions must increase local understanding of stigma and discrimination, better target the root causes, and ensure effective means of redress. Need new ideas and best practices.

## Recommendations

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

The NPA working group and other stakeholders should:

1. 'Advertise' and promote the use of [www.aidsportal.org](http://www.aidsportal.org), the Better Care Network ([www.crin.org/bcn](http://www.crin.org/bcn)), and other information banks to ensure that best practices are shared and failures not repeated.
2. Encourage stakeholders in a select number of countries to systematically document their experiences and lessons learned while developing national responses
3. Support efforts to identify and link countries with similar context within and across regions to share best practices and lessons learned.