

# VULNERABILITY & CHILD PROTECTION IN THE FACE OF HIV

Report of the United Nations Technical Review Team on  
programming for children affected by HIV and AIDS in

**Malawi**



Australian Government  
**AusAID**

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## ACRONYMS AND ABBREVIATIONS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AusAID</b>	Australian Agency for International Development
<b>DFID</b>	Department for International Development (United Kingdom)
<b>HIV</b>	Human Immunodeficiency Virus
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development

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## EXECUTIVE SUMMARY

The United Nations System in Malawi invited advisors from UNICEF regional offices and Headquarters in New York to review the national response for children affected by HIV and AIDS. The review team conducted three missions between November 2010 and May 2011 to gather information, carry out assessment and analysis, and formulate strategic action plans. Consultations were held with key Government, United Nations, civil society and development partners.

Significant progress has been made to improve the lives of children affected by HIV and AIDS. Under the leadership of the Government, the national policy and action plan for orphans and vulnerable children provides a solid framework for the national response. There is parity between the school attendance of orphans and non-orphans. Civil society has been instrumental in accelerating grassroots implementation: more than 771,000 children now access community-based childcare centres (for children aged 3-5 years) while 187,500 children access children's corners (for children aged 6-18). The technical leadership of the United Nations, through the impact mitigation sub-cluster, has delivered financial and technical support to the response, including the development of the Child Care, Protection and Justice Act (2010). However there is no room for complacency. In 2010, the percentage of households with children affected by HIV and AIDS receiving external support was 18 per cent, which is unchanged since 2004 and only half (53 per cent) of these households are being reached with impact mitigation interventions.

The technical review team made a number of recommendations. The following action points are judged critical if the national response protecting the rights of children affected by HIV and AIDS is to be enhanced:

### Coordination

- Develop a costed National Plan of Action for Children (2012-2016) including a specific sector plan for children affected by HIV and AIDS. This should articulate the Government's vision for all children, including the most vulnerable.
- By means of strong leadership, ensure that the relevant sectors are properly coordinated, and revitalise the way in which the existing National Plan of Action for Orphans and Vulnerable Children is overseen.

**Systems strengthening**

- Invest in the national child protection system to ensure the new Child Care, Justice and Protection Act (2010) is fully implemented.
- Implement as a matter of urgency the existing capacity-building plan for the Ministry of Gender, Children and Community Development.
- Develop advocacy and resource-mobilization strategies for children affected by AIDS, and integrate components into the National AIDS Advocacy Strategy and other relevant strategies, as appropriate.
- Support the roll-out of the Magomero Diploma and Degree in Social Work.

**Monitoring and evaluation**

- Ensure the Ministry of Gender, Children and Community Development has access to information systems and reporting mechanisms relevant to the goals and objectives of the proposed National Plan of Action. This should be achieved by strengthen the Ministry's existing monitoring and evaluation structures.

**Civil society partnerships**

- Strengthen systems to ensure that the civil society response is fully aligned with the proposed National Plan of Action and is coordinated at all levels.

**United Nations**

- Commit to a common voice that supports the inclusion of children affected by HIV and AIDS issues into the country proposal across the United Nations System throughout the Round 11 Global Fund process. Provide technical support to the proposal development process to ensure a successful round.
- Strengthen the United Nations impact mitigation sub-cluster to support the national response for children affected by HIV and AIDS, and to apply the UNAIDS Business Case for Social Protection more rapidly. This will be done primarily through more senior representation in the sub-cluster and by identifying two or three priority areas for joint action throughout the next country programme.
- Fully invest in the situation analysis of children affected by AIDS (planned for 2012) as a critical tool for gathering robust data. This analysis will inform the understanding of child vulnerability in Malawi and shape future programming.



## 1. INTRODUCTION



### 1.1 Purpose of the technical review

UNICEF Malawi, through the Child Protection and Orphans and Vulnerable Children Programme, invited the UNICEF Eastern and Southern Africa Regional Office (HIV and Child Protection Sections) and Headquarters in New York (HIV Section) to facilitate a technical review. The aim was to enable the United Nations in Malawi to better support the national response to children affected by HIV and AIDS<sup>1</sup> and ensure that the rights of all children are protected. The rationale for this review was threefold:

- **First**, to revisit the way that policy and programming – in relation to orphans, children affected by HIV and AIDS, child protection, and social protection – have evolved in the region and globally, and what this means for Malawi. This stemmed from a desire by the Malawi UNICEF Country Office to merge two Units (Orphans and Vulnerable Children, and Child Protection) into a coherent programme within a systems response to child protection. It was also prompted by the understanding that the broader social protection elements of programming for children affected by HIV would require a cross-sectoral response.
- **Second**, the UNICEF Child Protection Programme identified an urgent need for the United Nations System in Malawi to re-energise strategic thinking and planning for policy and programme interventions for children affected by HIV.
- **Finally**, to take stock of what has been achieved so far and feed lessons learned into key planning processes. These include the United Nations Development Assistance Framework (UNDAF), the UNICEF Country Programme Document, and the next Malawi Growth and Development Strategy. Other processes include the proposed impact evaluation of the National Plan of Action for Orphans and Other Vulnerable Children (2005-2009) and the Extended Plan of Action (2010-2011), and the design of the next-generation plan.

### 1.2 Methodology

The technical review ran from November 2010 to May 2011. It involved three missions to Malawi by the review team to gather information, carry out assessments and analysis, and formulate strategic plans.

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<sup>1</sup>Throughout this report, the phrase 'children affected by HIV and AIDS' is abbreviated to 'children affected by HIV' or 'children affected by AIDS', but it includes all children whose lives are touched by the effects of both HIV and AIDS.

The first mission in November 2010 was carried out by Thomas Fenn (HIV Advisor) and Nankali Maksud (Orphans and Vulnerable Children Specialist) from the UNICEF Eastern and Southern Africa Regional Office. Data was collected through meetings with the Office of the President and Cabinet; the Ministry of Gender, Children and Community Development; and the National AIDS Commission. Focus group discussions were held with the 28 District Social Welfare Officers and the Network for Non-Governmental Organizations (NGOs) Working on Children Affected by AIDS; the United Nations thematic group on Impact Mitigation (Food and Agricultural Organization and World Food Programme); UNAIDS; and USAID. Field visits were made to the Taiza Community-Based Childcare Centre; a household receiving cash transfers in Mchinji District; and a foster-parent home in a peri-urban area of Lilongwe. Discussions were also held with the UNICEF Child Protection Section.

A research protocol and questions for stakeholders were developed to guide these interviews (see annex II). The research questions were designed to capture data according to the terms of reference of the review.

The second mission was attended by Thomas Fenn, Nankali Maksud and Rachel Yates (Senior Advisor, Children and HIV, UNICEF Headquarters) from 14-18 February 2011. This mission included more inward reflection, including select meetings with stakeholders for further strategic clarification. These stakeholders included the UNICEF Child Protection, Social Policy and Water and Sanitation Sections; the Ministry of Gender, Children and Community Development; the National AIDS Commission; the Department for International Development for the United Kingdom; USAID; and UNAIDS.

The third mission was attended by Thomas Fenn, Nankali Maksud and Cornelius Williams (UNICEF Eastern and Southern Africa Regional Child Protection Advisor) from 22-24 March 2011. This mission focused on strategic decision-making and consensus building amongst key stakeholders through three key consultation meetings:

- A 1.5-day workshop to share initial findings with key government, civil society and development partners. This workshop provided a forum to review the assessment exercise, examine the findings and contribute to UNICEF's future plans.
- The Principal Secretary for Gender, Children and Community Development chaired a high-level lunch to solicit feedback on the findings from senior decision-makers within government and civil society.
- Finally, the review findings were presented to the United Nations Country Team. There was consultation on how the United Nations can increase its coordinated support for the national response to protecting the rights of children affected by HIV and AIDS in line with the emerging United Nations Development Assistance Framework.

## 2. SITUATION ANALYSIS

Malawi is one of the world's Least Developed Countries, with a gross national income per capita of only USD 250 (World Bank, 2007). An estimated 65 per cent of the rural population and 55 per cent of the urban population live on less than one US dollar a day, with 85 per cent relying on subsistence farming for their livelihoods. Of those living in poverty, approximately 40 per cent are extremely poor, living on less than USD 0.33 per day (Malawi Welfare Monitoring Survey, 2008). Of a total population of 13.2 million, 6.8 million are children (Population Housing Survey, 2008).



Malawi's human development challenges are reflected in its ranking on the Human Development Index, where it stands 153rd out of 169 countries (UNDP, 2010). For instance, infant, child and maternal mortality rates are among the 20 highest in the world. Life expectancy at birth has improved in the past five years from 39 to 48 years but is still low (Population Housing Survey, 2008). It is estimated that 41 per cent of children are moderately to severely stunted, 17 per cent are underweight, and 4 per cent are wasted (Government of Malawi, 2010a).

According to the 2010 Demographic and Health Survey, HIV prevalence among adults aged 15-49 years was 11.0 per cent, down from 14.0 per cent in 2005 and 14.4 per cent in 2003. This translates into one in ten people living with HIV. An estimated 90,000 children are living with HIV, and 20 per cent (1.2 million) of all children are growing up with reduced parental care in a wide range of formal and informal care arrangements. A recent registration exercise found that around 12,000 children were living in child-headed households. A headcount of child care Institutions (Ministry of Gender Children and Community Development, 2011) indicated that there are 6,000 children living in institutional care. According to the 2010 Demographic and Health Survey, 11 per cent of children do not live with their parents even though both parents are alive.

Net school enrolment rate is 91 per cent, but the completion rate for primary education is only 35 per cent (Malawi Education Country Status Report 2007). The high teacher-to-student ratio of 1:88 (Education Management Information System, 2009) is just one factor impeding children's retention in primary education.



There is little data to support an evidence-based understanding of the cultural value of children, and of community and household dynamics involving children. But other evidence confirms that alarming numbers of children face protection concerns. Almost 65 per cent of girls and 35 per cent of boys experience some form of child abuse during their lifetime. Repeated victimization of Malawian children is also common, with 54 per cent of children being forced to have sex on more than one occasion (Burton, 2005). Forty-eight per cent of Malawian women experience intimate partner violence, leaving an estimated 3.1 million children growing up in violent homes, witnessing domestic violence and experiencing its negative effects (Pelser et al, 2005).

It is against this background that in 2005 the Ministry of Gender, Children and Community Development developed a five-year National Plan of Action for Orphans and other Vulnerable Children, currently extended to 2011, to urgently scale up actions supporting children affected by HIV. The overall goal is to build and strengthen government, family and community capacities to scale up the national response for the survival, growth, protection and development of children affected by HIV. Strengthening the household and the community is a key strategy to ensure that such children are loved and cared for, and that their survival, growth, wellbeing and development are supported.

One in four (23%) girls aged 15 to 19 years are married compared to less than two per cent of boys (Demographic and Health Survey, 2010). One in four children are involved in child labour (Multiple Indicator Cluster Survey, 2006). Less than 1 per cent of children aged 0 to 2 have a birth certificate (UNICEF Baseline Study, 2011). Many of Malawi's orphaned children live in poor communities that are unable to provide optimal care and protection, leaving these children vulnerable to neglect, abuse and exploitation. Approximately 53 per cent of children only possess three minimum material needs (a blanket, one pair of shoes and more than one set of clothing). This drops to 41 per cent for orphans and vulnerable children. This figure drops further to 29 per cent and 18 per cent respectively for children in the lowest quintile. Property grabbing continues to be a major protection violation with 36 per cent widowed women disposed of their property with fewer than one in five women receiving legal support or assistance in response (Demographic and Health Survey, 2010). Looking forward to 2015, that there will be 155, 000 children aged 0 to 14 living with HIV and approximately 475,900 children orphaned from AIDS related causes (UNAIDS Malawi, 2011).

### 3. GLOBAL AND REGIONAL TRENDS IN PROGRAMMING FOR CHILDREN AFFECTED BY HIV

#### 3.1 Overview

UNICEF's seminal Framework for the Protection, Care and Support of Children Living in a World of HIV/AIDS (2004) has over the past seven years provided clear guidance to countries seeking an effective national response to vulnerable children in the context of the HIV pandemic. But global understanding of how best to meet the needs of such children has evolved considerably since the Framework was published. Major shifts in global thinking have recently been synthesized into a revised document, Taking Forward the Framework: Guidance for the Protection Care and Support of Orphan and Vulnerable Children Living in a World with HIV and AIDS (UNICEF, 2011).

Taking Forward the Framework is a valuable tool that should be carefully explored by the United Nations and its partners in Malawi to ensure that future programmes for the protection, care and support of children affected by HIV reflect current evidence.

The document highlights three important conceptual shifts:

- Child vulnerability in the context of HIV and AIDS requires rethinking: for instance, household wealth is a far more consistent indicator of vulnerability than orphanhood.
- Child-sensitive social protection can broaden coverage and sustain responses for children affected by HIV.
- Systems-strengthening is a critical strategy for improving child and social protection for children affected by HIV.

Informed by this document and other global literature, the following section explores a number of emerging issues relevant to the United Nations in Malawi. It covers child-sensitive and HIV-sensitive social protection; the recent UN Social Protection Floor Initiative; child-protection systems building; conceptualising child vulnerability; terminology challenges; case management approaches; and adopting an equity approach.

It bears noting that poor aid coordination was identified by the Technical Review Team as one of the most significant barriers to cost-effective programming for children affected by HIV. This technical review gives the United Nations System in Malawi an opportunity to align its strategic support for such children (not least by strengthening the systems that provide child protection and social protection) to ensure more efficient delivery of support to the Government of Malawi and its partners.

### 3.2 Child-sensitive social protection

Social protection continues to attract increasing interest from governments and development partners. This is because it has great potential to address economic and social vulnerability, and to improve economic and social security for those that need it most. Social protection has been defined as “all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised” (Devereux & Sabates-Wheeler, 2004).

UNICEF and its partners, in a joint statement on advancing child-sensitive social protection, have recognised that children do not need to be specifically targeted to receive benefits from social protection instruments such as pensions. But they also recognise that by giving children more consideration when social protection programmes are being designed, implemented and evaluated, far greater dividends can be delivered to children, families, communities and indeed national development (DFID et al., 2009). The joint statement on child-sensitive social protection is an important reference document, as it articulates a common understanding that putting children at the core of social protection agendas is important. It also identifies key programmatic principles.

#### Principles of child-sensitive social protection

**To make social protection programmes child-sensitive, the following points should be considered in their design, implementation and evaluation:**

- Avoid adverse impacts on children, and reduce or mitigate social and economic risks that directly affect children's lives.
- Intervene as early as possible where children are at risk, in order to prevent irreversible impairment or harm.
- Consider the age- and gender-specific risks and vulnerabilities of children throughout the lifecycle from birth to adulthood.
- Mitigate the effects of shocks, exclusion and poverty on families, recognizing that families raising children need support to ensure equal opportunities.
- Make special provision to reach children who are particularly vulnerable and excluded, including children without parental care, and those who are marginalized within their families or communities due to their gender, disability, ethnicity, HIV and AIDS, or other factors.
- Consider the mechanisms and intra-household dynamics that may affect how children are reached, paying particular attention to the balance of power between men and women within households and in the broader community.
- Include the voices and opinions of children, their caregivers and youth in the understanding and design of social protection systems and programmes.

**Figure 1** Extracted from Advancing Child-Sensitive Social Protection (DFID et al., 2009)

Based on a review of the global evidence and concerns about scaling up the response to children affected by HIV, there has in recent years been more focus on child-sensitive social protection. This approach to social protection brings together the economic strengthening of vulnerable families (through cash and other social transfers), child protection services (family-based and alternative care) and an enabling environment for children through progressive legislation and regulation. One of UNICEF's priorities for child-sensitive social protection is to ensure a balance between social transfers and social services and in particular child protection services: flexible transfers are matched by access to the structural supports required to meet children's and their families' needs, including through child protection systems. Child-sensitive social protection programming covers four interconnected domains: protective measures to reduce the impact of chronic vulnerability on individuals and households; preventative measures to avert poverty for those facing transitory shocks and risks; promotional measures to promote livelihoods and income opportunities; and transformative measures that seek to counter the underlying social inequity and exclusion that exacerbates vulnerability (Greenblot, 2008).

### **3.3 HIV-sensitive social protection**

More recently, UNAIDS has launched its revised operational framework, making a strong case for including HIV-sensitive social protection in their priorities. The UNAIDS business case for HIV-sensitive social protection recognises the benefits to HIV-affected populations of broader social protection measures. It notes that HIV-sensitive social protection can promote universal access to prevention, treatment and care by reducing vulnerability. HIV-sensitive social protection has a role to play in prevention and treatment efforts, as well as in care and support initiatives. The business case advocates that national social-protection programmes should ensure that social transfers (cash, food, in-kind) and other social protection components reach HIV-affected populations, thus increasing their access to protection, care and support.

UNAIDS highlights systems-strengthening as a cross-cutting issue in HIV-sensitive social protection, specifically emphasising the importance of stronger social welfare and community systems. This focus resonates with the needs of children affected by HIV. Such children often require social welfare structures (including child protection) - commonly provided through community structures - close to where they live.



### 3.4 United Nations Social Protection Floor Initiative

Following the global economic crisis, a joint Crisis Initiative of the United Nations Chief Executives Board for Coordination on the Social Protection Floor was launched in 2009. The aim was to provide country-level guidance for a UN systems-approach to the introduction of a social protection floor. The Social Protection Floor Initiative helps countries develop strategies to address supply and demand constraints to providing social protection for all ages (children, active age groups and older persons), and for vulnerable groups. (Vulnerability can arise from factors including gender, socio-economic status, ethnicity, disabilities, exposure or sensitivity to natural hazards, climate change and so on.)

The Initiative is a policy concept concerned with developing national strategies to ensure a minimum level of access to essential services, together with income security for all. It moves forward the agenda of universal enjoyment of a minimum standard of living, as directed by the International Declaration on Human Rights (Articles 22, 25 and 26). The elements of a Social Protection Floor have been defined as:

1. **“Essential services:** i.e. geographical and financial access to essential services (such as water and sanitation, adequate nutrition, health and education, housing, and other services including life and asset saving information); and
2. **Essential social transfers:** i.e. social transfers, in cash and in kind, paid to the poor and vulnerable to provide a minimum income and health security.” (International Labour Organization and World Health Organization, 2009)

According to the logic of the Initiative, children affected by HIV should be a priority group to receive a minimum package of services and support, and the Initiative highlights the United Nations’ mandate to support this process. And the fact that essential services are included in the minimum package makes it easier to argue that child protection and social welfare services should be part of the social protection floor.

Whilst the Social Protection Floor Initiative was prompted by the global financial crisis, its value extends far beyond an emergency response. Rather, it is a rights-based approach that guides country-level commitment to social protection for the most vulnerable. To this end, it could be a helpful tool to support the Government of Malawi as it finalises and implements the National Social Support Policy.

### 3.5 Child protection systems-building

Concurrent with these developments, awareness has been growing that child protection systems (including for children affected by HIV and AIDS) are critical components of national social protection programmes. UNICEF's global child protection strategy notes that, "Child protection systems comprise the set of laws, policies, regulations and services needed across all social sectors - especially social welfare, education, health, security and justice - to support prevention and response to protection-related risks. These systems are part of social protection, and extend beyond it. At the level of prevention, their aim includes supporting and strengthening families to reduce social exclusion, and to lower the risk of separation, violence and exploitation." (UNICEF, 2008)

Thus there is a clear global mandate to move away from issue-based interventions (for orphans, children in conflict with the law, children living with disabilities, etc.,) to look instead at the systems that prevent and respond to all child protection issues. This involves understanding and strengthening the structures, functions and capacities of the child protection system, from international and national levels right down to individual households. UNICEF has identified six primary components of a child protection system: structures; functions; capacities; continuum of care; process of care; and accountability (Wulczyn et al, 2010).

For UNICEF, the basis for understanding the goal and focus of a child protection system is the Protective Environment for Children Framework. The Framework lists eight key elements: "Government Commitment and Capacity; Legislation and Enforcement; Culture and Customs; Open Discussion; Children's Life Skills, Knowledge, and Participation; Capacity of Families and Communities; Essential Services; and Monitoring, Reporting, and Oversight" (Landgren, 2005, p.227). It posits that if all eight elements are strong and functioning, children will be better protected from violence, abuse, exploitation and neglect. Weak elements, however, create space for child protection violations and must be strengthened (Landgren, 2005).

Strengthening child protection systems is important for children affected by HIV for several reasons:

- When HIV touches children's lives and makes them vulnerable, this often leads to protection issues. For example, a child who is orphaned is often left without the protection, a family provides. These children are often more vulnerable to neglect, violence, abuse and exploitation.

- Conversely, children's vulnerability to HIV is invariably linked with their broader economic and social vulnerability, and this in turn exacerbates the risk of protection violations. For example, a child living in poverty and excluded from school may be at higher risk of harmful child labour (including commercial sexual exploitation), which places them at increased risk of HIV infection.
- The child protection system is a core component of any system (including social protection) for children affected by HIV. For example, alternative care is a standard part of the child protection system; it is also an essential part of a systemic response for children affected by HIV.

### 3.6 Conceptualising child vulnerability

Emerging global evidence is shifting the understanding of child vulnerability, including in the context of HIV and AIDS. Broad-based systems-strengthening in the fields of child protection and social protection, along with the move towards HIV-sensitive rather than HIV-exclusive programming, is delivering better support to vulnerable children living in a world with HIV and AIDS. However, it is important to remain vigilant about children who are more likely to require protection, care and support, and to recognise risk and protective factors that influence a child's degree of vulnerability. Given the need to mobilise scarce resources fairly and to ensure maximum impact, the global evidence on child vulnerability is a paramount factor for programme planning.

A recent meta-analysis lists four primary determinants of child vulnerability: "low household wealth, low educational level of adults in the household, the household head is not a parent or a grandparent, and parents missing from the household," with wealth and education levels emerging as the two most significant factors (Knight, 2011). More detailed studies of the relationship between orphanhood and vulnerability suggest that maternal orphans are more susceptible to risks and shocks than paternal orphans, reinforcing the double dividend of maternal survival for future generations (Beegle et al., 2010).

It must be noted that orphanhood remains an integral indicator of vulnerability from a child protection perspective. When a child loses a caregiver, the child protection system must reach out to that child and identify and formalise appropriate care arrangements, even for a child who may not require any further child protection services. There is a wealth of evidence showing that children separated from both parents are more vulnerable to violence and abuse. And emerging evidence suggests that children orphaned due to AIDS may experience even higher levels of abuse than children orphaned for other reasons.

### 3.7 Terminology challenges

The terminology used in programming for children in need of protection, care and support in the context of the HIV pandemic has shifted to reflect the evolving understanding of best practice. The global community has moved conceptually from programming for orphans, via 'orphans and vulnerable children' and 'children affected by AIDS' to 'vulnerable children'. However, the latest approach emphasises the systems required to respond to the needs of any child, rather than focusing on single issues or vulnerable groups.

This programme area first came to prominence as a response to the 'orphan crisis' caused by HIV sweeping through adult populations, which left millions of children, many in sub-Saharan Africa, without caregivers. The increasing number of orphans led to enormous pressure on extended families and communities to absorb the responsibility of care, which included the still-widespread phenomenon of grandparents caring for several of their grandchildren.

A broader focus soon emerged, addressing the needs of 'orphans and vulnerable children'. It was with this understanding that the Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS was developed in 2004, providing guidance for a comprehensive response for children affected by HIV. This new focus recognised that the direct impact of HIV on children extended far beyond orphanhood: "Children... may live at high risk of HIV; they may live with chronically ill parents or adults and be required to work or put their education on hold as they take on household and caregiving responsibilities; their households may experience greater poverty because of the disease; and they may be subject to stigma and discrimination because of their association with a person living with HIV. Children can also become orphans, losing one or both parents to AIDS-related illnesses." (UNICEF and UNAIDS, 2006, p.2)

The indirect impact of HIV on children's lives was becoming increasingly clear, with communities and formal systems struggling to function in the face of a serious loss of labour resources and more demand for assistance, including health and social welfare. Partners sought to develop multi-sectoral interventions to address the many ways in which HIV interacts with children's lives, both directly and indirectly. And at the same time as trying to reduce children's vulnerability from other causes, there was a move away from 'orphans and vulnerable children' towards programming for 'children affected by AIDS'. The latter proved a more holistic way to address the impact of HIV on children, whether infected or affected.

As Taking Forward the Framework highlights, the global response to HIV, particularly for children affected by AIDS, has been a catalyst for a number of critical interventions that support all children. For instance, one powerful legacy of national plans of action for 'orphans and vulnerable children' has been increased investment in social welfare, social protection, child protection and education systems, as well as increased access to HIV-specific and HIV-sensitive health services. At the same

time, it is now understood more than ever that HIV-sensitive approaches can be more effective than HIV-specific or HIV-exclusive efforts in meeting children's needs, including children affected by AIDS (UNICEF, 2011).

The terminology shift from 'orphans' to 'children affected by AIDS' also reflects a changing understanding of how best to target support. Just as the concept of orphans and vulnerable children has led to an unfortunate tendency to reduce children affected by AIDS to the label of 'OVC', efforts to target funds strategically by exclusively targeting orphans and then orphans and vulnerable children has in some cases led to the unfair distribution of resources and the unintended stigmatisation of children participating in such programmes. For instance, micro-simulations to compare social cash transfers targeting AIDS-affected households (i.e. by targeting orphans) with transfers targeting households living in poverty demonstrated that a poverty focus was associated with stronger gains in consumption, schooling and poverty reduction (Handa, 2008, cited in Richter, 2010).

The shift to systems-building as an effective and sustainable approach to development assistance has led to a new approach to programming for children in the context of HIV. Systems-building requires a move away from 'issues' (such as HIV) and 'groups' (such as children affected by AIDS) towards the architecture and functionality of a sectoral or thematic response. Accordingly, the focus now is on the holistic needs of children across all the systems they interact with. The aim is to ensure that each system (child protection, education, health, etc) has the capacity to operate in an HIV-sensitive manner and achieve universal access.

### **3.8 Case management approaches**

Case management is an integral component of a child protection system. It is therefore important to identify viable models of case management that can support child protection systems in an HIV-sensitive manner. Given that a number of social protection and HIV-targeted programmes use case-management approaches to provide care and support, it is important to avoid duplication and overlap.

Malawi has moved ahead of many other countries in the region in conceptualising an appropriate case management system. The country already had a comprehensive database for orphans and vulnerable children, and a network of 800 community child protection workers. Although there was no organized way to respond to individual children in need of protection, care and support, it was recognised that the database and network of volunteers could be built on to create a case-management system. Critically, the case management review began with the assumption that case management was already happening in the country, although it was not referred to as such and was not well understood. This assumption proved to be correct: a mapping of possible case-management structures, including from other sectors such as the health sector, uncovered a range

of approaches from which to learn. In fact, many components of a case-management system - maintenance of case files, identification, care plans, and informal referrals - were found to be in use, although not systematically.

By bringing together stakeholders with experience in case management, and in line with global thinking, two models have been identified for Malawi:

- 1.** The community-based model, whose goal is to strengthen community and family support systems to identify and deal with child protection cases. This approach uses community child protection committees, under which networks of community members can conduct primary interventions for minor cases and refer serious cases to the formal child protection system. The emphasis is on supporting communities to identify social norms that protect as well as those that make children more vulnerable and to develop a plan to address individual cases of neglect or abuse.
- 2.** The interagency model, whose goal is to strengthen the capacity of Government and civil society agencies to identify and respond to child protection cases, including critical cases. It frames the relationship between different agencies and their respective roles and responsibilities. Malawi's new Child Care, Protection and Justice Act (2010) will help delineate these roles.

Malawi will now test and scale up these two models, focusing on tools and structures for each model, and adhering to overarching core principles such as 'do no harm'. The impact of the scale-up process will then be evaluated. A challenge for the community-based model will be to build on the strengths of the Journey of Life programme, which is a community empowerment tool to identify and support vulnerable children, while redesigning the programme to reduce costs.

### **3.9 Adopting an equity approach**

The concept of equity is fundamental to UNICEF's mandate, and has long been integral to UNICEF's programmatic approaches, including World Fit for Children. For UNICEF, the underlying principle is that priority must be given to reaching the most vulnerable children. It is especially important not to widen the gap between those children reached and those excluded from protection, care and support. Equity requires that resources (essential services, other structural resources and financial resources) be distributed fairly - the aim must be to raise the lowest common denominator rather

than advancing the rights of easier-to-reach children (and leaving the most vulnerable behind). Although a rights-based approach is clearly in line with this thinking, practitioners globally continue to struggle to reach the most vulnerable, and often fail to make them a programmatic priority.

Health research conducted by UNICEF has found that by investing in the most vulnerable and excluded, progress towards the Millennium Development Goals can be accelerated. Evidence supporting the cost-effectiveness of interventions based on an equity approach, coupled with the established moral imperative of fairness, have given the concept renewed emphasis, as articulated in *Narrowing the Gaps to Reach the Goals* (UNICEF, 2010). The equity agenda should resonate not only within UNICEF, but also with other United Nations partners, providing an opportunity for UNICEF to share lessons learnt with other United Nations agencies.

The equity approach clearly mandates a commitment to identify and deliver results to the most vulnerable. It reinforces the need to challenge concepts of child vulnerability and ensure that global knowledge about vulnerability (see section 5.6) is translated into country-level analysis. The country situation analysis of children and women currently being finalized by UNICEF adopts an equity viewpoint and will provide data to complement the forthcoming situation analysis of children affected by AIDS. UNICEF Malawi has completed a concept note on using equity as a basis for programming and is committed to sensitizing its partners on the importance of ensuring that no child is left behind.

Systems-building work to reach the most vulnerable children, which is fundamental to protecting the rights of children affected by HIV, is a valuable tool in moving the equity agenda forward. The United Nations System in Malawi can commit to this process, prioritizing child protection and social protection systems-building, both of which seek to reach the most excluded and at-risk children.

## 4. CHILDREN AFFECTED BY HIV WITHIN THE UNITED NATIONS PROGRAMME STRUCTURES

Within the global UNAIDS Division of Labour, UNICEF is the lead agency on children affected by HIV. UNICEF continues to convene both the global and the regional Inter-Agency Task Teams on Children and AIDS. It is also the co-lead (with the World Bank) on enhancing social protection within the HIV sector - this includes care and support, and HIV-sensitive social protection initiatives (UNAIDS, 2010). In Malawi, UNICEF chairs the HIV impact mitigation sub-cluster, which encompasses work on children affected by HIV.

The shift in focus towards child-sensitive social protection as a key mechanism is reflected in the UNICEF Eastern and Southern Africa priority actions for children affected by HIV:

- Scale-up national child-sensitive social protection systems to address the needs of vulnerable children in 10 country offices and regional entities.
- Increase access to services by supporting 10 country offices and regional entities to strengthen family, community and public sector capacity.
- Integrate child- and AIDS-sensitive social protection into national social protection legislation, policies, plans and programmes.

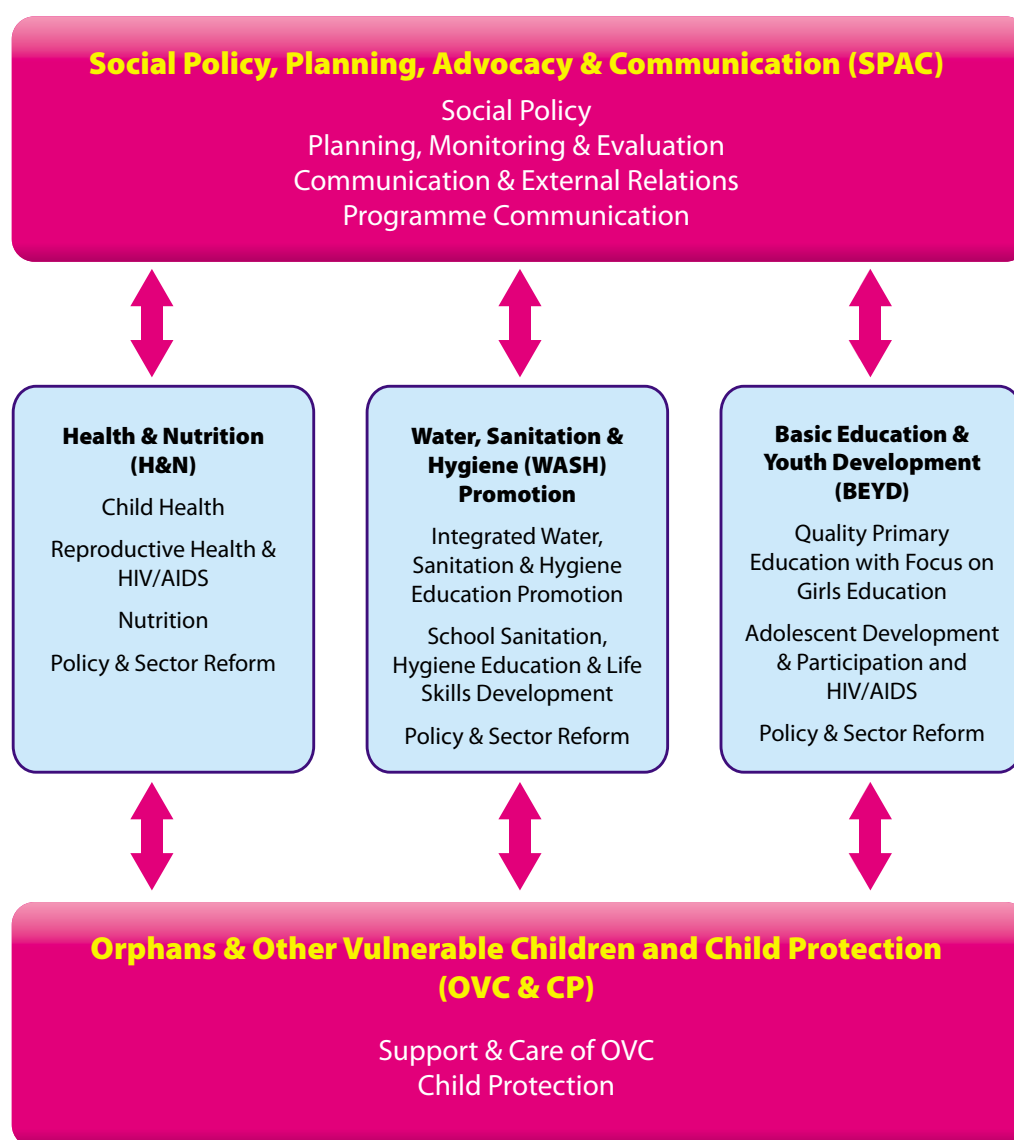
Malawi is one of the ten priority countries.

### 4.1 Malawi United Nations Country Programme

The Children Affected by AIDS Programme in Malawi has been a critical element of the UNICEF Country Programme of Cooperation (2008-2011) which, as Figure 2 below shows, has contributed to health, nutrition and basic education. UNICEF supports national efforts to achieve the Millennium Development Goals within the framework of the Malawi Growth and Development Strategy and the United Nations Development Assistance Framework. It specifically contributes to the achievement of United Nations Development Assistance Framework Outcome 4: Increased equitable access to and utilization of quality basic social services.



The Country Programme aims to strengthen national capacities to ensure that children affected by HIV realise their rights to grow up in a protective environment, free from stigma and discrimination, with access to basic social services in the same way as other children. It has also contributed to national efforts to protect children against all forms of violence, exploitation, neglect and discrimination.



**Figure 2** UNICEF Malawi Country Programme Structure

UNICEF Malawi has had a two-pronged approach to supporting children affected by HIV - strengthening national capacities for implementing the National Plan of Action and scaling up direct support. The successes and challenges in Malawi's children-affected-by-AIDS and child-protection programming are discussed in the findings below. Many of the key elements of a child-sensitive social protection response are reflected in the Country Programme Action Plan.

## 5. FINDINGS AND RECOMMENDATIONS



This chapter focuses on progress made in the national response and how the United Nations in Malawi can position itself to respond to key challenges. It includes a section on how UNICEF can improve its internal management of programme support, which will ensure coherence and efficiency in programming for children affected by HIV.

## 5.1 Overview

Despite significant investment in responding to the needs of children affected by HIV, too few of them have access to the care and support they need. The Demographic and Health Survey (2010) showed that only 18.5 per cent of households caring for children affected by AIDS received external support, although programme data on some children's services suggests that this figure is an underestimate.

Responses to children affected by AIDS in Malawi are often small-scale and fragmented, of variable quality, and insufficiently embedded in national systems. There is a need to move from an 'emergency' response to one which is more sustainable and effective. In many ways concerns about aid effectiveness for programming for children affected by AIDS reflect the broader Malawi aid landscape.

The Malawi response to children affected by AIDS is supported by a number of development partners, with significant contributions from PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) as well as bilateral development partners such as AusAID. National data compiled by UNAIDS showed that USD 7.6 million was spent on children affected by AIDS in Malawi in 2008 and USD 4.4 million in 2009. These figures may be under-estimates of actual expenditure, due to under-reporting by donors and the way data is categorised.

There are indications that funds for children affected by AIDS are diminishing. The aid flow from the Global Fund (currently administered by the National AIDS Commission and amounting to USD 20 million over five years) comes to an end in September 2011, and other major bilateral grants under the UNICEF-managed Children and AIDS Regional Initiative expires this year. However, there is growing interest in Malawi's cash transfer programme, with the possibility of significant contributions from several bilateral partners. This should make AIDS-affected households economically stronger.



The extended National Plan of Action for Orphans and Vulnerable Children will only be achieved by coordinating and harmonizing the use of predictable, long-term funding. Success also requires the involvement of government, civil society and the private sector, and an effective comprehensive response. While civil society has taken on key roles as advocate, watchdog and implementing partner, its actions remain poorly coordinated. Civil society networks need to be fully aligned with national priorities, comprehensive in their approach, and coordinated so that community-level actions reflect policy.

## **5.2 Who are the most vulnerable children affected by HIV in Malawi?**

### **Findings**

The review team, from their collective global experience and observations in Malawi during the review, speculate that children are likely to be most vulnerable in the context of HIV and AIDS in the following situations:

- Children living in child-headed households
- Children whose parents have both died (double orphans)
- Children living with older caregivers
- Children living with HIV
- Children living and working on the streets
- Children with a disabled or chronically ill caregiver or parent
- Children in the lowest poverty quintile
- Children who are out of school
- Children living in female-headed households
- Children living in violent homes.




In Malawi, the particular contextual risks that these children are likely to face include harmful child labour, wilful neglect, coming into conflict with the law, sexual exploitation and abuse, and violence in the home.

In noting these sources of vulnerability for children, caution is required and a few points need highlighting. First, although summarising trends that are more likely to predict poor outcomes can help to focus programmes, children should not be defined by characteristics in their lives. The child as a whole person must be at the centre of programming efforts. Second, vulnerability is dynamic, interactive and cumulative. A child who has lost one or both parents is more likely to be living with older caregivers or in a child-headed household. He or she might also be out of school. The

more sources of vulnerability children experience, the more likely it is that they will be at risk of poor outcomes, including HIV infection. Accordingly, the 'groups' listed above are not intended to encourage isolated, issue-based programming. Rather it is an initial compilation of factors or trends that have been identified as significant in terms of children's vulnerability.

Recent estimates from UNAIDS (unpublished) indicate that Malawi should expect declining numbers of children living with HIV and children orphaned due to AIDS-related causes in future. However, there is no room for complacency: the estimates still indicate that by 2015, almost 155,000 children aged 0-14 will be living with HIV and approximately 475,900 children will be orphaned from AIDS-related causes. Given that the Demographic and Health Survey (2004) indicated that only 18.5 per cent of households caring for children affected by AIDS received external care and support, a significant increase in support is required.

## Recommendations

- 
**Speculation and anecdotal findings are no substitute for solid country-level evidence: the United Nations in Malawi should invest fully in the situation analysis of children affected by AIDS planned for early 2012. It will be a critical tool for gathering robust data to inform the country's understanding of child vulnerability.**
- 
**When the results of the 2010 Demographic and Health Survey are released in late 2011, revised estimates pertaining to children affected by AIDS should be developed and published.**
- 
**With the 2010 Demographic and Health Survey and the 2010 Multiple Indicator Cluster Survey findings both due for release, a data-mining exercise should be prioritised. This will better identify the determinants of child vulnerability in Malawi and provide evidence for the relationship between vulnerability, child protection outcomes, and HIV and AIDS.**

### 5.3 Coordination

#### Findings

The planning of Malawi's national response for children affected by AIDS is a recognised success, with wide consultation and participation flagged as particular highlights. This has led to a broad consensus and good alignment with frameworks such as the National Plan of Action. These frameworks provide clear structures to facilitate coordination, and partners are well versed in coordination mechanisms - all parties demonstrate a clear understanding of their own role in the response. The Ministry of Gender, Children and Community Development is well recognised as the agency responsible for coordinating the national response. Promisingly, it was widely recognised that the Ministry has made significant advances in its leadership of the national response, and had remained productive in the face of very limited resources. Implementation, however, remains a significant challenge.

There is widespread agreement that the existing coordination structure is sensible in theory, even if it does not always operate as it should. The devil is in the detail: without meetings being called and attended, coordination collapses. Unfortunately, the Ministry of Gender, Children and Community Development has not been able to access the financial and human resources required to lead coordination.

The 2009 Mid-Term Review of the National Plan of Action noted the three main sources of funding for services addressing the needs of vulnerable children: the Government, the National AIDS Commission/Global Fund and UNICEF. The Technical Review Team agrees with the Review's conclusion that "a single integrated annual work-plan that is based on the priorities in the National Plan of Action and that addresses the needs of all donors, developed in a transparent manner, should be the norm."

The national response to vulnerable children in Malawi is structured as follows:

- **National Orphans and Vulnerable Children Steering Committee.** This is convened and chaired by the Principal Secretary of the Ministry of Gender, Children and Community Development. It comprises Principal Secretaries, Directors and representatives of stakeholders including line ministries and departments, United Nations agencies, donors, international and local NGOs, and faith- and community-based organizations.

- **The Orphans and Vulnerable Children Technical Working Group.** This comprises technical representatives from the same constituencies, and is responsible for technical support and coordination of various areas within the National Plan of Action.
- **The Ministry of Gender, Children and Community Development** remains the ‘supervisor’ of the National Plan of Action and supports a secretariat that looks into all programme operations
- **At district level,** the Social Welfare Officer is the Ministry’s senior representative to the district assembly and the district AIDS coordination committee. The Social Welfare Officer also manages a Social Welfare Assistant designated by the district assembly to serve as an Orphans and Vulnerable Children Desk Officer. Community Child Protection Workers provide services at community level.

This structure, at least down to district level, is relatively common in the region, and nearly all examples suffer from the same issues: The National Steering Committee rarely meets, and typically has no authority to oversee a line ministry’s performance or the execution of its responsibilities within a multi-sectoral programme. Principal Secretaries rarely attend Steering Committee meetings; instead they send representatives who are not empowered to make decisions. These delegates are often members of the Technical Working Group that the Steering Committee is supposed to be advising. Finally, the lead line ministry for vulnerable children is under-resourced and lacks the management and technical capacity to lead, manage and coordinate a multi-sectoral response. The decentralized structures are typically mandated to support district-level planning, supervision and monitoring, but rarely have the resources or capacity to fulfill their mandates.

The National Steering Committee is reported to have operated effectively between 2007 and 2008, but it is unclear whether it has met in the last two years. The reduced meeting load seems to coincide with the ending of a technical assistance position within the Ministry and the transfer of the steering committee secretariat from the Child Welfare Department to the Planning Department, which reportedly led to a ‘loss of mandate’ of the group. Steering Committee meetings are reportedly dependent on having enough high-level policy issues to address, given the senior membership on the committee. However, participation is increasingly delegated to lower-level officers who are not authorized to make decisions. Given that the Steering Committee was designed to be an efficient decision-making body, this lack of authority significantly hampers its effectiveness. The effectiveness of the Steering Committee also depends on the ability of representatives of the various technical working groups to articulate and advocate priority policy decisions. These representatives must be properly briefed on the issue for presentation and be able to provoke dynamic engagement with

the topic at hand. The Steering Committee does, however, have the potential to operate effectively, as shown by its heavy involvement in the extension of the national plan of action and endorsement of the final extension.

The Orphans and Vulnerable Children Technical Working Group meets only sporadically, but is perceived to be functional. In fact, partners highlight the Working Group as a success story in coordinating Malawi's national response. Meetings are well attended, providing a mechanism for mutual accountability and collaboration between partners. A challenge is that the structure can be overwhelmed by a large number of partners with much information to share – it is not always possible to accommodate all contributions in the time available. Partners see benefits in providing a mechanism for smaller, less formal meetings.

For the Ministry of Gender, Children and Community Development, the Technical Working Group has provided a forum where civil society partners and their capacity can be better understood and where plans can be shared and aligned. However, several members also belong to other coordination structures - including for child protection and early childhood development - chaired by the Ministry, so there is significant overlap and duplication. And the Ministry's capacity to coordinate a multi-sectoral programme remains limited. These concerns were all confirmed in the 2009 Mid-Term Review and remain true today. The situation is further complicated by the fact that the structure of the response to child protection virtually mirrors the structure for orphans and vulnerable children. It suffers from the same problems, with the added challenge that the dual steering committees and technical working groups are composed of the same people.

One obstacle to coordination is the excessive reliance placed on the Ministry to be both chair and secretariat of the Steering Committee and Technical Working Group. As well as sending a message that orphans and vulnerable children are the responsibility of the Ministry (rather than the whole of Government), it also limits accountability. A rotating chair and/or an external secretariat that does not need to manage its role alongside a full-time Ministry workload might improve coordination.

The recent Child Care, Protection and Justice Act (2010) provides for the establishment of a national Case Review Board to oversee children's issues. The Board will have a watching brief for all institutions with responsibilities towards children, such as reformatory centres, and safety and foster homes. It must keep a register of all detained children and review all cases of child offenders and children kept for care and protection. It must also carry out all the functions necessary to promote children's development. The Board will include representatives of all relevant government ministries, the Malawi Human Rights Commission, a children's NGO, the police, reformatory centres and religious organizations, under the chairmanship of a High Court Judge. This Board, with its legislated mandate and accountability structures, may be a useful mechanism for ensuring oversight of programming for children affected by AIDS. Integrating oversight of children affected by AIDS into a broader children's committee may reveal synergy between other child-centred programmes and encourage



senior representation of key sectors. This will be a particularly important shift if the country moves towards a broader national plan of action for children.

Support is growing for the development of such a plan, aligned with the forthcoming National Growth and Development Strategy, to present the Government's vision for children in Malawi. While this would no doubt be complex and lengthy to develop (both conceptually and in terms of implementation and governance frameworks), it would offer the chance to integrate issues for children affected by HIV into a holistic strategic plan. A common approach to devising such a plan is to establish thematic technical working groups to oversee various components. These components are then embedded in sectoral plans and strategies, guided by a thematic-specific work plan under broad oversight of a child rights committee.

Following the recommendations of the Global Task Team on improving AIDS coordination among multilateral institutions and international donors, the United Nations Secretary General directed Resident Coordinators to establish Joint United Nations Teams on AIDS with one programme of support. In Malawi, the heads of United Nations agencies have convened and assigned representatives to the Thematic Group on impact mitigation which is mandated to respond to issues affecting children affected by HIV. This Group is chaired by UNICEF and comprises the Food and Agricultural Organization, UNAIDS and the World Food Programme.

A key issue is how to strengthen this Group to achieve its objective of unifying United Nations support to the national response for children affected by HIV. It currently functions as an information-sharing mechanism rather than a platform for action, with each agency working separately with national institutions. The Group has not evolved into a team implementing one programme because agency mandates supersede joint programming. UNAIDS coordinates the United Nations HIV response, which is appreciated, but without a joint programme these results are simply an amalgamation of individual agency results. Unless it establishes more dynamic and strategic joint programming and oversight of this programme area, the Group risks losing visibility, including exclusion from the Round 11 Global Fund Country Proposal. The United Nations, through the impact mitigation sub-cluster, has a role in supporting the Government to articulate the degree to which meeting the needs of children affected by HIV will complement priority national treatment and prevention efforts.

Interestingly, a development partners' meeting for orphans and vulnerable children programming was established to accelerate implementation of the 2005 Round 5 Global Fund grant. Chaired by the Ministry of Gender, Children and Community Development with development partners represented by heads of agencies, it was a forum that successfully kick-started the coordination structures in place today. It also used the technical advisory support unit located in the Ministry. The development partners' meeting was disbanded once the coordination of the national response was moving.

## Recommendations



### **Continue to explore the development of a costed national plan of action for children:**

That safeguards the visibility and momentum of programmes specifically supporting children affected by HIV and AIDS;

From which costed, results-based annual work plans can be developed by the Ministry of Gender, Children and Community Development with inputs from partners;

Prioritise robust discussions - drawing on lessons learnt in other countries - to develop strong structures for the national plan of action.

Recognise the complexity of the undertaking, which must pay attention to governance structures and be anchored in sectoral plans.



**Revise the role of the National Orphans and Vulnerable Children's Steering Committee, making it part of the Orphans and Vulnerable Children Technical Working Group. It would then focus on strategic guidance and technical leadership to implement policy and plans supporting children affected by HIV. The Ministry of Gender, Children and Community Development's Principal Secretary should remain as the chair and convene meetings for technical staff from Government ministries and stakeholders implementing the National Plan of Action for Orphans and Vulnerable Children. Should a broader national plan of action for children be developed, this group could function as the thematic technical working group for children affected by HIV. It could coordinate the development and implementation of a thematic children-affected-by-HIV action plan.**



**The Ministry of Gender, Children and Community Development should revitalize an implementation unit to carry out the day-to-day activities of managing the national response. The unit should coordinate the inputs and activities of the various Ministry departments, units and programmes for integrated and holistic implementation of the National Plan of Action within the Ministry's mandate and the broader national development framework. Drawing on lessons learnt from previous technical**

assistance, the implementation unit should not create parallel structures and should be integrated into the Ministry's staffing structure. Technical assistance should be designed to empower Ministry staff rather than to mask the existing lack of manpower. The Ministry should be supported to embed the operational costs of the technical working group and steering committee into their recurrent budget.



**A higher entity, possibly the Case Review Board to be established under the Child Care, Protection and Justice Act (2010), should be mandated to ensure compliance with policy and standards, and to replace the existing Steering Committee. It must also have governance of the response, ensure the supportive engagement of line ministries and key stakeholders, and ensure that the rights of children are realised through the services of the duty bearers. In effect, the entity will serve as a Board of Directors for the national response.**



**Within the national response, the revised roles of the various principals would be delineated as follows:**

Case Review Board – Policy compliance, advocacy, mobilizing a multi-sectoral response to vulnerable children, protecting children's rights.

Orphans and Vulnerable Children Technical Working Group – Providing technical guidance and oversight for the National Plan of Action, developing and promoting quality standards and assurance, identifying key technical priorities within a multi-sectoral response to children.

Ministry of Gender, Children and Community Development – Managing and implementing the national response, leading and coordinating national and district implementation of the national strategy, monitoring and evaluating the national response, partnering key stakeholders to reduce service-delivery coverage gaps, technical capacity building of local government and civil society partners.






**When transferring the responsibility for policy oversight to the Case Review Board from the Steering Committee, ensure that:**

The committee is guided by clear terms of reference;

Senior decision-makers are properly briefed and participate actively in the committee;

Consider rotating the duty of chairperson to share the responsibility with other partners, particularly other government agencies, or establish an external secretariat (in line with Malawi's Country Coordination Mechanism secretariat model).

- 
**Establish district-level integrated children's committees with thematic working groups to increase efficiency. This would bring together existing committees and working groups on relevant topics (for instance child protection, early childhood development, orphans and vulnerable children, juvenile justice).**
- 
**UNAIDS needs to raise its advocacy efforts to respond to all the HIV priorities outlined in the National HIV Strategy, especially impact mitigation. A key point should be that, far from being a 'charitable' endeavour, the national response for children affected by AIDS supports priority treatment and prevention efforts, and can influence the trajectory of the epidemic in and of itself. Accordingly, it should be integrated into treatment and prevention, including for the Round 11 Global Fund Country Proposal. UNAIDS should consider adopting performance monitoring (based on rights-based management principles) for all thematic groups to track support to national priorities on vulnerable children and families. The impact mitigation sub-cluster should be strengthened to ensure it functions dynamically - senior agency participation in is an important component in raising the overall calibre and visibility of this mechanism.**
- 
**Explore the possibility of establishing a development partners' meeting to guide the progress of the next national plan of action and to ensure that existing coordination mechanisms are strengthened.**

## **5.4 Strengthening systems for a more effective national response**

### **Findings**

To create an effective and coordinated national response for children affected by HIV, a number of systems - including health, education, child protection, social welfare and social protection - need to be strengthened. A system can be defined as a "collection of components or parts that are organized (i.e. connected to each other) around a common purpose or goal" (Wulczyn, 2010). Systems are nested, interactive structures. They are contextual and adaptive, but there are three basic components of any system: structures, functions and capacities. (Wulczyn, 2010)

The child protection system is very well placed to lead the response for children affected by HIV, but it will require increased investment. Chapter 6 below analyses the coverage of the national child protection system for children affected by HIV. It demonstrates that such children can be supported through the child protection system with only minimal gaps in service-delivery needs in the areas of income support and health support, particularly for children on treatment.

While capacity building is not the same thing as systems strengthening, it is an integral part of it. Furthermore, without capacity it is difficult, if not impossible, to influence and strengthen the structures and functions of a system. Accordingly, the remainder of the findings prioritise capacity building as a means of strengthening systems.

As the lead agency for children and the coordinating agency for the National Plan of Action for Orphans and Vulnerable Children, the Ministry of Gender, Children and Community Development needs sufficient capacity to frame the national response to children affected by HIV. But 60 per cent of Ministry positions are reported to be unfilled. Ministry officers and external partners also report a need for more positions within the human resource structure, particularly at district level. There is a perception among partners that many of the existing officers are operating outside their job descriptions, further complicating the situation. The Ministry appears to be universally regarded as struggling to fulfil its mandate. The technical lead person on children affected by AIDS left the Ministry some time ago and has not been replaced. External stakeholders report limited engagement in key processes such as Global Fund Country Coordination Mechanism meetings and development of the Global Fund Round 10 Country Proposal. Technical engagement with the National Plan of Action for Orphans and Vulnerable Children appears to rest more with National AIDS Commission than the Ministry, primarily because the National AIDS Commission had an officer for Orphans and Vulnerable Children at a time when the Ministry had lost their technical lead.

In 2007, the Ministry of Gender, Children and Community Development undertook a comprehensive human resource capacity assessment. This provided the basis for a capacity building plan for the Ministry, which was presented to its senior management. However, progress on finalising this plan appears to have stalled.

Although civil society in Malawi actively supports the national response for children affected by HIV, it consists mainly of grassroots, community-based organizations with limited capacity. While strengthening partnerships between civil society and the Government is important (and is addressed in detail below in section 5.7), the civil society network must be coordinated and given more capacity if services to children are to be improved. The Network of NGOs Working on Children Affected by AIDS is a critical body to this end. Nurturing the Non-Government Organization Coalition for Child Rights (of which the above Network is a member) to coordinate and strengthen the capacity of its members will go a long way towards improving the national response.

Capacity development of government partners is a United Nations principle. It is expected to feature among the results of United Nations country programmes and to be a core strategy through which programme results are realised. The United Nations and UNICEF in particular have shown great commitment to developing capacity in the Ministry of Gender, Community and Child Development. This has not been limited to central level but includes support to districts as part of the drive towards decentralization (see separate recommendations on decentralization in section 5.5 on Page 36).

The technical advisory support unit of seven advisors established in the Ministry with the Round 5 Global Fund grant provided a much-needed injection of human resource and technical capacity. However, these posts were not embedded within the Ministry's human resource structure and have proved unsustainable. It should be noted that the current Ministry officers are respected for their work and skills, but additional positions are required. Further, the attrition of skilled workers has reportedly accelerated over recent years as opportunities for international and non-government employment have increased. Ensuring a critical mass of motivated, skilled staff within the Ministry is an increasing challenge and a high priority. It was also recognised that investments in capacity building need to be balanced against delivering critical services to children themselves: there is some feeling that the emphasis on capacity may have been detrimental to shorter-term gains for children.

The United Nations and other development partners invested heavily in capacity building of the public sector to strengthen its human resources up to the 1980s. This continues today, but investment has been lower since the 1990s. The impact of this reduced investment is now being seen, with capacity development stagnating. Renewed commitment to supporting the development of a capacitated and committed public sector is an area the United Nations might wish to explore.

The 2010 Organizational Development Strategy conducted by the Ministry of Gender, Children and Community Development, with support from the United Nations and USAID, focused on leadership development and creating a performance culture. Team-building, culture change, creating a learning environment, participant observation and performance management were also highlighted.

Continuing to foster leadership and ownership within the Ministry is a critical part of the next phase of support from the United Nations. And the manner in which emerging issues are introduced to Government must take account of the delicate nature of Government structures and operations. The United Nations enjoys a close relationship with the Ministry, particularly through UNICEF, but this can mean that the Ministry complies with requests because UNICEF supports them, despite lacking the leadership and commitment required to follow through. For instance, the Ministry has in the past failed to accept the research findings of international consultants brought in by UNICEF.

## Recommendations

- ✓ Invest in strengthening the child protection system as the lead system for the protection, care and support for children affected by HIV (see section 6.8 for priority actions that will enhance the child protection system's capacity to integrate such children into their core business).
- ✓ Encourage swift implementation of the existing capacity assessment and capacity building plan for the Ministry of Gender, Children and Community Development, by increasing United Nations support for the plan.
- ✓ To strengthen the capacity of key civil society partners, the United Nations in Malawi should support the Non-Government Organization Coalition for Child Rights' capacity to better represent and coordinate civil society. It should also support them to function effectively as a technical resource for local NGOs along with larger coordination bodies such as the Network of NGOs Working on Children Affected by AIDS.

## 5.5 Strengthening district capacity

### Findings

United Nations agencies in Malawi have been instrumental in developing decentralization policies and setting up village area and district development planning practices. Unfortunately, the Decentralization Policy and Local Government Act have not had the hoped-for effects, because of inadequate district-level capacity.

The Human Resource Capacity Assessment of the Ministry of Gender, Children and Community Development (2007) highlighted two main findings on district capacity in the Department of Social Welfare:

- Unlike other government representatives at district level, nearly two-thirds of the District Social Welfare Officers and Community Development Officers had only reached Junior School Certificate Exam level (i.e. they had completed only two of the four years of secondary school).

- In some districts, up to 47 per cent of District Social Welfare Officer positions were unfilled. Other districts were overstretched, with heavy workloads and few staff. This is partly because the current staff record system is paper-based. Staff movements (deployment and recruitment) are not promptly recorded, leading to understaffing in some districts and overstaffing in others.

Focus groups discussions with the Technical Review Team and District Social Welfare Officers (November 2010) highlighted further issues concerning district capacity and United Nations support:

- District Social Welfare Officers develop District Action Plans but also have to develop other plans to access United Nations funding. This leads to duplicated workload.
- United Nations agencies target certain districts for support but the District Social Welfare Officers have no information on the targeting criteria.
- Capacity development efforts for District Social Welfare Offices are supported by UNICEF and the United Nations Development Programme. These efforts include the placement of United Nations Volunteers and support to develop District Action Plans. Despite this joint initiative, the United Nations Development Programme is not a part of the United Nations Thematic Group on Impact Mitigation.
- District Social Welfare Officers had the impression that development funders preferred to fund civil society organizations rather than District Offices. With limited government budgetary allocation, the Officers were unable to coordinate stakeholders or to supervise and implement the Orphans and Vulnerable Children plans.

To secure the budgetary allocations required to implement plans at district level, District Social Welfare Officers need the skills and tools to make those involved in planning and budget approval aware of the size and complexity of the problem. For example, although Round 5 Global Fund disbursements to districts were clearly earmarked for orphans-and-vulnerable-children programming, the funds themselves were channelled through the District Development Fund, which is controlled by the




District Commissioner. District Social Welfare Officers found it difficult to secure the funds, some of which were diverted to other HIV mechanisms. This is at least partly because District Social Welfare Officers have fewer qualifications and work at a lower grade than other government officers. Capacity building of District Social Welfare Offices will need to boost Officers' ability to influence District Action Plans by improving their communication and advocacy skills. Improving these skills will also allow the Officers to seek funding from the national budget, district and other resources (including multi and bilateral agencies, other international agencies, NGOs, faith-based organizations and the private sector). To complement these efforts, district offices will need to understand the national plan of action for children. They will also need guidance to develop district-level plans that are aligned with the national response.


UNICEF and USAID have supported the Government of Malawi to devise a new curriculum for Magomero College - a Diploma and Degree in Social work have now been developed. The new curriculum requires three years for a diploma and four years for a degree, and is due to be launched in September 2011. It will be critical to ensure that facilitators and trainers have the skills needed to teach the new curriculum. The proposed scaling up of Magomero College follows the direction of other ministerial training colleges (such as in education and health), which are now administered by the Ministry of Education as formal training centres with professionalized programmes. Whilst this may be a daunting prospect for the Ministry of Gender, Children and Community Development, it is the best avenue to allow the Ministry to bring its staffing capacity into line with other sectors. Whatever status may be perceived to be at risk in the short term will be gained by the potential to raise the status of the Ministry through well trained and high-performing staff.


Finally, many development actors are poised to increase their activities at district level, having correctly assessed that this will have the greatest impact on the lives of the most disadvantaged and vulnerable in society. From the perspective of children affected by HIV, the United Nations in Malawi has advocated the integration of the National Plan of Action for Orphans and Vulnerable Children into the District Development Plans. The United Nations Country Assessment Report (November 2010) noted that there needs to be a rethink of the concept of 'integration' at district level. Key questions, such as which programmes and services need to be integrated and who will be empowered to effect integration, need to be addressed.


While the integration of projects and programmes into national systems by development partners is an explicit objective of the Development Assistance Strategy to be pursued through Sector Working Groups, this has not yet emerged at district level. District Commissioners are not equipped to set up and maintain the required coordination mechanism for these plans.


## Recommendations

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The drive for devolution and the empowerment of District Assemblies cannot be taken for granted. It will require a concrete focus on developing the capacity of public services.
- 

In line with the Ministry of Gender, Children and Community Development's capacity-building plan, develop a long-term capacity development strategy for District Social Welfare Offices. The United Nations in Malawi should support the Ministry to model a functioning District Social Welfare Office. Functions within district offices will include managing information (ensuring that accurate data is received, documented, disseminated and used); interpreting the national Orphans and Vulnerable Children policy and plan (identifying policy gaps, ensuring implementation and formulating by-laws to aid implementation); participating in and leading strategic planning, monitoring and evaluation, and ensuring the timely flow of funds and accountability.
- 

Develop national guidance for districts on how to successfully integrate national priorities for children into district plans.
- 

Develop national and district-level advocacy and resource-mobilization strategies for children affected by HIV and AIDS, and integrate relevant components into the National AIDS Advocacy Strategy and other related strategies.
- 

Support the roll out of the Magomero Diploma and Degree in Social Work by implementing the recommendations from the assessment of Magomero College. These include advocating that the College be affiliated with the University of Malawi; advocacy and/or leveraging funds to procure software for the College; effective communication and marketing of the diploma course and its admissions policies through the popular media; advocating that bursaries for select District Social Welfare Officers be provided, and advocating that qualified staff lead the diploma programme.





## 5.6 Evidence and the use of strategic information

### Findings






Mechanisms to track overall national coverage of services for children affected by AIDS are currently inadequate. Although there are several means of tracking the support and scale-up of interventions (for example early childhood development and cash transfers), they are not integrated into a national monitoring and evaluation system. The situation is further complicated by the fact that civil society funding streams have parallel monitoring and reporting systems. It appears that only limited efforts have been expended on how to collect and compile this data across different funding streams.

PEPFAR appears not to have been approached to see whether the Ministry of Gender, Children and Community Development could map the service delivery content and coverage of implementing partners funded through PEPFAR to provide services to children affected by HIV. Regarding the Global Fund, it appears that little effort is expended on monitoring the use and coverage of Round 5 resources.

The Mid-Term Review of the National Plan of Action expressed concerns regarding the reliability of data available in the Orphans and Vulnerable Children database. However, it remains remarkable that the database contains not only registration data on the majority of orphans in Malawi (including their age, sex and school attendance) but also data on district-level services. The volume of data available on children affected by AIDS far exceeds that available in any similar database the region. Paradoxically, the service-provision data comes primarily from community-based organizations, the component of the national response about which relatively little is known in terms of the type and volume of services provided.

While the monitoring and evaluation framework for the National Plan of Action has been developed, and a considerable amount of data is being collected at a district level, the information is only used in national annual reports rather than for strategic planning. It could be used, for example, to direct implementing partners to areas of greatest unmet need or to monitor progress towards nationwide coverage.

## Recommendations

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**Review and improve the children-affected-by-HIV database, and transform it into a Child Protection Information Management System.**
- 
**Ensure the Ministry of Gender, Children and Community Development has access to information systems and reporting mechanisms relevant to the goals and objectives of the National Plan of Action.**
- 
**Strengthen the monitoring and evaluation framework for the National Plan of Action, and ensure that multi-sectoral data collection, analysis and reporting of key indicators are used for programme monitoring and evaluation, and in evidence-based decision-making.**
- 
**Strengthen the visibility of children affected by HIV in existing vulnerability and population-based surveys (the Ministry of Development and Cooperation's Poverty and Disparities Study planned for 2012 and the Integrated Health Survey and Demographic Health Survey) to better identify the dynamics of child vulnerability.**
- 
**Develop and implement national operational research to inform policy and planning, including the allocation of resources. Research would investigate subjects such as how best to support the attendance of vulnerable children at school or provide economic assistance to poor and labour-constrained households.**

## 5.7 Enhancing government and civil society partnerships

### Findings

The national response for children affected by HIV is currently undermined by the lack of a strategy for engaging civil society partners in a more coordinated manner. Better coordination would contribute to the National Plan of Action, allow government oversight of activities, and ensure predictable funding for civil society partners at the forefront of the response. At present there are multiple uncoordinated civil society funding streams (some of which may not be targeting areas of greatest need), which leads to both duplication and gaps in the national response. There is also a need to ensure greater linkages between HIV interventions at community service delivery points.

There is legislation governing the establishment and registration of NGOs, but there is significant scope to strengthen the mutual accountability and strategic collaboration between Government and civil society. Although civil society has made efforts to engage with District Social Welfare Offices, the organizations are ultimately results-based and tend to bypass government structures where the district office has been unconvincing in its coordination efforts. Development partners can support Government-led coordination by encouraging civil society aid recipients to operate through and with the District Social Welfare Office. This approach has been adopted by USAID and could minimize the negative impact of civil society breaking away from government coordination.

Addressing district-level coordination constraints is a priority for partners moving towards the next UN Country Programme. Officers need to be in place, trained and capacitated, with the autonomy and resources required to move programming forward in their districts – although they must be accountable to the national level, they should not wait for headquarters before taking action. The United Nations will need to explore to what extent an increased focus on district-level coordination and implementation will require engagement with the broader issue of decentralization of the Ministry's functions - this issue has been widely recognised as a barrier to effective sub-national coordination and implementation.

## Recommendations



### **Building on existing mechanisms, ensure that the civil society response is fully aligned with the National Plan of Action and coordinated at all levels:**

- Strengthen the Ministry of Gender, Children and Community Development's capacity to engage productively with civil society using existing mechanisms;
- Support civil society to increase their accountability to the Ministry.



### **Review lessons learnt internationally about civil society granting mechanisms and consider adapting them to the Malawian context. These would include Malawi's Grants Management Unit in the National AIDS Commission, Tanzania's Rapid Funding Envelope, Uganda's Civil Society Fund and Zimbabwe's Programme of Support.**



### **UNICEF should consider supporting the development of a sustainable, government-led granting mechanism that would channel resources to community-based organizations in line with broader National Plan of Action objectives. The mechanism would be able to attract funds from multiple donors and thus ensure more harmonized and predictable resources. It should be accountable to a multi-sectoral steering committee with representation from donors, line ministries and civil society, and be capable of awarding grants for relevant civil society proposals.**



## 5.8 Ensuring a coherent UNICEF programme

### Findings

#### Programme coherence

Within the United Nations, UNICEF has a global mandate to strengthen the national child protection and social welfare response. In line with priorities under the United Nations Country Programme Action Plan, UNICEF Malawi has made considerable investments in the development of Government child protection and welfare policies, but there are concerns about the lack of an overarching national child protection policy. There is still some debate as to the value of having a separate National Plan of Action for Orphans and Vulnerable Children as well as a child protection policy and national social support policy. Efforts should certainly be made to ensure the needs of children affected by HIV are reflected in broader development plans and budgets.

UNICEF has also invested heavily in improving government capacity to fulfil its commitments to children affected by HIV and to child protection. The UNICEF country team has focused on the capacity of the lead Ministry and District Social Welfare Officers to coordinate the implementation of the National Plan of Action for Orphans and Other Vulnerable Children and the National Policy on Early Childhood Development. Investments have also been made in ensuring a more protective environment for children through victim support units and one-stop centres for victims of abuse.

A number of programmes are operating at near-scale - in particular early childhood development delivered through community-based childcare centres. By the end of 2010, these centres had reached 350,000 children. This programme also supported the development of a National Early Childhood Development Policy and Training Package.

The United Nations in Malawi has been instrumental in supporting the scaling up of cash transfers, which are now being introduced to seven out of 28 districts and have been shown to be highly effective in providing economic assistance to ultra-poor and labour-constrained households containing orphans. Evaluations show positive impacts on nutrition and education outcomes for children. Over 100,000 people are currently benefiting from the grants, of whom 60 per cent are orphans or deemed to be vulnerable children.

The cash transfer programme and support to community-based childcare centres are critical elements of a more integrated, child-sensitive social protection response, and there are real opportunities to integrate these programmes better. With the development of a national case-management system under way, the increased focus on case management could help to bring these elements closer together and provide better referrals for vulnerable children.

Evidence showing the impact of various interventions on the most vulnerable children is mixed. The United Nations in Malawi has supported impact assessments on interventions such as cash transfers that have shown clear positive outcomes in terms of nutrition, education and health-seeking behaviour, but child protection outcomes remain unknown. It is also planning to undertake operational research with the University of North Carolina to understand the ways in which cash transfers may reduce the risk of HIV infection in girls. However, in other areas of the programme there is limited focus on impact assessment and more on measuring coverage.

There is a need to strengthen the analytical capacity of the Government and the United Nations to identify and track vulnerable populations, including emerging vulnerable groups such as adolescent females. The present Orphans and Vulnerable Children programme focuses on young children, particularly through the Early Childhood Development programme. However, despite the successful roll out of the Prevention of Mother-to-Child Transmission of HIV programme, there is now a cohort of HIV-positive adolescents in Malawi. The HIV prevalence rate for adolescents (aged 15-19) is 2.7 per cent, with the rate much higher among females (4.2 per cent) than in their male counterparts (1.3 per cent). Meeting this group's needs for care and treatment (and making sure treatment is adhered to) must be addressed as a priority and without discrimination.

As these young people grow into adulthood, support services (such as psychosocial support) must consider with sensitivity their emerging sexuality, the stigma attached to their circumstances and their peer relationships. Positive health, dignity and prevention from harm are crucial for sexually active young people living with HIV. Also crucial are sexual and reproductive health services for adolescent girls, and antenatal care with Prevention of Mother-to-Child Transmission services for those who become pregnant. Where services for adolescents and young people living with HIV are non-existent, or are inappropriate or irrelevant, new models of care, treatment and support must be developed. Ideally, this should be done with the participation of young people themselves.

During the second mission, the review team looked at the proposed Programme Contribution Result (outcomes) and Intermediate Results (outputs) to be achieved in the next United Nations Country Programme (2012-2016) for the child protection programme. The team endorsed the idea of making a clear distinction between the systems-strengthening outputs and outputs focusing on service delivery. It was recognised that staff would need to work across the up-stream/down-stream agendas to ensure policy coherence.

## **Organisational coherence**




At present, two critical components of UNICEF's service delivery for orphans and vulnerable children are housed in two distinct Sections (Child Protection and Social Policy), with the cash transfer element located in the latter, although it originated in the former. This may hamper the development of a more integrated approach to child-sensitive social protection. Further work is required on how to develop a coherent portfolio of services supported by a unified case-management system. This is particularly true now that the new child-protection legislation provides a statutory framework to child-protection systems, including case management. There is also a need to move from an emphasis on coverage and outputs towards an emphasis on sustainability, quality, effectiveness and impact.

Consideration should be given to how services offered across various programmes (children affected by HIV, child protection, and social protection - particularly the cash transfer programme) can be consolidated. As well as improving programmatic cohesion, bringing together key elements of a child-sensitive social protection approach could also help UNICEF to present a more coherent response to external partners. UNICEF's new convening role on HIV and social protection in the UNAIDS division of labour will require it to bring together issues of children affected by HIV, social protection and child protection in policy dialogue with government and other development partners.

Cohesion is also required when investing in the Ministry of Gender, Children and Community Development's capacity. It is important to ensure that harmonised policies and systems, including monitoring and evaluation systems, are developed.

A more integrated response dealing with child protection, children affected by HIV and cash transfers will of course need to continue to embrace strong linkages with other programme teams particularly HIV, Social Policy, Education and Health. It will be particularly important for UNICEF staff to continue to work closely with the UNICEF HIV advisor in the development of future proposals to the Global Fund to ensure the needs of the social welfare sector are reflected.

## Recommendations

- 
**Develop a clear rationale and purpose for the services that are being scaled up. Support must be strategic in its purpose and impact, and services should not be supported simply because they have been in the past. Instead, services might offer a model for future scale-up, or test new innovations, or be designed to fill gaps noted when available services are being mapped. Scale-up is an advocacy objective for UNICEF rather than a programme priority.**
- 
**Invest more in impact assessments to ascertain whether and how programmes improve child wellbeing outcomes. For Malawi, as with many other national programmes for children affected by HIV, there is a need to move beyond seeing coverage as synonymous with success.**
- 
**Bring together key elements of the service-delivery package to support a continuum of care within a single case-management system. This package of services could include:**

Early childhood development through community-based childcare centres. Although these centres remain a flagship effort, they ought perhaps to be positioned as the community-level locus of a continuum of care. There is a need to assess buy-in by local communities and move beyond supporting them because “we always have”.

Continued support for cash-transfer schemes, recognising the need to continue pursuing government support.

Psychosocial support (children’s corners), but carry out an evaluation before continuation and scale-up.

One-stop service centres, which are part of the continuum of care. The strategy to get these services to district level needs to be finalised.

Victim support units, which need to be standardized and handled as part of the continuum of care.

Community victim support units, which need to be operational across all Traditional Authorities.



**Develop and implement an evidence-based advocacy strategy for early childhood development. It is important for UNICEF to reflect on its input to early childhood development interventions. It should reduce implementation and increase lobbying to persuade the Government and others of the importance of early childhood development. So far there have been only limited efforts to influence national programmes and mobilize resources through Government and the programmes of major multilateral and bilateral development institutions. This limitation could stem from 1) the generally limited engagement in major national development processes where key policy, programme, and funding decisions are made and 2) limited capacity for and experience of pursuing policy and programme advocacy. The development and use of evidence for advocacy is not yet a broad-based UNICEF strength. It is recommended that the Child Protection Programme should develop or outsource the development of an advocacy strategy and action-orientated plan on early childhood development. This should be informed by an impact evaluation of community-based childcare centres.**



**Review and scale up UNICEF's strategic support for adolescents, recognising the specific needs of adolescents living with HIV. A component of this should be collaboration with UNFPA to ensure appropriate reach and quality of adolescent sexual and reproductive health programmes.**

## 6. **CHILDREN AFFECTED BY HIV:** A CHILD PROTECTION SYSTEMS ANALYSIS





The findings of the technical review reinforce the importance of systems-building for children affected by HIV and highlight the importance of bringing programming for such children into the broader child protection system. It is not known, however, whether this is a feasible and practical approach. The following analysis maps the coverage of the child protection system and its ability to meet the needs of children affected by HIV. It demonstrates the extent to which investing in the child protection system as a whole can deliver comprehensive protection, care and support for children affected by HIV.

### **6.1 Legal and regulatory frameworks**

Children affected by HIV require several key legal and regulatory structures to ensure their care and support, including protection from harmful child labour. Malawi's new Child Care, Protection and Justice Act (2010) provides a comprehensive legal framework, and the legislation explicitly addresses the issue of children affected by HIV. Such children are recognised as a vulnerable group under the Act, which contains provisions to protect children from discrimination and exclusion from essential services (including social and health services) on the basis of their HIV status. Alternative care structures are particularly important for children orphaned due to HIV, and the legislation provides the framework for alternative care in Malawi. Birth registration ensures a child's right to a name and identity, and the new Act places responsibility to maintain a register of births and deaths of children with the local government authority. Birth registration is also critical for asserting a child's right to inheritance by proving his or her relationship with deceased parents. And it is increasingly important to enable registration in various social protection programmes that support households caring for children affected by HIV and other vulnerable children. The Child Care, Protection and Justice Act (2010) also makes provision for the best interests of the child by including a guiding principle that "the welfare of the child shall be of the paramount consideration", which elevates the best interests of children affected by HIV to the highest priority.

Many of Malawi's excellent legal and regulatory initiatives governing child protection, such as the Child Care Act mentioned above, have not yet reached children, because they have not yet been fully implemented. But the existing legislation is rights-based and HIV-sensitive, and provides scope to ensure full coverage of the needs of children affected by HIV.

## 6.2 Institutional coordination and links to social welfare and social protection systems

Institutional coordination and sectoral linkages in the context of children affected by HIV is primarily about an agreed duty of care to such children. It requires a shared recognition of the issues and the creation of joint frameworks to deal with them. The duty of care is carried by actors across the health, education, child labour, justice and disability systems.

An inter-agency approach to child protection is embedded in Malawi through the new legislation's emphasis on the holistic needs of a child. A key element of institutional coordination is the existence of accountability structures for all partners working in the child protection system. In the context of HIV, this means that HIV services are held accountable for their interaction with children, including where they come into contact with a child in need of protection. For example, should a 10-year-old girl test positive for HIV, clinics must recognise this situation as a potential child protection case that requires referral. While interagency coordination is an inherent component of a child protection system, particular attention is required to ensure that these mechanisms are HIV-sensitive. For example, HIV service-providers need to be trained to act as referral entry points into the child protection system as needed. Conversely, a child's needs for protection, often articulated through care plans, should incorporate any services required to address the impact of HIV in the child's life.

For children affected by HIV, sectoral linkages - specifically with social welfare and social protection systems - are critical. Social welfare in Malawi, understood to include community development initiatives and broad-based social mobilization efforts, includes effective mechanisms for HIV prevention and life-skills training for at-risk young people. Given the extent to which social welfare programmes explicitly address issues relating to HIV and AIDS in Malawi, sectoral linkages to child protection will strengthen coverage for children affected by HIV. However it should be highlighted that access to HIV prevention programmes, a critical part of the support needed by children affected by HIV, depends on strong linkages to the social welfare sector. Without these linkages, a programming gap will emerge. The extent to which linkages between child protection and social protection meet the needs of children affected by HIV depends partly on how social protection is defined. The Government has adopted a focused definition, termed 'social support', which includes social transfers but not essential services. The United Nations Social Protection Floor Initiative, which identifies the components of a minimum package of social protection, includes essential social transfers and services as the primary components of a social protection floor. Essential services would include education, health, protection and livelihood services (ILO and WHO, 2009).

Livelihood development is an important way to support children affected by HIV and the households that care for them, particularly given the economic burden HIV places on affected households. It has been demonstrated above that poverty is a significant determinant of child vulnerability, including in the HIV context. For example, poverty is related to certain forms of high-risk behaviour among children and young people, including transactional sex. Livelihood development is therefore

a valuable HIV prevention tool - it complements the flexibility of social transfers by building the capacity of vulnerable adults and young people to generate sustainable incomes through productive livelihoods.

### **6.3 Human resource, infrastructure and institutional financial capacity**

To ensure that Malawi's child protection system has sufficient capacity to fulfil its mandate to all children, including children affected by HIV, the Ministry of Gender, Children and Community Development must have the capacity to bring together and coordinate relevant stakeholders. In addition, all actors and agencies that form part of the system have high capacity needs. Significant gains have been made in building the Ministry's capacity, although it remains notably under-resourced. Having conducted a capacity analysis and developed a capacity building plan for the Ministry, the priority is now to invest in its implementation.

The Network of Organizations Working with Orphans and Vulnerable Children (NOVOC) has mechanisms to coordinate and capacitate NGOs to meet the needs of children affected by HIV. There is not yet a similar mechanism for child protection partners, but most are registered with NOVOC. Investments in NOVOC could be structured to ensure that capacity among NGOs extends to implementing non-HIV-specific child protection services. Sufficient budget and capacity is also required in all relevant ministries (i.e. those concerned with health, education, disabilities and child labour) to ensure that child protection initiatives are funded and implemented.

To meet the needs of children affected by HIV, it is critical that each sector be capacitated to make their child protection interventions HIV-sensitive. For example, schools need to understand how to protect their students from harassment due to their HIV status and to support HIV-affected children to continue their studies safely and inclusively. Furthermore, the Ministry of Gender, Children and Community Development needs to extend its reach in terms of coordination and leadership to embrace partners as part of the child protection response. Importantly, the capacity of the HIV sector requires building to identify risks to children that come through engagement with adults as well as other children. For instance, a sex worker or injecting drug user may also be the parent or carer of a child who may be vulnerable: HIV support services must be equipped to manage the many 'roles' that clients have, including those relevant to children and their protection. This will require child protection training for HIV-specific services.

### **6.4 The continuum of care: promotive, preventive and responsive interventions**

Many services in Malawi already deliver a continuum of care in the child protection context, including District Social Welfare Offices; community victim support units; police victim support units; community-based childcare centres; children's corners; and one-stop centres for survivors of violence. Each of these services can and will reach out to support children affected by HIV, but other

HIV-specific services fall outside Malawi's child protection system. These include counselling and testing services, and health services (for drug treatment) for children living with HIV and for their carers. These services are not best supported as part of a child protection system, but linkages will be essential to ensure that these interventions are promoted and that they remain child-friendly.

It is also important to promote an HIV-sensitive and holistic continuum of care. The manner in which HIV interacts with a child's life varies widely over time and circumstance. A child who may be living with an ill parent may then lose this parent and, depending on the level of support they receive, the process of losing parental care may place them at high risk of HIV infection. HIV-sensitive scrutiny must be integrated into all guidelines and protocols to guide a continuum-of-care service-delivery model. Sensitivity to a child's knowledge of HIV, and awareness of behaviours that may put a child at risk of infection, must also be part of any care process.

### 6.5 Early identification, case management and referral systems



An on-going challenge for child protection systems is identifying and nurturing viable entry points for locating and responding to the needs of children in need of protection. Formal services are critical but limited: without community mobilization, children are often only identified after a serious incident has occurred. Thus case management needs to be developed through mechanisms that can identify children at risk of violence, abuse and exploitation as early as possible, and that can effectively manage referrals to appropriate formal agencies as needed. For children affected by HIV, these mechanisms need to be capable of adopting an HIV-sensitive approach to the identification of vulnerable children and the delivery of protection, care and support.

The real challenge will be for the emerging case management system to deliver comprehensive coverage for children affected by HIV. To ensure effective case management for such children, implementers will require technical support and resources to help them to operate in an HIV-sensitive and HIV-inclusive manner. (For more information on case management, see section 3.8 on Page 15.)

### 6.6 Information management system and accountability mechanism

To ensure information management and accountability for systems interacting with children affected by HIV, the systems must be aligned with other child protection mechanisms. As noted above, Malawi already has a relatively comprehensive database of orphans and vulnerable children, and there is no reason why this cannot be linked to the existing social transfer database. This would

improve its capacity to monitor the provision of external support to children affected by HIV. Given that cash transfer volunteers report that they sometimes encounter child protection issues, it is also important that the social transfer database be strengthened to collect child protection data. A case-management oriented child-protection database will also need to be developed as part of the implementation of the Child Care, Protection and Justice Act (2010). This in turn can be designed to harmonise with the orphans and vulnerable children database. The forthcoming review of the social transfer information management system will provide an opportunity to explore the extent to which it is feasible to improve the ability for these three systems to 'talk' to each other.

To understand and monitor the broader trends that have an impact on children affected by HIV, it is imperative that indicators pertaining to orphans and vulnerable children continue to be monitored through the orphans and vulnerable children database, in conjunction with HIV surveillance and HIV estimates.

A significant data gap stems from the lack of HIV- and child-sensitive monitoring and evaluation of the impact of social protection and social welfare interventions on HIV and child protection. Advocacy within the social protection and social welfare sectors is required to increase their ability to track the various ways in which children affected by HIV interact with these systems, and to demonstrate their effectiveness in protecting vulnerable children, including those affected by HIV.

Finally, mechanisms need to be developed to ensure that the national child protection system is accountable for its role in impact mitigation for children affected by HIV. This includes ensuring that oversight mechanisms for the child protection system collate data on children affected by HIV and on the extent to which the child protection system is meeting their needs; that children affected by HIV are recognised as a group of rights holders within the child protection system and are represented in consultations, analysis, and policy and legal reforms; and that the child protection system regularly reports to the National AIDS Commission on the situation of children affected by HIV and the services provided to them.

## 6.7 Conclusion

Provisions exist within the current child protection system in Malawi to deliver good coverage of protection, care and support for children affected by HIV. But in practice, this is not assured. The child protection system needs to be made explicitly HIV-sensitive to better meet the needs of children affected by HIV. (It should be noted that this is also true of other vulnerable children with special needs, including children living with a disability, refugee and migrant children, and so on.)

The gaps in coverage are subtle, and can be addressed through HIV-sensitive programming. Coordination and linkages between priority sectors is critical, but the current coordination mechanisms are not necessarily effective. For instance, the HIV focal points in a number of departments may be different from the child protection focal points. Systems-building discussions, including on coordination, case management and continuums of care, need to include both representatives. Dialogue to foster internal as well as external analysis of how each sector can ensure that child protection linkages are HIV-sensitive (in practice as well as in theory, and across the spectrum of the system) is required. For children affected by HIV, the two gaps in service-delivery most likely to be encountered are HIV-specific health services and livelihood support. The latter is only reflected in the child protection system if it is considered to be a function of the social protection system.

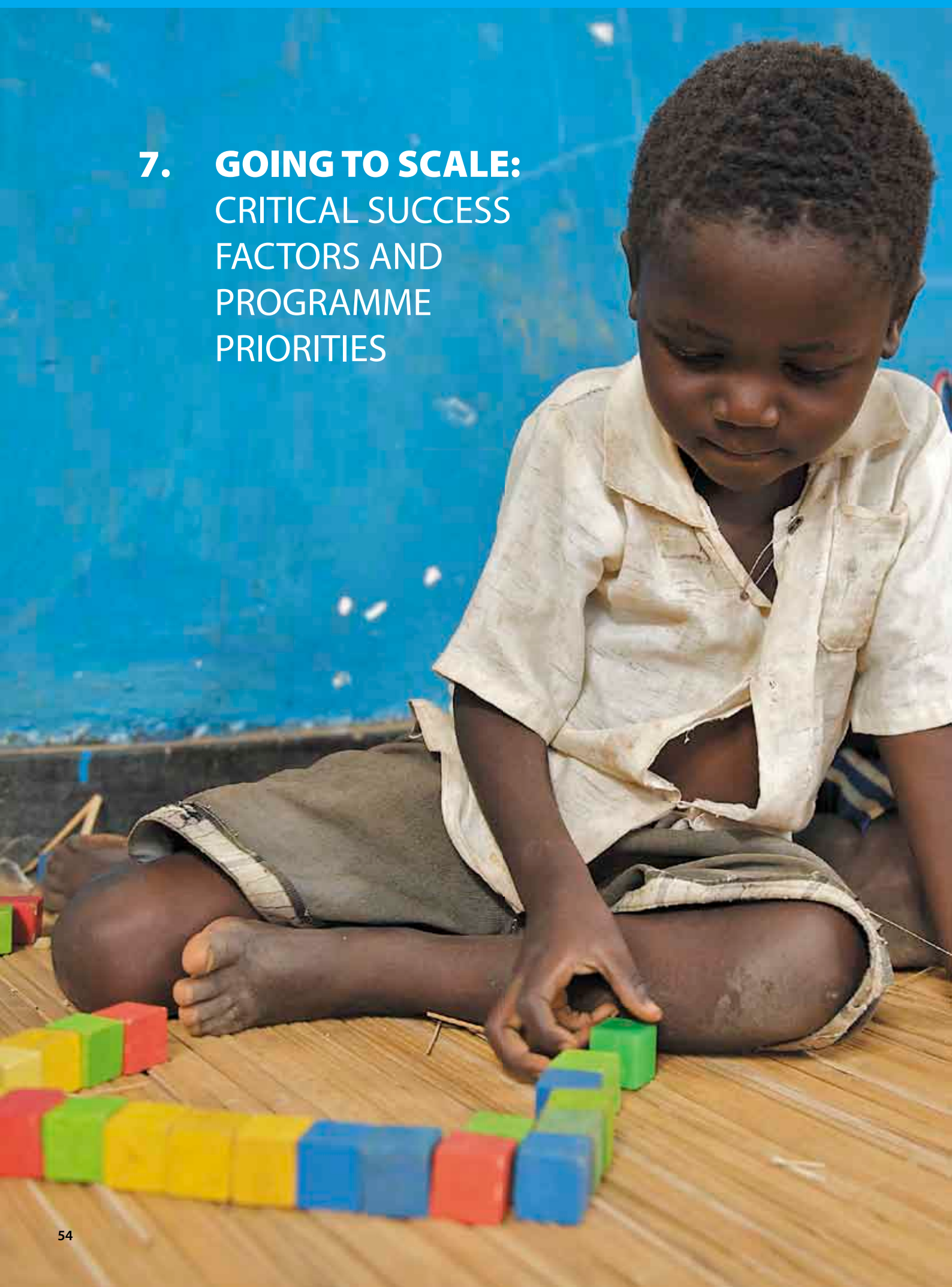
One particularly noteworthy gap is that of data, which is insufficient to help design evidence-based programming for children affected by HIV. This situation is compounded by the fact that child protection has similar data gaps. The large-scale situation analysis of children affected by HIV planned for 2011 will be a strong evidence base to inform future programming. Building the capacity of the social protection and social welfare sectors to monitor their interaction with (and impact on) children affected by HIV and other children in need of protection is another priority. The planned revision of the orphans and vulnerable children database to convert it into a broader child protection information management system, along with the review to strengthen the cash transfer information management system, both planned for 2011, are ideal entry points for this analysis.



## 6.8 Priority actions

- Bring together HIV and child protection partners to review the national child protection system and identify how best to ensure an HIV-sensitive approach, including how to coordinate services through the child protection system.
- Invest in the 2012 situation analysis of children affected by AIDS in Malawi to ensure it explores the national child protection system.
- Integrate child protection indicators into the cash transfer information management system.
- Expand the existing orphans and vulnerable children database to function as a child protection information management system.

## 7. **GOING TO SCALE:** CRITICAL SUCCESS FACTORS AND PROGRAMME PRIORITIES



One of the goals of this review process was to inform the development of the new Country Programme (2012-2016). Accordingly, the review team makes the following recommendations on scale-up priorities and critical success factors.

### 7.1 Programme scale-up priorities

The review team identified several programmes which have enjoyed solid results in the pilot phase and which should be prioritised for scale-up by the Government, with United Nations support, over the next five years. All of these should be prioritised within the context of building the national child protection system in Malawi:

- **Community-based childcare centres for children aged 3-5**, focusing on the most vulnerable. The full potential of this service has not yet been realised – such centres have the capacity to act as focal points for a wide range of programmes, including psychosocial support, and other early childhood development priorities such as child nutrition through communal gardens.
- **Parenting programmes:** whilst these have not been supported to date by the United Nations, parenting skills and support programmes are valuable child protection services in terms of prevention and early intervention for at-risk families.
- **Community victim support units:** these units require thorough evaluation to validate the progress made to date, but they show good prospects of being an important element in a package of services for vulnerable children, and one with the scope to address issues of wilful neglect.
- **Cash transfers:** the pilot has delivered much-needed economic protection and security to a number of vulnerable children and effort should be made to ensure maximum reach. The challenges of scale-up may require components of the transfer system to be revised, and the revisions should ensure that the transfers remain:

- **Equitable:** ensuring that the most vulnerable children and households are included and that the programme structure is accessible to even the most financially, socially and geographically constrained households.
- **Protective:** ensuring that the programme design protects children and does not generate perverse incentives for housing children or forcing certain behaviours from children that may exacerbate protection risks. An overarching commitment to 'do no harm' is critical in all phases of scale-up. The cash transfer programme has not yet fully explored its role as a child protection intervention.
- **Achievable:** ensuring that the programme design is feasible, given government capacity and the available financial resources, which will require sensible and simple mechanisms for delivery and programme participation, including targeting.
- **Politically viable:** ensuring that the programme design for scale-up is attractive to political decision-makers, primarily by being attractive to the voting public. In some countries, cash transfers can be vote-winners, but this is contingent on the design. Poverty targeting is typically less attractive than universal transfers, and sufficient analysis on the cost benefits of both approaches should be conducted before scale-up.
- **Implementing the Child Care, Protection and Justice Act (2010):** the new legislation not only carries mandated obligations for the state, but also provides a valuable reference point for the creation of a child protection system in Malawi. This is an approach to programming that will facilitate and drive a scale-up of priorities under the national response to children affected by HIV.
- **Strengthening social welfare systems:** as a critical component of a child protection system and of child- and HIV-sensitive social protection, strengthening the social welfare system should be an overarching priority for the next country programme.
- **A rigorous impact evaluation is recommended for existing psychosocial support services,** including children's corners. The review team noted that the most marginalised children are currently excluded from these services (contradicting United Nations equity obligations), and globally there is limited evidence to support the approach. Whilst quality psychosocial support is an important priority to move forward into the next country programme, an alternative mechanism for delivering that support may need to be found.

## 7.2 Critical success factors

The damaging legacy of Malawi's HIV epidemic requires a significant response to protecting the rights of children affected by HIV. Furthermore, this response will need to be sustained into the next generation.

For the United Nations in Malawi to deliver strong, coordinated support to Government efforts to meet the needs of children affected by HIV, three critical success factors have been identified. These are the 'non-negotiable' components of United Nations support to the national response: if these areas are not addressed, it is unlikely that gains will be made for children affected by HIV.



- Effective impact mitigation sub-cluster: the United Nations' integrity as a development partner requires that 'delivering as one' is prioritised for children affected by HIV. This will require senior participation in the sub-cluster and a commitment by all agencies to invest heavily in it.
- Sufficient technical human-resource capacity and systemic institutional capacity in relevant ministries: the Ministry of Gender, Children and Community Development, as the mandated lead implementer for this programme, is profoundly under-resourced to drive forward the agenda for children. Institutional strengthening, including the Ministry's capacity to coordinate a dynamic multi-sectoral response, is critical.
- Shared vision for strengthening district systems and coordinated support to build district capacity: Investments at national level need to be matched by a committed agenda of systems-building at district level if the goals and vision of programming for children affected by HIV are to be converted into real results for children. The broader progress of the Government's decentralization policy is critical to building district capacity. However, new approaches to strengthen the vertical networks within relevant agencies, such as the Ministry of Gender, Children and Community Development, coupled with significant investments to strengthen horizontal networks at the district level (including through coordination mechanisms such as orphans and vulnerable children working groups), will also create more scope to improve the district-level response.

## 8. THE WAY FORWARD

This report is particularly timely, as the United Nations in Malawi is ending its planning cycle for the next Country Programme (2012-2016). The report informed the development of components of the programme pertaining to child protection and children affected by HIV. It is also guiding the United Nations in Malawi in delivering a comprehensive package of support to Government and its partners to ensure the rights of children affected by HIV are protected.



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## **ANNEX I – TECHNICAL REVIEW TERMS OF REFERENCE**

### **UNICEF Malawi**

#### **United Nations Malawi Internal Technical Review - Protecting the Rights of Children Affected by HIV and AIDS, 2011 to 2016**

### **1.0 Summary and context**

Malawi is the ninth most HIV-affected country globally with 11.9 per cent of the population living with HIV and AIDS, and one in six children orphaned or highly vulnerable to and from HIV and AIDS. The child protection situation for the majority of these children is grim. The purpose of this assignment is to facilitate a Technical Review, including a planning exercise, to enable the United Nations in Malawi to better support Government and civil society in their efforts to ensure that all children affected by HIV and AIDS have their rights protected. The rationale for this Technical Review at this time is threefold. First, thinking about orphans, children affected by HIV and AIDS, child protection, social protection and concepts such as 'Orphans and Vulnerable Children', is evolving rapidly in the region and globally. Second, the UNICEF Child Protection Programme has identified an urgent need to re-energise strategic thinking and planning for policy and programme interventions for children affected by HIV and AIDS. Finally, with work already commencing on the design of the United National Development Assistance Framework (UNDAF), the UNICEF Country Programme Document, the next Malawi Growth and Development Strategy, the proposed impact evaluation of the National Plan of Action for Orphans and Other Vulnerable Children, 2005 - 2009 and the Extended Plan of Action 2010 – 2011 and the design of the next National Plan of Action 2013 – 2017, it is the right time to take stock of what has been achieved, to reflect on these achievements and the challenges that remain and to map a way forward – a way forward that will be ambitious yet feasible and result in key programmes going to scale. The assignment will be led by the HIV and AIDS and Child Protection teams of UNICEF East and Southern Africa Regional Office, with support from the HIV and AIDS team of UNICEF HQ. The Technical Review will run over five months from November 2010 to April 2011, and involve three missions to Malawi by the review team. The three components of the Technical Review are information gathering, assessment and analysis and strategic planning. The end product will be a Technical Report on guide thinking and planning within the United Nations in Malawi for children affected by HIV covering the period 2011 to 2016.

### **2.0 Overview of the situation of children affected by HIV and AIDS**

Malawi, like many countries in the Southern and Eastern Region of Africa, is afflicted by the two major social crises of the AIDS epidemic and violence against women and children. The adult prevalence rate of HIV and AIDS is high with an estimated 930,000 adults (or 11.9 per cent of the

population) living with the disease. The high rate of infection has led to an increased number of orphans and child headed households. Further, 48 per cent of Malawian women experience intimate partner violence, leaving an estimated 3.1 million children growing up in violent homes, witnessing domestic violence and experiencing its negative effects<sup>2</sup>. Almost 65 per cent of girls and 35 per cent of boys experienced some form of child abuse during their life time. Repeated victimization of Malawian children is also common, with 54 per cent of children being forced to have sex on more than one occasion<sup>3</sup>.

Twenty per cent (1.2 million) of all children in Malawi are growing up without parental care in a wide range of formal and informal care arrangements, exposing them to an increased risk of rights violations, such as violence, abuse, exploitation and discrimination<sup>4</sup>. Disturbingly, 11 per cent of children are not living with their parents, although both parents are alive<sup>5</sup>.

Children and women subjected to violence are at risk of sexually transmitted infections (STIs), including HIV, unwanted pregnancy, urinary tract infections, chronic pelvic pain, miscarriage, and immediate and longer-term mental and psychosocial problems including depression, substance abuse, post-traumatic stress disorder, sleep difficulties, and suicide. Experiences of sexual assault are also associated with longer-term vulnerability to risky sexual behaviours that can contribute to further adverse outcomes<sup>6</sup>. Experience of violence can affect children's ability to learn or their willingness to go to school. It can lead to children running away from home, exposing them to further risk of violence, abuse, and exploitation. Violence can destroy children's self-confidence and undermine their ability to be good parents in the future.

Harmful traditional practices and stereotyped gender roles play a key role in the perpetuation of violence against women and children. Initiation rites aimed at grooming girls for a married adult life such as "fisi", (where female sexual activity is actively promoted and a man is hired to sleep with a girl to mark the end of an initiation ceremony), is putting young girls not only at risk of violence and exploitation but also of HIV infection. Other cultural practices include: "kutsomphola", whereby a boy 'marries' a girl by abduction or elopement; "gwamula", which is a rite of passage whereby young boys rape girls, and finally; "kupawila", which is a form of cultural practice whereby parents offer their daughters in marriage to their creditors. These practices not only contribute to sexual violence against girls, but also potentially expose them to HIV and AIDS and abrogate their rights to education.<sup>7,8</sup>

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<sup>2</sup> Malawi Demographic Health Survey (2004)

<sup>3</sup> Suffering at school: Results of Malawi Gender-based violence in school survey, National Statistics Office, Patrick Burton (2005)

<sup>4</sup> Malawi: DHS, 2004 - Final Report (English)

<sup>5</sup> Ibid

<sup>6</sup> Heise L, Garcia-Moreno C. Violence by Intimate Partners, in: Krug E, Dahlberg LL, Mercy JA, et al, editors; World Report on Violence and Health, Geneva, World Health Organisation; 2002. 9. 87-121.

<sup>7</sup> Traditional Practices and their Effects on Girls, Felicity Malewezi, November 2002

<sup>8</sup> Cultural Practices and their Impact on the Enjoyment of Human Rights, Particularly the Rights of Women and Children in Malawi, Malawi Human Rights Commission

UNAIDS reports that Malawi continues to make laudable progress towards MDG 6 on HIV prevalence and it has recently been identified as one of the countries to have reduced HIV prevalence by 25 per cent<sup>9</sup>. This achievement, however, masks the reality that more than 70,000 new HIV infections continue to occur annually in Malawi; a situation only further emphasized by the fact that risky sexual behaviour is currently the leading cause of mortality in Malawi,<sup>10</sup> with HIV also being attributed as a cause of at least one-third of maternal mortality and 20 per cent of mortality in children under five in Malawi (Ministry of Health, 2010). Heterosexual transmission of HIV accounts for 88 per cent of new infections. Comprehensive condom programming remains key for the acceleration of HIV prevention noting that male and female condoms are the only readily available and cost effective tools that prevent infection and re-infection by HIV.

### 3.0 Purpose

Given the scale and impact of HIV and AIDS on communities, families and children, the purpose of this assignment is to facilitate a Technical Review, including a planning exercise, to enable the United Nations in Malawi to better support Government and civil society in their efforts to ensure that all children affected by HIV and AIDS have their rights protected. The purpose of the Technical Review is fourfold.

The first is to answer this question. Thinking about orphans, children affected by HIV and AIDS, child protection, social protection and concepts such as 'Orphans and Vulnerable Children', is evolving rapidly in the region and globally. What do these changes mean for Malawi and the strategic and programmatic choices that need to be made to inform thinking and planning within the United Nations in Malawi?

The second is to assess the contribution of the United Nations in Malawi to the efforts of Government and civil society to protect the rights of children affected by HIV. What lessons can be learned from the current United Nations Development Assistance Framework and Country Programme Document, what were the challenges, successes and failures, and what strategies, approaches, and programmes can be carried forward into the new programme cycle.

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<sup>9</sup> UNAIDS and Government of Malawi, 2010

<sup>10</sup> College of Medicine Disease Burden Survey, 2010

The third is to provide technical inputs to inform the development of a set of critical documents that will inform and shape the response to children affected by HIV for the next seven years. These documents are the:

- 1.** UNICEF Country Programme Document, 2012 - 2016
- 2.** United Nations Development Assistance Framework, 2012 - 2016
- 3.** Malawi Growth and Development Strategy, 2012 – 2016
- 4.** Impact Assessment of the National Plan of Action for Orphans and Other Vulnerable Children, 2005 - 2009 and the Extended Plan of Action 2010 – 2011 and to design of the next National Plan of Action 2013 – 2017.

The final purpose of the assignment is to facilitate a strategic planning exercise for 20-25 leading stakeholders from the United Nations in Malawi, Government, civil society, development partners and rights holders to assess the findings of the review and to map a way forward – a way forward that will be ambitious yet feasible and result in key programmes going to scale.

The end product will be a Technical Report to guide thinking and planning within the United Nations in Malawi for children affected by HIV covering the period 2011-2016.

#### **4.0 Objectives**

The six objectives of the Technical Review are to:

- 1.** Document and share with the United Nations in Malawi current thinking in the region and globally about orphans, children affected by HIV and AIDS, child protection, social protection and concepts such as 'Orphans and Vulnerable Children'.
- 2.** Seek the views of key stakeholders on the comparative advantage and niche of the United Nations in Malawi.
- 3.** Assess the strengths and weaknesses in current approaches and knowledge.
- 4.** Identify and assess the major programme interventions in terms of what is working, what is not and what is promising.



- 5.** Identify the key issues or success factors that the United Nations must master if it is to provide cutting edge advice and support, efficiently and effectively.
- 6.** Facilitate a three-day reflection and workshop to assess the findings of the Technical Review and to map a way forward.

## **5.0 Cross-cutting issues**

### **5.1 Gender**

The degree to which an environment is protective of the girl child is determined by the status of the women in her community, and in particular her mother. Violence, poverty HIV and AIDS, early and forced marriage, and poor education mean that girls face more protection issues than boys. In a similar vein girls are more affected by HIV and AIDS than boys. Girls are the ones likely to be kept home from school, if they were enrolled in the first place to take on more duties in the family home if the mother is sick or dead. Money used for education or other child-focused activities is often diverted for medicines for sick parents or extended family members. If girls are considered to have less value than boys, it is more likely that these girls will bear the burden of such resource diversion. In Malawi, HIV and AIDS has created a generation of orphans and child-headed households, making girls particularly vulnerable to sexual and other forms of exploitation, such as early or polygamous marriages.

The Technical Review will apply a gender lens to the scope of work as a whole and each task.

### **5.2 Reaching the most vulnerable children affected by HIV and AIDS**

In the context of children affected by HIV and AIDS, which group of children are the most vulnerable and to what degree are these children having their rights protected compared to other groups of children? The Technical Review will identify the bottom quintile along with other particular groups of children that are not being reached by current programme interventions.

## 6.0 Scope of work

Tasks	MCO	Mission	SSA	Schedule
1. Write a concise two-page inception report describing the methodology to be used and how each task will be delivered				Before first mission
2. Develop an interview protocol and questionnaire and conduct telephone and face-to-face interviews and focus group discussions with 7-10 global leaders and 40-50 local practitioners	Develop and conduct	Review and conduct	Conduct	Before first mission
3. Conduct a country-level desk audit of research, policies, strategies and programme interventions for children affected by HIV conducted by UNICEF and the United Nations more broadly, the Government of Malawi and civil society	Compile	Desk Audit		During first mission
4. Analyze existing data on the projections of the number of children affected by HIV since the emergence of the epidemic through to 2020, disaggregated by gender and age. The projections for 2011 to 2020 will include the number of people likely to be on treatment and life expectancy, based on estimates provided by UNAIDS	Compile	Review	Validate	During first mission
5. Conduct an international and regional literature review of current thinking, new and emerging ideas, lessons learned and best practices in programming for children affected by HIV, with particular reference to taking interventions to scale, case management, reaching girls and reaching other most vulnerable				Before second mission
6. Develop an interview protocol, survey tool and methodology to guide one to one and focus group interviews with 150-200 children affected by HIV. The survey will be carried out by a local research agency contracted and managed by UNICEF Malawi. Its prime purpose is to provide children with a voice in the process	Develop and conduct	Review and conduct	Local NGO to conduct	Report findings before second mission
7. In the context of children affected by HIV and AIDS, identify the bottom quintile along with other particular groups of children that are not being reached by current programme interventions				During second mission
8. Identify existing strategies and programme interventions that have the potential to be taken to scale				During second mission
9. Identify the key issues or success factors that the United Nations must master if it is to go to scale efficiently and effectively				Before third mission
10. Write a concise situation analyses of children affected by HIV within a systems-building approach to child protection	Develop framework	Review	Write	Before third mission
11. Based on the findings of the points 2-11 above, recommend specific actions that will enable the scaling up of high-impact programme interventions with an emphasis on girls and the most vulnerable		Write	Write	Before third mission
12. Facilitate a three-day reflection workshop comprising 15-20 selected leading stakeholders from Government, civil society development partners and rights holders to review findings of the assignment		Facilitate		During third mission
13. Write the draft ToR for the impact evaluation of the National Action Plan for Orphans and Vulnerable Children (2005 – 2011) and the design of the next Plan			Write	During third mission

## 7.0 Methodology and timeframe

The assignment will be undertaken by a team comprising personnel from UNICEF Malawi, Regional Office and HQ. A consultant will be recruited for thirty days to support the work of the team. This assignment will not involve any new research. The documents needed for the desk audit will be available from UNICEF Malawi.

Mission	Composition	Focus
<b>First mission</b> 21-26 November 2010	Nankali and Tom	<ul style="list-style-type: none"> <li>Stakeholder interviews</li> <li>Desk audit</li> <li>Data analysis on projections of the number of children affected by HIV</li> <li>Field work to identify programmes that could be taken to scale</li> <li>Finalise and conform tools and methodology for assignment</li> <li>Teleconference with Rachel and Cornelius subject to their availability to finalise arrangements</li> </ul>
<b>Second mission</b> 24-28 February 2011	Tbc and consultant	<ul style="list-style-type: none"> <li>International literature review</li> <li>Review of findings of interviews with children affected by HIV and AIDS</li> <li>Confirm most vulnerable children affected by HIV and AIDS</li> <li>Field work to identify programmes that could be taken to scale</li> </ul>
<b>Third mission</b> 21-25 February 2011	Rachel + (tbc) and consultant	<ul style="list-style-type: none"> <li>Write a concise children affected by HIV situation analysis within a system response to child protection</li> <li>Recommend specific actions that will enable the scaling up of high impact programme interventions with an emphasis on girls and the most vulnerable</li> <li>Facilitate a three-day reflection workshop</li> <li>Write the draft ToR for a national evaluation</li> <li>Submit draft assignment report</li> <li>Submit final assignment report with two weeks of reflection and planning workshop</li> </ul>

## 8.0 Deliverables

The ten deliverables are:

1. Inception report
2. Desk audit and literature review
3. Protocols and questions for interviews
4. Interviews with 7-10 global leaders, 40-50 stakeholders in Malawi and 100-150 children and young people affected by HIV and AIDS
5. Data analysis of projections of size of children affected by HIV population up to 2020, disaggregated by gender and age
6. Situation analysis of children affected by HIV within a systems building approach to child protection
7. Recommended actions to enable the scaling up of high-impact programme interventions
8. Facilitation of reflection and planning workshop
9. Production of Technical Report based on the scope of work outlined above
10. ToR for an impact evaluation of the National Action Plan for Orphans and Vulnerable Children (2005-2011) and the design of the next Plan

## 9.0 Budget and financial arrangements

The MCO has allocated an upper limit of USD 40,000 for the costs associated with the engagement of a consultant for 30 days, including fee, travel and DSA. An additional USD 10,000 has been allocated for in country logistics and planning meetings. The UNICEF team from RO and HQ will cover their travel and DSA.

## 10. Background information on core programmes supported by the United Nations in Malawi

Against the backdrop of the situation analysis above, the Government, with technical support from the United Nations in Malawi and other development partners, has made significant gains in programming for children affected by HIV. The key gains related to these ToR are summarised here.

The Extended National Action Plan for Orphans and Other Vulnerable Children 2010-2011 includes for the first time the design and rolling out of a national case management system. Under the previous strategy, the national database of orphans and vulnerable children was established and 800 community child protection workers employed by the Government of Malawi and deployed at district level. In addition, new posts were created in each district for managers of gender, children and community development. UNICEF successfully advocated that these developments created the necessary foundation for a national case management

system to be built upon. UNICEF Malawi will shortly be recruiting a consultant for 11 months to design the case management system. The system will be piloted with five population groups. They are: 1) children in child-headed households; 2) children living and working on the streets; 3) children in institutional care; 4) children in households receiving social cash transfers; and 5) children presenting to hospital-based One Stop Centres in response to violence, abuse and exploitation. It is envisaged that the lessons learned from the pilot will inform the design and implementation of a national child protection case management system that addresses the needs of all children vulnerable to violence, abuse, exploitation and neglect no matter the cause of their vulnerability. The Government has recently announced its intention to take the Social Cash Transfer Programme (which currently supports 95,000 children across seven of the nation's 28 districts) to scale. The programme ensures basic livelihood support for the poorest households, many of which contain children orphaned or abandoned by their biological parents. The Community-Based Childcare Programme comprises 6,000 centres providing Early Childhood Development (ECD) to around 600,000 children aged 3-5, of which 80 per cent are vulnerable and up to 43 per cent are orphans. The ECD parenting and home visiting programme for parents of children aged 0-2 is its embryonic stage. The goal is to take both ECD programmes to scale.

There are a number of other promising programmes and developments that have the potential to be scaled up or to be reframed to more effectively meet the needs of vulnerable children. Journey of Life is a community-based child protection programme designed to build the capacity of parents, caregivers and communities to plan for and protect vulnerable children. Approximately 2,500 Children's Corners provide peer support to around 250,000 vulnerable children aged 6-18. A head count of orphanages and similar institutions and their residents is currently under way and a study will commence shortly to identify a strategy to return children living in such institutions to their parents or extended families where the cause of family separation is primarily due to poverty. Significantly, the Child Care, Protection and Justice Bill (2010) was passed by Parliament. This legislation provides the framework for the creation of a national child protection system, inclusive of all vulnerable children. The United Nations in Malawi is supporting the Government to develop the regulations and a costed operational plan to guide its implementation and is part of a regional initiative to map local child protection systems. The mapping exercise will include the system for children affected by HIV.

Despite these positive developments, the reach and quality of many of these programme interventions remains unknown. The Technical Review will assist the United Nations in Malawi to identify which programmes work best and others that show promise so that the most appropriate ones are taken to scale.

Within UNICEF, changes are under way to enable the Child Protection Programme to better meet the challenges of a complex and evolving child protection situation. The Orphans and Vulnerable Children Unit and the Child Protection Unit (which currently comprise the Child Protection Section) are being redesigned. The Orphans and Vulnerable Children Unit will become the Care and Protection Unit, led by a children-affected-by-HIV Specialist. Its mandate will be to build national and community capacity for those components of a child protection system that directly affect children, families and communities. These components are the processes related to a continuum of care - how the system responds to vulnerable children, how it promotes its services

and how it prevents vulnerability. The second aspect is the identification, reporting, referral, investigation, assessment, treatment and follow up of reported cases of child vulnerability. The two immediate and ongoing priorities will be case management and the prevention of violence, abuse, exploitation and neglect, including family separation and community strengthening to identify and protect vulnerable children. The Child Protection Unit will become the System Strengthening Unit, led by a Child Protection Specialist. Its mandate will be to strengthen national capacity to design and manage the various components of the child protection system. These include the structure and functions of the system and the capacities of the institutions and the people that make up the system. The second key component will be to ensure that the system is accountable, guided by quality standards and informed by data and research.

The findings of the Technical Review will help UNICEF to ensure that the adoption of a systems approach to child protection fully addresses the care and protection elements of programming for children affected by HIV.



## ANNEX II – INTERVIEW PROTOCOL AND QUESTIONS FOR STAKEHOLDERS IN MALAWI

For the protocol, note the following:

- 1.** Explain the purpose of the assignment, emphasising its internal and reflective nature and its timing in relation to key documents at play and in various stages of development.
- 2.** Note that a key goal of the exercise is to look at the contribution of the UN thus far (lessons learned) while informing its contribution in the future.
- 3.** Inform interviewees that any 'less favourable views of the UN or Government or other partners' will not be sourced either in the report or quoted back to the UN or UNICEF unless the interviewee specifically requests this.
- 4.** The questions are meant to guide the interview and not restrict it – feel free to follow a lead or a particular stream of thought.
- 5.** Fill out the details below in the box for each interview. The numbering system is based on the number of interviews you conduct, commencing at #1.
- 6.** The questions can also guide focus group discussion.

Interviewer (s): \_\_\_\_\_

Name of person (s) interviewed: \_\_\_\_\_

Position of person (s) interviewed: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Phone/ email/ face to face (pls circle)

Interview number (e.g. 1): \_\_\_\_\_

**Questions:**

- 1.** What would you describe as a Malawi success story in terms of efforts to ensure the protection of the rights of OVC (policy, plan, programme, other)? What role if any did UNICEF and the UN play?
- 2.** What would you describe as a Malawi failure in terms of efforts to ensure the protection of the rights of OVC (policy, plan, programme, other)? What role if any did UNICEF and the UN play?
- 3.** How successful overall would you rate the response in Malawi, with a one being poor, two being somewhat poor, three being average, four being above average, five being good and six being very good? Why have you given this rating?
- 4.** Can you describe for us how children affected by HIV and AIDS are currently financed? What are the strengths and weaknesses of this approach? What are the major sources of these funds?
- 5.** Which groups of children affected by HIV and AIDS do you believe are the most vulnerable and do you think current approaches are reaching these children?
- 6.** What do you know about the situation of girls and HIV and AIDS and do you feel that the response is gender inclusive and reaching girls in equal or larger proportion to boys?
- 7.** Looking forward to the next six years or so, what do you see as the comparative advantages of UNICEF and the UN? How can these advantages be capitalised on?
- 8.** Looking forward to the next six years or so, what do you see as the niche for UNICEF and the UN? Where should the UN and UNICEF concentrate its efforts?
- 9.** Again looking forward, what approaches would you describe as being the most effective and having potential to be taken to scale?
- 10.** The Current UN Country Programme (2007 – 2011) for OVC focuses on psychosocial support, social cash transfers, livelihoods support in terms of food security, education bursaries, community-based childcare centres and children's corners. Do you think this is the right mix of interventions? What are the strengths and gaps?
- 11.** What are the key issues or success factors the UN must master if it is to make a valuable contribution to efforts by the Government of Malawi, development partners and civil society to protect the rights of children affected by HIV and AIDS, going into the future?





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