



USAID
FROM THE AMERICAN PEOPLE



PROTECTING CHILDREN AFFECTED BY HIV AGAINST ABUSE, EXPLOITATION, VIOLENCE, AND NEGLECT

TECHNICAL REPORT

AIDSTAR-One
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

JULY 2011

This publication was produced by the AIDS Support and Technical Assistance Resources (AIDSTAR-One) Project, Sector I, Task Order I, USAID Contract # GHH-I-00-07-00059-00, funded January 31, 2008.

PROTECTING CHILDREN AFFECTED BY HIV AGAINST ABUSE, EXPLOITATION, VIOLENCE, AND NEGLECT

The authors' views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the United States Government.

AIDS Support and Technical Assistance Resources Project

AIDS Support and Technical Assistance Resources, Sector I, Task Order 1 (AIDSTAR-One) is funded by the U.S. Agency for International Development under contract no. GHH-I-00-07-00059-00, funded January 31, 2008. AIDSTAR-One is implemented by John Snow, Inc., in collaboration with Broad Reach Healthcare, Encompass, LLC, International Center for Research on Women, MAP International, Mothers 2 Mothers, Social and Scientific Systems, Inc., University of Alabama at Birmingham, the White Ribbon Alliance for Safe Motherhood, and World Education. The project provides technical assistance services to the Office of HIV/AIDS and USG country teams in knowledge management, technical leadership, program sustainability, strategic planning, and program implementation support.

Recommended Citation

Long, Siân. 2011. *Protecting Children Affected by HIV Against Abuse, Exploitation, Violence, and Neglect*. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

Acknowledgments

The following individuals have kindly contributed to this paper by reviewing or providing useful contributions to the overall document: Bill Bell (Head of Child Protection, Save the Children UK), Jonathan Brakarsh (independent consultant and child psychologist, Zimbabwe), Kendra Blackett-Dibinga (Senior Technical Specialist, HIV and AIDS, Orphans and Vulnerable Children, Save the Children USA), Kirk Felsman (Senior Orphans and Vulnerable Children Advisor, USAID/Pretoria), Thomas Fenn (Regional Chief, Children and AIDS, U.N. Children's Fund [UNICEF] Eastern and Southern Africa Regional Office [ESARO]), Ghazal Keshavarzian (Senior Coordinator, Better Care Network, UNICEF, Child Protection Section, New York), Jennifer Keane (Child Protection Specialist, UNICEF, New York), Ronnie Lovich (Director, Program and Technical Support, HIV and AIDS, Save the Children USA), Nankali Maksud (Specialist, Orphans and Vulnerable Children, Child Protection Section, UNICEF ESARO), Behzad Noubary (Monitoring, Evaluation, and Costing Specialist, HIV and AIDS, UNICEF, New York), and John Williamson (Senior Technical Adviser, Displaced Children and Orphans Fund, U.S. Agency for International Development [USAID]). Thanks to the Orphans and Vulnerable Children Task Force for their review and comments. Additional thanks to Gretchen Bachman and Maury Mendenhall at USAID/Washington, and Alexandra Santana for her review of PEPFAR programming.

AIDSTAR-One

John Snow, Inc.
1616 Fort Myer Drive, 11th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
E-mail: info@aidstar-one.com
Internet: aidstar-one.com

CONTENTS

- Acronyms..... v
- Introduction 7
 - The Benefits of Protecting Children Against Abuse..... 8
 - The Relationship Between HIV and Child Abuse, Exploitation, Violence, and Neglect..... 8
 - Existing Protections for Children Within PEPFAR Programming..... 9
 - Shifting to Systems-Based and Multi-Sectoral Child Protection Programming..... 10
 - Determining the Scope of Interventions..... 10
 - First Do No Harm: Organizational Child Protection Policies 12
- PEPFAR Child Protection Programming Options for Orphans and Vulnerable Children 13
 - Protective Legislation and Enforcement..... 14
 - Governmental Commitment to Fulfilling Protection Rights..... 17
 - Capacity to Protect Among Those Around Children 20
 - Services for Recovery and Reintegration..... 24
 - Attitudes, Traditions, Customs, Behaviors, and Practices that Protect Children..... 29
 - Open Discussion and Engagement with Child Protection Issues..... 31
 - Children’s Life Skills, Knowledge, and Participation..... 34
 - Monitoring and Reporting 37
 - General Tools and Resources to Support Child Protection..... 41
- References 43
- Appendix 1: International Guidelines and Protocols Relevant to Child Protection..... 49
- Appendix 2: Commonly Used Definitions in Child Protection Programming..... 51
- Appendix 3: Child Protection Policy Development and Implementation 53
- Appendix 4: Checklist for Developing a PEPFAR Child Protection Response..... 55
- Appendix 5: The U.N. Children’s Fund Eight Elements of a Protective Environment..... 57

ACRONYMS

ASAZA	A Safer Zambia
CRS	Catholic Relief Services
DNH	“Do No Harm”
GBV	gender-based violence
M&E	monitoring and evaluation
MGECW	Ministry of Gender Equality and Child Welfare
MOGCCD	Ministry of Gender, Children, and Community Development
NGO	nongovernmental organization
OVC	orphans and vulnerable children
PEPFAR	President’s Emergency Plan for AIDS Relief
REPSSI	Regional Psychosocial Support Initiative
UNICEF	U.N. Children’s Fund
USAID	U.S. Agency for International Development
USG	U.S. Government
WHO	World Health Organization

INTRODUCTION

This document is intended to explore strategies to protect orphans and vulnerable children (OVC) who were made so by HIV from abuse, exploitation, violence, and neglect. It draws from lessons learned by OVC program managers, designers, and policy developers—particularly those associated with the President’s Emergency Plan for AIDS Relief (PEPFAR).

OVC are defined by the Joint U.N. Programme on HIV/AIDS, and the Hyde-Lantos Act that reauthorized PEPFAR, as “Children who have lost a parent to HIV, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic effects” (Lantos and Hyde 2008, 2-3). The international community defines children as individuals from birth up to 18 years of age. See Appendix 1 for more information on international guidelines and frameworks protecting children.

Current PEPFAR OVC programming guidance describes strategies to protect OVC as those that “confront the reality of stigma and social neglect faced by OVC as well as abuse and exploitation, including trafficking, the taking of inherited property, and land tenure, and helping children obtain birth certificates to legalize their status” (PEPFAR and the Office of the U.S. Global AIDS Coordinator 2006, 8). For the purposes of this document, discussion will focus on programs that aim to prevent and respond to abuse, neglect, exploitation, and violence. Each of these terms is defined more explicitly in Box 1.

This document identifies gaps in current child protection strategies employed within PEPFAR OVC programs; introduces a range of emerging best practices or promising strategies for preventing and responding to child abuse, exploitation, and neglect; suggests contexts in which each strategy might be useful; outlines ways to measure the success of specific strategies; and provides a list of tools and resources available to program implementers and designers to support implementation of strategies.

Box 1. Key Child Protection Definitions

Child abuse is a deliberate act of ill treatment that can harm a child’s safety, well-being, dignity, and development. Abuse includes all forms of physical, sexual, psychological, or emotional ill treatment. (Save the Children definition)

Child exploitation is the use of children for someone else’s economic or sexual advantage, gratification, or profit, often resulting in unjust, cruel, and harmful treatment of the child. (Save the Children definition)

Child neglect is a deliberate or careless failure to provide for or ensure a child’s physical safety and development. Neglect can significantly impair a child’s health and development, weakening the child’s ability to thrive emotionally and socially. (Save the Children definition)

Child violence is defined as all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, or maltreatment or exploitation, including sexual abuse. (Office of the U.N. High Commissioner for Human Rights 1990, Article 19)

More detailed definitions are included in Appendix 2.

THE BENEFITS OF PROTECTING CHILDREN AGAINST ABUSE

Protecting children is essential to the success and sustainability of OVC programs. Child protection can also contribute to the achievement of several other key health and development goals. Conversely, failure to protect children can undermine these efforts. Within the context of the Millennium Development Goals, child abuse can compromise the effectiveness of strategies to eradicate poverty, achieve universal education, and reduce child mortality and HIV prevalence. For example, child abuse has been found to negatively impact school attendance, performance, and economic productivity among child abuse survivors, as well as reduce economic investment, increase rates of injury, increase acute and chronic health problems, and at times, increase rates of child death in countries where child abuse is common. Furthermore, abuse and exploitation, particularly sexual abuse and exploitation, can contribute to higher rates of drug abuse, sexual activity, and other risky behaviors associated with HIV infection among survivors.

THE RELATIONSHIP BETWEEN HIV AND CHILD ABUSE, EXPLOITATION, VIOLENCE, AND NEGLECT

Child abuse occurs across socioeconomic, religious, cultural, racial, and ethnic groups. Although research has identified a number of risk factors or attributes commonly associated with abuse, it should be emphasized that these are not predictors of abuse. For example, several researchers note a correlation between poverty and abuse, yet most people living in poverty do not harm their children. Likewise, not all children affected by HIV may experience abuse, exploitation, violence, and neglect. However, HIV does weaken the systems intended to protect children from abuse. As a result, many children affected by HIV may be more vulnerable to abuse. Some causes behind this are as follows:

- Many children have been forced to care for or lost their primary caregivers due to illness or death as a result of HIV. Recent research in South Africa indicates that these children are more likely to experience emotional and physical abuse as well as engage in transactional sex (Cluver 2010). Those within the extended family or community who have been left to care for orphaned children are often overwhelmed and may be ill themselves due to HIV. They may be stressed, depressed, overly anxious, or too young or too old to properly care for these children, particularly HIV-positive children, and more prone to maltreat the children in their care. Children living outside of family care (on the streets or in institutions) may have less access to the information and services that can help them reduce their risk of acquiring HIV through sex or drug use (Consortium for Street Children 2009). Furthermore, orphaned children are somewhat more likely than those living with parents to begin sexual activity, including risky sexual behavior, at an early age. For example, an estimated 15 to 20 percent of street children in Vietnam are living with HIV (Cluver and Operario 2008; EveryChild 2009).
- In countries with high HIV prevalence, many government officials and service providers may likewise have fallen ill or been forced to leave their jobs due to prolonged absences or the inability to perform their work effectively. Services to support the recovery and reintegration of abused children may be overstretched and unable to meet demand.

- Some communities may have negative attitudes toward children affected by HIV. They may believe orphaned children to be witches, diseased and highly contagious, poorly behaved, or to somehow have caused their misfortune. There is some evidence to suggest that a person who discloses his or her positive status may be at increased risk of violence from his or her partner, family, or community. In addition, experiencing or witnessing violence within the home or within the community during childhood is a significant contributing factor in illness and death later in life, including increased risk of HIV infection (Pinheiro 2006).
- Children and communities affected by HIV may also be less likely to discuss abuse because of concerns about exposing themselves to further discrimination, thus prolonging abuse and enabling perpetrators to abuse others unmitigated (Maman et al. 2004).
- Children affected by HIV are often marginalized. They are less likely to attend school and participate in other initiatives intended to teach them important life skills, help them to acquire critical knowledge, and engage with others in their community (Maman et al. 2004).

In addition, children who have experienced abuse may also be more vulnerable to HIV, as follows:

- Forced or coerced sex may lead to HIV transmission. In addition, there is some evidence to suggest that any early sexual experience, whether consensual or by coercion, increases risk to both violence and HIV (Johnson 2007). A recent study in Tanzania indicates that engaging in sex with multiple partners, trading sex for money or goods, and infrequent or no condom use was significantly higher for females and males with a history of childhood sexual violence than those without a history of childhood sexual violence (Maman et al. 2004).
- Violence and threats of violence may inhibit a person's ability to negotiate safe sex behaviors throughout their lives (Maman et al. 2004).
- Sexual violence experienced as a child may lead to reduced self-esteem and to increased risk-taking behaviors later in life (Maman et al. 2004).

EXISTING PROTECTIONS FOR CHILDREN WITHIN PEPFAR PROGRAMMING

PEPFAR guidance has always included child protection as a core component. However, a recent assessment of PEPFAR-funded child protection programs (Santana 2009)¹ found marked disparities in the implementation of protection programs for OVC. Protective interventions for OVC were often integrated into larger program components addressing the general well-being of children. Although such integration can secure a wider reach, it can also compromise the quality and effectiveness of protection, especially when the demand for overall services is high and child protection systems are weak or non-existent.

The review found that most child protection efforts took the form of child rights awareness and training on child protection, although the content, duration, facilitation, and effectiveness of each training effort varied widely between and within implementing agencies. Far fewer interventions provided direct protection services to children and families; for example, only a few agencies dealt directly with victims of abuse. Also, very few respondents reported the existence of organizational policies for preventing and responding to abuse and exploitation by program staff. Although the

¹ The review included a literature search and review of partners' websites and materials from the 2009 OVC Forum and HIV/AIDS Implementers Meeting. Seventy-six U.S. Government OVC contact staff and implementing partners were emailed.

review identified several promising practices for service integration and community-based support for victims of abuse, the effectiveness of these practices has yet to be fully assessed.

SHIFTING TO SYSTEMS-BASED AND MULTI-SECTORAL CHILD PROTECTION PROGRAMMING

There is a compelling argument for strengthening systems of support and protection for vulnerable children irrespective of the source of vulnerability. Child protection systems involve a range of activities and actors at a variety of levels including within families, communities, and the state. Many programs for vulnerable children have traditionally supported isolated activities intended to benefit specific children made vulnerable as a result of specific circumstances (e.g., HIV, trafficking, conflict, etc.). However, often children are vulnerable due to a range of circumstances, and many isolated activities are duplicative or inefficient. Strengthening child protection systems within a country can be more cost-effective and sustainable.

Child protection is a multifaceted problem and as such, requires a multi-sectoral response. This can be put into place by, for example, engaging health providers to better recognize and respond to abuse; engaging prosecutors and judges to treat child abuse survivors more sensitively and prosecute perpetrators more effectively; and engaging teachers and other school staff to raise awareness about abuse, create an environment that discourages abuse, and identify signs of abuse and refer children for special care. The impact of abuse, exploitation, neglect, and violence is cyclical and cumulative, so child protection strategies must respond to individual cases while supporting a protective environment over the long-term.

In a systems-based approach, the primary agency responsible for child protection, usually the social welfare sector, requires a strong coordinated response with other sectors, including the health sector, law sector, education sectors, etc.

The cross-cultural nature of child protection also calls for collaboration across different U.S. Government (USG) agencies and the U.S. Agency for International Development (USAID). For example, by collaborating with health colleagues to expand post-rape services to children, with democracy and governance colleagues to improve child protection training for judges and prosecutors, with economic growth colleagues to strengthen systems for reducing and monitoring child labor, and with education colleagues for training teachers to recognize and respond to abuse.

As with other complex issues, achieving sustainable improvements to child protection requires a long-term commitment. A multi-year effort is necessary to address deeply entrenched, often patriarchal views about the treatment of children and to develop a dialogue about domestic issues that are often taboo. This must include development of well-resourced, multi-sectoral national systems for protection and capacity building of civil society partners to collaborate more closely with this system.

DETERMINING THE SCOPE OF INTERVENTIONS

As noted previously, child protection programs should be both *preventive*, minimizing children's risk of facing violence, abuse, exploitation, and neglect, and *responsive*, providing specialized services in cases where children are at especially high risk for—or have already experienced—protection violations. This requires comprehensive primary, secondary, and tertiary interventions that address a

range of needs, from general protections for the whole society, to specific interventions, including local care alternatives, for children who are at greatest risk or already experiencing violations.

Primary interventions increase protections for all children. These interventions work to decrease the risk of protection violations by:

- Introducing legislation
- Strengthening the child protection work force through better planning, training, and support
- Facilitating communities to organize child protection committees
- Reducing harmful traditional practices, behaviors, and customs through activities to raise public awareness
- Creating the space for more open dialogue about child abuse
- Supporting children to know and advocate for their rights
- Monitoring child abuse trends.

Secondary interventions increase protections for children identified as particularly at risk. These interventions work to decrease the risk of protection violations by:

- Introducing legislation that targets a particular social group or type of abuse, such as gender discrimination, enabling the child protection work force to implement specific prevention activities (e.g., among children living in HIV- or conflict-affected communities)
- Supporting teachers, health workers, and police to identify and refer children who may have experienced abuse
- Facilitating local initiatives that address common forms of child labor
- Organizing activities to raise awareness to target specific groups, such as religious or traditional leaders
- Sponsoring local dialogue about topics that are particularly relevant within a community
- Building the capacity of children to protect themselves against specific abuses.

Secondary interventions may also include support groups and other light services to promote recovery and reintegration among children who have experienced abuse but, due to resiliency or the moderate nature of the abuse, will not require intensive services.

Tertiary interventions increase protections for children who have experienced abuse and will require more intensive or long-term care to promote recovery and reintegration. These interventions work to mitigate the impact of protection violations by:

- Enabling the child protection work force to implement specific recovery and reintegration activities, such as individual and family counseling, and alternative care for children removed from their families of origin
- Supporting specialized health services, such as post-rape care, and specialized education services, particularly for children who have missed years of school

- Providing legal support to bring charges against perpetrators and facilitate permanent placement for children removed from their families.

Social Protection and Child Protection

A social protection framework is one way to link a national child protection system to a coherent set of socioeconomic poverty-alleviation measures. Social protection is a government-owned, comprehensive strategy that provides basic economic security for all, including those unable to work either temporarily or permanently. Core elements of a social protection policy include social transfers (regular, predictable transfers in cash or kind or through fee waivers) to poor households; social insurance (e.g., unemployment insurance and free health care for children); and social services (e.g., basic health care and early childhood and education support). Social protection programs must be backed by policies and legislation addressing access to basic social services, inheritance rights, and antidiscrimination legislation (U.N. Children’s Fund et al. 2009). By generating sustainable means of addressing poverty, social protection systems can help free civil society organizations—which currently spend much of their resources meeting the material needs of the poor—to undertake, effectively and at scale, the activities they are best placed to address (e.g., identifying child protection violations or caring for HIV-affected households; Joint Learning Initiative on Children and AIDS 2009).

FIRST DO NO HARM: ORGANIZATIONAL CHILD PROTECTION POLICIES

Children are inherently vulnerable because they are young and often disregarded, both socially and legally. Research indicates that persons with a history and proclivity to abusing children will often seek positions of power and authority in order to gain access to vulnerable populations. Often, they will seek employment within countries that have weak systems for protecting children and other vulnerable populations against abuse and exploitation (many PEPFAR projects are located in countries with particularly weak protection systems). These individuals are also prone to seek employment within programs that offer involved contact with children.² For this reason, it is essential that organizations working directly or indirectly with children have clearly defined *child protection or child safeguarding policies and procedures* to prevent and respond to child abuse, exploitation, neglect, and violence perpetrated by staff, volunteers, subgrantees, and subcontractors.

At a minimum, organizations should develop and clearly communicate policies and procedures for 1) addressing child protection risks during staff and volunteer recruitment and training; 2) establishing and maintaining channels for reporting child protection concerns; and 3) responding quickly and confidentially to child abuse by staff and volunteers.

See Appendix 3 for more details on developing and implementing a child protection policy.

² One study of child abuse by aid workers and peace keepers in emergency situations found that there were high levels of abuse and significant levels of underreporting by children, caregivers, and other community members because they did not feel confident in the reporting (Csáky 2008). Abuse in non-emergency situations, where the person in charge has an opportunity to come close to children who are emotionally vulnerable or who rely on that person for material support, is also common.

PEPFAR CHILD PROTECTION PROGRAMMING OPTIONS FOR ORPHANS AND VULNERABLE CHILDREN

This section offers PEPFAR OVC program managers a number of child protection programming options. Not all options will be appropriate or feasible in any particular setting. Managers should select approaches based on the resources available within a particular community or country and the causes and characteristics of abuse, exploitation, neglect, and violence in that setting. To help get started, Appendix 4 contains a checklist of critical areas for consideration when supporting/developing child protection programming within an OVC context.

In an effort to address child abuse in a more systematic way, this document uses a slightly adapted version of the *Protective Environment Framework: Eight Elements of a Protective Environment*³ from the U.N. Children's Fund (UNICEF) to structure a discussion of programming options (UNICEF 2007).

The eight elements featured in the Framework include:

1. Protective legislation and enforcement
2. Governmental commitment to fulfilling protection rights
3. Capacity to protect among those around children
4. Services for recovery and reintegration
5. Attitudes, traditions, customs, behaviors, and practices that promote child protection
6. Open discussion and engagement with child protection issues
7. Children's life skills, knowledge, and participation
8. Monitoring and reporting.

For more information on this framework, see Appendix 5.

The following section discusses each of these eight elements in more detail, and also provides a list of key resources and tools to support strategies to address each element.

³ This framework was developed as a more protection-focused companion paper to the *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, which outlined five key elements: 1) strengthening the capacity of families; 2) mobilizing and supporting community-based responses; 3) ensuring access to essential services; 4) ensuring that governments protect the most vulnerable children; and 5) awareness raising to create a supportive environment. Most national OVC plans are based on these five key elements.

PROTECTIVE LEGISLATION AND ENFORCEMENT

WHY THIS COMPONENT IS IMPORTANT

The absence of clear child protection legislation and/or consequences for child protection violations can create confusion regarding appropriate and inappropriate behavior toward children and provide little motivation to refrain from exploiting children.

IN WHAT CONTEXTS THIS COMPONENT MIGHT BE USEFUL

Supporting national child protection legislation and enforcement mechanisms may be particularly relevant in countries where laws on child protection are absent or weak, existing laws do not align with international standards, or laws are subservient to local traditional laws or harmful practices.

A *priority action* might include assessing existing national child protection legislation against international standards and/or supporting the development of new legislation.

A *priority outcome* might include a strong legislative framework that is sensitive to but not exclusively catering to the need of HIV-affected children.

STRATEGIES TO IMPROVE PROTECTIVE LEGISLATION AND ENFORCEMENT

National Level

- Support a national child protection systems mapping in collaboration with key partners such as UNICEF to identify current legal frameworks and policies. This must be undertaken jointly with a capacity assessment (see “Governmental Commitment to Fulfilling Protection Rights”).
- Support the development of a comprehensive child protection policy focusing on highly vulnerable children, accompanied by subsidiary and complementary operational plans that deal with specific protection issues (e.g., children affected by HIV, children with disabilities, and children in exploitative labor).
- Support law reform processes to align national law with national or international guidance on child protection, including the U.N. Convention on the Rights of the Child; Optional Protocols on the involvement of children in armed conflict and on the sale of children, child prostitution, and child pornography; the International Labor Organization’s Convention 182 eliminating the worst forms of child labor; recommendations from the U.N.’s *Study on Violence Against Children*; and regional or traditional protections. Solicit and incorporate the perspectives of women and children, and address key family law practices (e.g., inheritance and age at marriage) and issues of gender.
- Advocate to parliamentarians for the establishment of a government oversight body on child protection; raise parliamentarians’ awareness of child protection issues, in particular the links between HIV and vulnerability to abuse, exploitation, neglect, and violence.
- Provide technical support for strategic planning, monitoring and evaluation (M&E), and costing during National Plan of Action midterm reviews and development. Make sure that gender- and age-sensitive protection aspects are considered.

- Support technical assistance for the development of laws and policies (e.g., legislation on child marriage) that support communities’ protection of children.
- Support training throughout the justice and enforcement sector in areas such as child protection law, forensics, and child sexual abuse.

District (Service Provider Implementation) Level

- Support the dissemination of laws—especially those relating to inheritance, sexual and physical abuse, and exploitative labor—that affect children, ensuring that stakeholders at all levels understand the significance and intention of the laws.
- Provide support to law enforcement and child-friendly services at the national and subnational levels.
- Support local legal clinics to provide free or low-cost legal services and raise awareness on key laws and implementation for community leaders, children, and service providers.

Community Level

- To ensure the consistent application of child protection standards by implementing partners, support training activities that facilitate dialogue between child protection practitioners and upholders of customary law.
- Support training on laws with government staff and community leaders, teachers, and health clinic staff.
- Translate laws into local languages and produce child-friendly versions of policies and laws that affect vulnerable children; ideally, these should be disseminated by indigenous civil society groups.
- Promote discussions about how far these laws can be implemented currently (see activities at the service provider and community levels in the sections on “Capacity to Protect Among those Around Children” and “Attitudes, Traditions, Customs, Behaviors, and Practices That Protect Children”).

Child Protection Legislation in Guyana

PEPFAR, in collaboration with UNICEF, supported Guyana’s Ministry of Labour, Human Services and Social Security to develop the Child Care and Protection Agency Bill (also known as the Children’s Bill). The new bill includes overarching laws for addressing implementation plans (e.g., child abuse reporting and intervention procedures), protecting the rights of children born out of wedlock, regulating adoptions, and prosecuting those who abuse and exploit children. PEPFAR and UNICEF also supported related bills that complement the Children’s Bill. The Sexual Offenses Bill, if passed, will work to prevent rape, gender-based violence, and sexual assault through a number of provisions, including expanding the definition of rape, placing the burden of proof on perpetrators, and prohibiting sexual relations with children under the age of 16. The Child Care and Protection Agency Bill was the first Guyanese legislation calling for the establishment of an agency specifically focused on children. This agency will be responsible for implementing any policies regarding children and will ensure the provision of comprehensive and coordinated services for OVC. These legislative acts, along with the establishment of the Child Care and Protection Agency, have created a strong foundation for sustainable protection of OVC in Guyana.

MEASURING EFFECTIVENESS OF PROTECTIVE LEGISLATION AND ENFORCEMENT

PEPFAR OVC program managers can use the following questions to measure progress toward key objectives of OVC policy and legislation. Specific indicators depend on existing national M&E systems. The questions are as follows:

- Are national laws and policies in line with international standards and commitments?
- Do traditional or customary laws and formal laws uphold the same standards? If not, does a process exist for addressing and monitoring the alignment of these laws and practices?
- Do newly developed policies recognize children's gender- and age-specific protection needs?
- Were children and key community members involved in legal reform or policy review processes?
- How have changes to legislation and enforcement affected children's access to appropriate protection services and prosecution of child abuse, exploitation, neglect, and violence?
- Are processes for legal reform, legal review, and policy implementation integrated into ongoing national review mechanisms, such as five-year development plans?
- Are budgets allocated for the dissemination of review results?
- What is the typical process that children and families experience when accessing the enforcement and justice systems? What gaps and barriers prevent children and families from getting the support they need?

KEY TOOLS AND RESOURCES ON PROTECTIVE LEGISLATION AND ENFORCEMENT

Child Protection: A Handbook for Parliamentarians (UNICEF 2004) is a comprehensive handbook that provides detailed information for parliamentarians on child protection, including international legal and regulatory frameworks and a range of child protection interventions covering such issues as birth registration, trafficking, sexual exploitation, and armed conflict. Each section contains a checklist showing what parliamentarians can do. The document needs to be updated and adapted for local use. It is available from the Inter-Parliamentary Union and UNICEF at www.unicef.org/publications/files/Guide_Enfants_OK.pdf.

Prohibiting Corporal Punishment of Children: A Guide to Legal Reform and Other Measures (Campaign to End Corporal Punishment 2009) provides information on why the corporal punishment of children counts as violence and abuse, and provides guidelines for addressing this violence in a range of settings from home to school to institutions. It is available from the Campaign to End Corporal Punishment at www.endcorporalpunishment.org/pages/pdfs/LegalReformHandbook.pdf.

What Parliamentarians Can Do About HIV/AIDS: Action for Children and Young People (UNICEF 2003) is a short advocacy document targeting parliamentarians. It provides general information on HIV and what parliamentarians can do to address the issue. While the information will need updating, and while there is no specific focus on child protection, the resource could be adapted to provide advocacy tools for child protection and OVC. It is available at www.unicef.org/adolescence/files/Parliamentarians_AIDS.pdf.

GOVERNMENTAL COMMITMENT TO FULFILLING PROTECTION RIGHTS

WHY THIS COMPONENT IS IMPORTANT

Even the most robust child protection legislation and enforcement mechanisms will fail if governments lack the commitment and capacity to implement them. Without sufficient funding for child protection services, the quality and scope of these services may suffer. The absence of strong multi-sectoral coordination at the national level to the community level can create confusion, duplication, and unnecessary competition. Lack of planning, few and poor training opportunities, and little supervision, mentoring, and support can severely weaken the child protection work force. Poor or infrequent oversight and regulation of child protection interventions can put already vulnerable children in greater danger.

IN WHAT CONTEXTS THIS COMPONENT MIGHT BE USEFUL

Supporting governmental commitment is appropriate in countries where governments do not recognize their obligation to protect children, where key governments are themselves benefiting from exploitative practices (such as child labor) and require stronger systems of accountability, and/or where governments do not have the capacity, technical expertise, and resources to implement programs and enforce laws.

A *priority action* for a PEPFAR OVC program manager might include supporting a process of mapping of child protection systems to identify strengths, gaps, and areas for improvement and contributing to the development of a comprehensive, costed, HIV-sensitive (but not exclusive) national plan of action.

A *priority outcome* might include an increased child protection budget, more regular and structured coordination among child protection actors, a skilled and diverse child protection work force, and more regular oversight of and a higher standard of child protection services.

STRATEGIES TO ENHANCE GOVERNMENTAL COMMITMENT

National Level

- Support capacity assessment efforts to help ministries of social or child welfare to determine and improve their capacity to implement and enforce legislation and develop clear and strategic plans to address gaps. Identify blockages and facilitate, in concert with other USG initiatives and stakeholders, activities such as functionality reviews.
- Support assessments that focus specifically on human capacity gaps within the child protection work force as well as comprehensive plans to address gaps through better planning, training, and support for the work force.
- Support ministries of social welfare, as well as partners in civil society, in budgeting and financial tracking of child protection initiatives.

District (Service Provider Implementation) Level

- Support district-level operational and financial planning to implement child protection policies.

- Ensure that child protection training for service providers and implementing partners enhances referral and coordination; training should enable service providers to identify bottlenecks that affect their work, develop plans to eliminate these impediments where possible, and advocate to eliminate bottlenecks imposed by the overall system. PEPFAR can facilitate information sharing among subnational partners to help advocate against bottlenecks at the national level.
- Support an assessment of current human resource capacity at the district level, including comparison of actual staff levels with nationally recommended levels, current training and experience of key service providers, and budgets for child protection. The best way to approach such an assessment is to assign leadership to a multi-sectoral coordination group at the district level so as to ensure ownership—much as is done, and accepted as a good practice, in HIV programming.

Community Level

- Support existing community initiatives that work with vulnerable children to understand and engage on child protection (see “Capacity to Protect Among those Around Children”). Ensure that training on child protection for community leaders, household members, and community groups facilitates the identification of bottlenecks in referrals and communicates this information to officials or agencies that can help remove them.
- If no community groups exist, support the establishment of community-based child protection committees that can identify, refer, and respond to the needs of vulnerable children and families—for example, by identifying local barriers that limit access to services. Where such committees exist, PEPFAR OVC program managers can support partners who work with them.
- Support the dissemination of information about national policies through community-based services for vulnerable children. Support the translation of national child protection policies into local languages and versions that children and communities can easily understand.

Strengthening Government Commitment to Fulfilling Protection Rights in Namibia and Malawi

In 2007, Namibia’s Ministry of Gender Equality and Child Welfare (MGECW), USAID, and UNICEF conducted a detailed human resources gap analysis to determine whether MGECW had sufficient resources to respond to the needs of OVC. The analysis showed that resources were insufficient. MGECW used the study findings to petition the Government of Namibia for a substantial staff increase. As a result, 100 new positions were created, which accelerated processing of child welfare grants. By August 2009, 104,438 children had received grants, up from 56,778 in January 2007.

Malawi’s Ministry of Gender, Children, and Community Development (MOGCCD) requested support from UNICEF and USAID to build a more effective social welfare system. With the cooperation of the MOGCCD’s Permanent Secretary, USAID and UNICEF organizational development consultants led MOGCCD staff through a process of self-analysis and planning. Following an initial human resource capacity review, the MOGCCD created a comprehensive plan to strengthen the system, leverage additional resources for child protection from the central government, and introduce new policies and activities. These included an upgrade in the training college for social workers, including physical improvements, training, and accreditation. In addition, a carefully structured management retreat for MOGCCD senior staff led to increased cooperation

among the senior staff. A revision of job descriptions within MOGCCD coincided with a new emphasis on career paths and professional development. These steps brought about significant changes at the national level, as well as increased investments in district social welfare staff. District staff members were offered a new distance course in child development, which increased staff motivation and led to increased retention (UNICEF/USAID Malawi 2009).

MEASURING GOVERNMENTAL COMMITMENT

The following questions can help PEPFAR OVC program managers measure the achievement of key objectives of a governmental capacity-strengthening system. The actual indicators will depend on existing national M&E systems. The questions are as follows:

- Have gaps in government capacity to implement and enforce child protection been clearly defined? To what extent have these gaps been addressed? What impact has capacity strengthening had on the quality of child protection services and prosecution of child abuse, exploitation, neglect, and violence?
- Are government financial commitments sufficient to implement and enforce legislation?
- Have resources allocated to child protection been implemented in a sustainable manner (e.g., through core budgeting)?
- What proportion of the government's budget addresses child protection? Is this an increase or a decrease from the previous year?

KEY TOOLS AND RESOURCES ON GOVERNMENTAL COMMITMENT TO FULFILLING PROTECTION RIGHTS

A "Rough Guide" to Child Protection Systems (Save the Children UK 2009) is a draft document outlining the importance of a coherent, government-led child protection system, with a checklist of questions for each area of focus. The draft version is available at www.saievac.info/editor_uploads/File/A%20Rough%20Guide%20to%20Child%20Protection%20System_9_Feb09.pdf.

Child Protection Systems: Mapping and Assessment Toolkit (UNICEF 2010a) provides a practical and user-friendly method to identify the main country child protection risks and to examine the scope and capacity of the existing child protection system (formal and informal), accountability mechanisms, and resource mobilization approaches. It covers seven key areas: 1) understanding the structure and functions of the current child protection system; 2) describing the current legal and normative framework and its strengths and gaps; 3) highlighting the key risks to boys and girls and prioritizing M&E data requirements; 4) assessing the capacity of key formal and informal structures to develop, administer, implement, and evaluate their child protection responsibilities; 5) identifying and prioritizing opportunities to improve service delivery; 6) bringing key players together to help develop the child protection system; and 7) securing the financial and human resources required to implement the program. It is online at www.unicef.org/protection/files/Mapping_and_Assessment_Toolkit%282%29.pdf.

Advancing Child-Sensitive Social Protection (Department for International Development et al. 2009) is a joint statement from a number of U.N., bilateral, and civil society agencies to advance dialogue on social protection as a means of reducing childhood poverty and vulnerability. It outlines principles

and approaches for undertaking child-sensitive social protection. It is available at www.unicef.org/socialpolicy/files/CSSP_joint_statement_8.20.09.pdf.

Assessing the Human Resource Capacity for Implementation of the National Plan of Action for Orphans and Vulnerable Children (USAID and The Capacity Project 2007) is a process tool and tool library to support social service human resources capacity assessments. It is available at www.ovcsupport.net/s/library.php?ld=1095.

What is the Social Service Workforce: A Framework for Investing in Those Who Care for Children (OVCsupport.net) outlines a range of strategies for strengthening the work force. It is available at: www.ovcsupport.net/s/index.php?c=104.

CAPACITY TO PROTECT AMONG THOSE AROUND CHILDREN

WHY THIS COMPONENT IS IMPORTANT

Despite the impacts of HIV, most children continue to live in families, and overall children living in families are better protected than those living outside of families. However, there is some evidence to suggest that caregivers with low self-esteem, poor impulse control, depression, anxiety, antisocial behavior, a history of abuse or substance abuse problems, negative and/or higher than normal expectations of their children, a tendency to provide negative rather than positive feedback, and a poor understanding of child development may be more prone to abusing, exploiting, or neglecting their children. This may also be true for young and inexperienced caregivers and caregivers who are poor or unemployed, socially isolated, stressed, care for many children, and are involved in domestic violence (either as a perpetrator or victim).

For these vulnerable caregivers and for children outside of family care, the support of their community and local service providers is essential. If these communities are themselves violent, poor, have high unemployment, provide few positive parenting role models, and do not promote relationships among neighbors, and if local service providers are unaware of how to identify and respond to signs of child abuse, exploitation, violence, and neglect, they will be unable to provide the social safety net that vulnerable families and separated children require.

IN WHAT CONTEXTS THIS COMPONENT MIGHT BE USEFUL

Building the capacity of caregivers and community members to protect children is particularly relevant in communities where children are exposed to a high degree of family and community violence, where children spend much of their time unsupervised, and where families may be complicit in exploitative activities. Building the capacity of local service providers is relevant in communities where service providers regularly come into contact with children.

A *priority action* for a PEPFAR OVC program manager might include building the capacity of caregivers, community members, and local service providers to prevent, recognize, and respond to abuse within families and communities through coordinated efforts, and establish a local referral network. Program managers should also seek to prevent abuse by providing targeted support to particularly vulnerable families in order to address mental health issues, substance abuse, and domestic violence; reduce stress; establish realistic expectations for the children's behavior and practice positive reinforcement; and build systems of support for vulnerable families.

A *priority outcome* might include better supported families and caregivers who are able to apply a range of positive parenting techniques and enhanced linkages among caregivers, community members, and local service providers who can confidently recognize abuse and refer abused children for appropriate services.

STRATEGIES TO BUILD THE CAPACITY TO PROTECT AMONG THOSE AROUND CHILDREN

National Level

- Support key ministries to ensure that service provision staff have appropriate training. For example:
 - Ministry of Education: Implement child protection training for school-based staff and ensure oversight of child protection systems and procedures that prevent sexual exploitation of girls and boys in the school environment.
 - Ministry of Health: Ensure health facility-based staff are trained in identification and treatment of neglect, violence, and abuse; ensure that care facilities are prepared and resourced (including the provision of rape kits and laboratories with testing capacity); and ensure rapid link with legal and police services.
 - Ministry of Justice: Ensure that judges, magistrates, and others involved in juvenile justice have received training in child protection laws and policies, and are able to support child-friendly legal systems. Support child protection training policies for officials involved in law enforcement (e.g., police officers and border officials).

District (Service Provider Implementation) Level

- Facilitate training on how to prevent, identify, and respond to child abuse, exploitation, neglect, and violence for all key staff working with children, especially social workers, teachers, health workers, magistrates, and police; ensure local capacity for oversight mechanisms.
- Support nongovernmental organizations (NGOs) involved in OVC responses to develop and implement child protection policies for their own staff.
- Work with local businesses and business associations to ensure that child labor is not occurring in the private sector and that local business and community leaders can identify and refer cases of possible child exploitation to child protection officials.

Community Level

- Support community-based child protection mechanisms, including those led by children, ensuring that these groups can identify vulnerable children and provide referrals when specialized protection support is needed. Provide support with transport grants, for example.
- Facilitate community-based interventions that reduce stress within the family that could increase the risk of child protection violations. For example, keep caregivers alive by supporting referrals for HIV diagnosis, treatment, and care for OVC caregivers; provide training in parenting skills for families, especially for adolescent and elderly caregivers; offer day care to provide relief for stressed households; and provide psychosocial support for caregivers, especially those facing multiple bereavements or trauma from HIV, conflict, or natural emergency.

- Support community-based organizations to create safe spaces for children (e.g., safe school bathroom facilities for girls) and to mobilize adult volunteers or community police to oversee public play spaces and school routes; place adult volunteers—or older children—in school playgrounds to provide stimulation or prevent bullying.

Addressing Gender-Based Violence in Zambia

A Safer Zambia (ASAZA) is a Catholic Relief Services (CRS) project that seeks to change social and cultural patterns that make gender-based violence (GBV) a common phenomenon in Zambia. ASAZA provides services to meet the physical, psychological, and legal needs of survivors of GBV. The Coordinator Response Center, managed by CRS' local partner in Livingstone, serves as a one-stop site where survivors can find medical help, report the crime to the police, obtain counseling and legal advice, link to survivor support groups, and—as necessary—gain access to shelters and safe houses.

CRS has trained 137 service providers, including teachers, police, and health care providers, on the forms, causes, and harm caused by GBV, the needs and roles of GBV service providers, and protocols for improved case management. More than 80 caregivers have been trained to identify children and women at risk and to provide basic counseling and referral services to GBV survivors. ASAZA also works with leaders and citizens—men, women, and youth—in the districts around Livingstone to develop new forms of gender relations and to support behavior change (Senefeld 2010).

Walking to School Safely in Argentina

In Buenos Aires, Argentina, storekeepers, neighbors, and school staff were enlisted as volunteers to pay attention to children as they walked back and forth to school. Children were asked to use specific streets where these adults were ready to watch out for them. If they had problems, children were free to come into any of the participating stores, which had placed visible signs in their windows, to ask for help or call their parents or the police. A total of 28,000 students attending 59 city schools used the eight “safe corridors” every day on their way to school (Moore and Cosco 2004).

MEASURING CAPACITY TO PROTECT AMONG THOSE AROUND CHILDREN

PEPFAR OVC program managers can use the following questions to measure progress toward key objectives in enhancing the protective capacity of individuals who are close to children. The actual indicators will depend on national existing M&E systems. The questions are as follows:

- Do all local responses to child protection complaints conform to national guidelines and standards, where these exist?
- Do district- and community-level programs have clear guidelines on responding effectively to child abuse, exploitation, neglect, and violence?
- Is training of local service providers translating into increased protection of children? For example, are police stations providing trained officers to respond to reported cases of child abuse and referring children for medical attention and social work support? Are cases of

corporal punishment by schoolteachers decreasing, and are school leaders actively ensuring that teachers do not use corporal punishment?

- Are responses to reported violations by service providers (such as teachers, health workers, and police) being routinely monitored for children of all ages?
- Has the program improved the skills, capacities, and attitudes of those who are close to children, including family members of children who are at risk and service providers? The improvement or progress should be quantified by developing an appropriate baseline and measuring changes against goals and indicators.
- Has the program supported existing or new capacities within families and communities to provide culturally appropriate protection and support to children?
- Are community-based child protection mechanisms able to identify and effectively refer children at risk of protection violations to local community or legal services?

KEY TOOLS AND RESOURCES ON THE CAPACITY TO PROTECT AMONG THOSE AROUND CHILDREN

A Common Responsibility: The Role of Community-based Child Protection Groups in Protecting Children from Sexual Abuse and Exploitation (International Save the Children Alliance 2008) identifies the types of child protection interventions that community-based child protection groups are well placed to implement. It is available at <http://v2.ovcsupport.net/s/library.php?ld=859&low=1>.

The Promise of a Future: Strengthening Family and Community Care for Orphans and Vulnerable Children in Sub-Saharan Africa (Olson et al. 2005) is a simple call for family- and community-based care. It speaks to the faith community and to faith-based funders, and is useful as a simple advocacy tool. The document provides useful case studies from faith-based responses and is available from the Firelight Foundation at www.firelightfoundation.org/publication-01.php.

Say and Play: A Tool for Young Children and Those Who Care for Them (Brakarsh 2010) is a tool to help teachers, early childhood development workers, and others talk to children under the age of six about sexual abuse. The tool seeks to improve identification of child sexual abuse cases and to help young children become more vocal in classrooms and at home about maltreatment. It has increased dialogue between children and adults and has also increased awareness of children and adults about how to protect children and identify the most useful interventions for their communities. *Say and Play* is available from Amy Tiwari of Project Concern International Zambia at amy@pcizambia.org.zm or info@pcizambia.org.zm.

The Way We Care: A Guide for Managers of Programs Serving Vulnerable Children and Youth (Steinitz 2009) is a manual for managers of programs serving vulnerable children and youth affected by disease, extreme poverty, and trauma. The manual promotes a child-focused, family-centered approach. It emphasizes the newest literature; endorses the integration of prevention, care, and treatment; and addresses risk factors for HIV and other diseases. It addresses key elements of child development, resilience building, program design, and implementation, focusing on supervision, M&E, and sustainability. The document is formatted into several stand-alone sections, each of which has references to additional resource materials. It is available at www.fhi.org/NR/rdonlyres/eefewp35mean5cr3rdzumzx4s7vktbsjvol2yoc4gwnaqbqez57i7yuwwi3e36ckxqpc3fphevzbmc/TheWayWeCarepubfnl011110.pdf.

What Are We Learning about Child Protection in the Community? (Wessels 2009) is an interagency review of the available global evidence on community-based child protection mechanisms, examining their effectiveness, cost, scalability, sustainability, and impact on children's protection and well-being. It provides valuable lessons learned about programming. The review is part of an initiative that, in a second phase, will pilot some of the recommendations made in the report. It is available at www.crin.org/docs/What%20We%20Are%20Learning%20About%20Protecting%20Children%20in%20the%20Community_Full%20Report.pdf or executive summary at [www.savethechildren.org.uk/en/docs/What_Are_We_Learning_low_res_\(2\).pdf](http://www.savethechildren.org.uk/en/docs/What_Are_We_Learning_low_res_(2).pdf).

SERVICES FOR RECOVERY AND REINTEGRATION

WHY THIS COMPONENT IS IMPORTANT

Children who have suffered abuse, exploitation, or violence may suffer from acute and chronic health problems. Some may be HIV-positive or be addicted to drugs, and without specialized health services may develop chronic health problems or even death. They may also have missed years of schooling and as a result, it may not be possible for them to return directly to school. It may be more appropriate for them to enroll in accelerated learning programs or skills training. Without these specialized services, they may be unable to develop the skills necessary to become contributing members of society. Abused children may require more specialized psychosocial or mental health services, such as to treat severe trauma, drug addiction, or mental illness. Without this support, they may develop antisocial or violent tendencies and perpetrate the cycle of abuse. In addition, abused children may require special legal support to resolve legal cases against them and/or pursue legal cases against perpetrators of child abuse (including those who engage children in hazardous child labor and commercial sex). Without these services, they may be vulnerable to further abuse at the hands of their perpetrator.

IN WHAT CONTEXTS THIS COMPONENT MIGHT BE USEFUL

Supporting services for recovery and reintegration are essential in communities where these services do not already exist or are inadequate, under-resourced, or underperforming. While it may be necessary to develop immediate stand-alone services in some emergency situations, it is essential that even these services be planned within and strengthen the national service systems from the very start.

A priority action for a PEPFAR OVC program manager might include coordinating with health colleagues and colleagues engaged in gender-based violence programming to strengthen post-rape care and trauma counseling for children, coordinating with education colleagues to provide specialized education services, and coordinating with democracy and governance colleagues to pursue child abuse cases.

A priority outcome might include emergency health services that are more sensitive to the needs of abused children; a broader range of education options, including flexible options for children with special needs; and legal cases against child abuse perpetrators that indicate successful legal strategies and gaps in the legal system.

STRATEGIES FOR RECOVERY AND REINTEGRATION

National Level

- Establish standards of care for services for recovery and reintegration that are sensitive to the needs of abused children.
- Support the development of a juvenile justice system that responds effectively to children as victims, witnesses, and offenders.
- Support adoption of national guidelines on family- and community-based care, including non-institutional care venues, for OVC that conform to international standards and to the U.N.'s *Guidelines for the Alternative Care of Children* (see subsequent “Key Tools and Resources”) by advocating with others for their development or providing technical support for a national alternative care assessment.

District (Service Provider Implementation) Level

- Support initiatives to ensure access to legal and health support for children who are victims of abuse, violence, or discrimination; to act on violations of rights; and to develop child help lines. Facilitate measures to promote easy referrals between legal assistance, health support (including HIV services), and other specialized services such as safe housing.
- Ensure that PEPFAR partners in health and education provide referrals for support and add child protection to their existing areas of service delivery. This may require developing specialized facilities for children who are on the move or in juvenile detention centers, for example.
- Support reintegration, family tracing, and reunification services. For example, organize drop-in centers where children can receive shelter, food, and psychosocial support and stimulation.
- Promote restorative justice programs where perpetrators of abuse against children also receive interventions to interrupt the cycle of abuse.
- Support development of guidelines for health workers on dealing with physical and sexual abuse for boys and girls (including post-exposure prophylaxis), and on ensuring referral to other protection services that are child-friendly, including police, legal, and social work specialists.
- Support alternative care services (e.g., kinship care, foster care, and residential care), as well as effective monitoring and oversight for those services.
- Promote linkages with housing and shelter programs to reduce children’s exposure to physical and sexual violence.
- Support human resource capacity building (e.g., training, funding of increased staffing, and task shifting) to ensure adequate levels of staff capable of identifying children and families needing specialized protection support, and providing ongoing assessments of children’s needs.
- Support training to help service providers identify children at risk of abandonment, including at or soon after birth. Include parenting support in antenatal care and other services to identify pregnant women and their partners who may need additional support.

Community Level

- Support measures to facilitate effective referrals for specialized protection services (e.g., drug and alcohol abuse programs, community-based rehabilitation, and disability services).
- Provide training to community-based child protection networks so that they can help communities identify and prevent children from situations such as child trafficking, exploitative labor, or drug use.
- Train and support psychosocial assistance initiatives at the community level; this includes training community child protection groups and other community initiatives on age-appropriate psychosocial support counseling.
- Initiate and advocate for locally available budgets to facilitate protection referrals from the community. For example, provide for transport costs to the local social worker or police station.
- Promote linkages with housing and shelter programs to reduce children’s exposure to physical and sexual violence.

Protection from Sexual Abuse in Zimbabwe and Swaziland

The Family Support Trust in Zimbabwe runs a restorative justice program where children who have experienced sexual abuse receive counseling and support, including referral for health care and legal support. A core part of the program is restorative justice, where the NGO works with both the perpetrator and the child—with the child’s consent, and guided by the child’s wishes—to explore a shared agreement on an appropriate justice response. In Swaziland, more than three-quarters of police stations now have “safety corners” where children can talk to a trained police officer from the Domestic Violence and Child Protection Unit. When cases go to court, child-friendly facilities allow children to provide evidence on video, rather than directly confronting their assailants.

Promoting Legal Clinics in Côte d’Ivoire

In Côte d’Ivoire, networks of people and resources, called Legal Units, work at the community and district levels to provide children and families with access to legal representation, advocacy, and protection services. Legal Units typically include teams of local government representatives (e.g., the mayor, teachers, social workers, women’s group representatives, or police), court representatives (e.g., lawyers, judges, or legal advocates), traditional leaders, and a child representative. The Legal Units promote prevention and awareness of child protection violations and also respond to victims’ needs by providing services and building local government capacity. The teams consult with local community groups to determine the risks that children face, help identify local solutions, and clarify and apply Côte d’Ivoire’s laws on children’s rights.

MEASURING PROVISION OF RECOVERY AND REINTEGRATION SERVICES

PEPFAR OVC program managers can ask the following questions to measure progress toward key objectives for recovery and reintegration services. The actual indicators will depend on existing national M&E systems. The questions are as follows:

- Has there been an increase in coverage and use of essential protection services for children, especially those who are most vulnerable?

- Do government services identify and refer at-risk children (e.g., from schools or health facilities) to specialized protection services? Are these referrals timely, and are the responses improving over time?
- Have community groups developed preventive strategies and support mechanisms for children who are at risk of being separated from their families?
- Are national standards and guidelines for essential protection services available and disseminated?
- Have budgets and the number of facilities or services for recovery and reintegration increased over time?
- Are children who have been victims of child protection violations reporting that they are satisfied with the services provided to them?

KEY TOOLS AND RESOURCES ON SERVICES TO PROMOTE RECOVERY AND REINTEGRATION

Child Helpline International is the global member network for child helplines working to protect the rights of children. Its website provides a list of national members, including many in heavily HIV-affected countries. It also has resources for establishing and running such helplines. It is available at www.childhelplineinternational.org.

Child Protection Legal Standards (Better Care Network n.d.) is a table of links to online postings of legal standards documents, including documents in French and Spanish. The links cover juvenile justice, children without primary caregivers, child trafficking and sexual exploitation, child protection and armed conflict, child labor, birth registration, children with disabilities, child protection and gender, and harmful traditional practices, such as early marriage, female genital mutilation, cutting, violence, and discrimination. It is available at www.bettercarenetwork.org/BCN/details.asp?id=12292&themeID=1001&topicID=1007.

Combating Trafficking in Children for Labour Exploitation: A Resource Kit for Policy Makers and Practitioners (International Labour Organization 2008) is aimed at governments, workers and employer groups, and NGOs and international agencies working for children. It can be used as part of a training or as a stand-alone resource for skills-building in efforts to end child trafficking. The kit includes an accompanying guide for facilitators and suggestions on customizing the training. It is available at www.ilo.org/ippecinfo/product/viewProduct.do?productId=9130.

Guidelines for the Alternative Care of Children: A United Nations Framework (SOS Children's Villages International and International Social Services 2009) provides guidance on alternative care for children, with a firm focus on turning to institutional care as a last resort and providing practical guidance on implementing national policy. The explanation of the global principles contains useful questions for reflection for all protection programs helping children living without, or at risk of losing, family care. The document is available from SOS Children's Villages International and International Social Services at www.sos-childrensvillages.org/Focus-areas/Children-and-family/Family-based-child-care/Documents/SOSpublication-Guidelines-AlternativeCare.pdf. Many additional resources on kinship care and community-based care alternatives are listed in this resource.

Have Fun, Be Safe! (UNICEF 2008) provides guidelines for those who are close to children, including parents, to help children cope with the stresses of war and other forms of systematic violence. It

provides guidelines on handling “problem behaviors” with which children of various ages respond to stress and gives practical advice on dealing with these behaviors. Developed in Lebanon, this resource could be helpful for working with traumatized children anywhere. Please see www.unicef.org/publications/index_46790.html.

Inter-agency Guiding Principles on Unaccompanied and Separated Children (International Committee of the Red Cross 2004) provides core guidance for separated children and is useful for providing mobile OVC with prevention and support. See www.unicef.org/violencestudy/pdf/IAG_UASCs.pdf.

The Keeping Children Safe, Building Safer Organisations Project is based at the Humanitarian Accountability Project. The project provides training for investigations into complaints of staff misconduct, with a focus on allegations of sexual exploitation and abuse of affected populations, particularly in humanitarian contexts. See www.hapinternational.org.

Police Training on Child Rights and Child Protection: Lessons Learned and Manual (Consortium for Street Children 2005) provides simple training on core child protection needs. The manual is simple to use but needs to be adapted to local contexts. See [www.streetchildren.org.uk/uploads/downloads/Police Training Lessons Learned and Manual.pdf](http://www.streetchildren.org.uk/uploads/downloads/Police_Training_Lessons_Learned_and_Manual.pdf).

Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence (World Health Organization [WHO] and International Society for Prevention of Child Abuse and Neglect 2006) is a practical guide aimed at national and subnational policymakers and implementers who are in touch with children who have experienced, or are at direct risk of experiencing, violence and abuse. It is available from WHO and the International Society for Prevention of Child Abuse and Neglect at http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf.

Psychosocial Care and Support for Young Children and Infants in the Time of HIV and AIDS (A Resource for Programming) (Regional Psychosocial Support Initiative [REPSSI] 2007b) is a resource for staff in organizations that work with babies and young children, or their parents or caregivers. It has issue-based chapters that present program guidance at the household and community levels, and covers a range of such psychosocial support issues as loss and bereavement, abuse, resilience, communication, play, and counseling. The manual frames each component of psychosocial support within the wider framework of child development. The document is available from REPSSI at www.crin.org/docs/PSS_Young_Child_and_Infant_HIV.pdf.

REPSSI has a number of training manuals and guides on mainstreaming psychosocial support interventions for children affected by HIV, conflict, and poverty, as well as for caregivers and community members. *Making a Hero (Active Citizen) Book* and the accompanying *Facilitator's Manual* (REPSSI 2007a) is a guide where children and adults write their own histories in a way that helps them to set goals and gives them power over specific challenges in their lives. This is useful for children and young people aged 10 to 20 years, but it is not recommended for children who are in an acute stage of stress and trauma. It has been used for children affected by HIV and children in conflict settings (e.g., northern Uganda). *The Tree of Life* (REPSSI n.d.) is a psychosocial tool that helps facilitate conversations with children about loss and bereavement. See www.repssi.org.

Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response (U.N. High Commissioner for Refugees 2003) is a resource on how to design strategies and implement activities to prevent and respond to sexual and gender-based violence. The guidelines also contain information on basic health, legal, security, and human rights issues relevant

to those strategies and activities. It is available at www.unicef.org/violencestudy/pdf/UNHCR%20-%20SGBV.pdf.

Violence Against Children – Looking Beyond Experience: Introduction to the Participatory Assessment Tool (UNICEF 2010b) is the draft version of a simple, easy-to-use toolkit that can be used to research and document violence against children in protective environments. The tool helps identify the type and scale of violence, as well as self-protection and intervention strategies used by children. Primarily designed for use in institutions that provide rescue or support services, it could also be used in other settings, such as schools. It can be used by minimally skilled field staff. It is available at www.unicef.org/violencestudy/pdf/Introduction%20UNICEF%20Participatory%20Assessment%20Tool-04.07.pdf.

A useful website is the resources section of the Violence Against Children Initiative, which conducted the 2006 Global Violence Against Children survey. It is available at www.unicef.org/violencestudy/relatedlinks.html.

ATTITUDES, TRADITIONS, CUSTOMS, BEHAVIORS, AND PRACTICES THAT PROTECT CHILDREN

WHY THIS COMPONENT IS IMPORTANT

Child abuse, exploitation, violence, and neglect are less likely in environments where custom and tradition forbids such mistreatment and where children's rights are broadly respected. However, in communities that are rapidly changing (e.g., urban communities or communities affected by poverty, conflict, or HIV), traditional protections may be compromised. Similarly, abuse is more likely in communities where traditions and customs condone adults having sex with minors or violence against children. Such cultural norms as female genital mutilation, initiation rites, and exclusion of women and children from land ownership disempower women and children (Save the Children UK 2006). Gender norms may also promote discrimination and violence against women and girls. Traditional ideas often endorse discrimination against those who are seen as different, including gay males and men or boys who challenge gender norms by rejecting gender-based violence or accepting a role in caregiving activities; these populations may also experience stigma or violence.

IN WHAT CONTEXTS THIS COMPONENT MIGHT BE USEFUL

Efforts to address harmful cultural norms are most effective in communities that respect traditional and religious leaders and where leaders are ready to challenge the status quo.

A priority action for a PEPFAR OVC program manager might include supporting partners to engage in dialogue with local traditional, religious, and community leaders about child protection concerns; encourage leaders to speak against child abuse publicly; and hold child abusers accountable for their actions.

A priority outcome might include public endorsement of child protection principles by traditional and religious leaders.

STRATEGIES TO PROMOTE PROTECTIVE ATTITUDES, TRADITIONS, CUSTOMS, BEHAVIORS, AND PRACTICES THAT PROTECT CHILDREN

National Level

- Link national engagement on legislation and policy to discussions around traditional customs, behaviors, and practices by supporting the participation of community leaders in national child protection policy forums.
- Encourage traditional and religious leaders to publicly endorse core child protection principles.

District (Service Provider Implementation) Level

- Provide child protection training to all USG partners, and ensure that these partners are able to identify customs that support children's rights as well as those that hinder children's rights.

Community Level

- Support efforts by faith-based groups working with OVC to discuss issues of stigma and other religious taboos openly. Support faith-based groups as they advocate for child protection responses within their faith communities.
- Ensure that PEPFAR-supported community interventions introduce controversial issues in sensitive ways that do not offend communities by imposing outside notions. Respected local advocates (including adult and youth leaders and religious and traditional leaders) can be effective and supportive of child protection.
- Ensure that community-based interventions work with both traditional and modern legal practitioners to identify solutions that protect children's rights without disrespecting local customs. Consider, for example, the long-term benefits of girls' education rather than simply banning child marriage.

Changing Community Attitudes that Increase Risk of Abuse of Girls in Zimbabwe

Sesithule Vamanani Caring Association is a community-based organization based in southern Zimbabwe. It was established by women who initially started a home-based care group but realized that many of the problems they observed stemmed from important traditions, practices, and beliefs that had the effect of increasing women's vulnerability to HIV infection. The organization setup the Shangaan-Hlengwe Culture program to challenge these practices. One key strategy was to put the community's top traditional leaders, the chief and headmen, at the forefront of the initiative. These leaders received training about the devastating effects of HIV on their community and were then encouraged to examine and discuss the root (cultural) causes of the problem. This strategy put leaders in a challenging position because it posed a potential for tension between their roles as custodians of tradition and their responsibility to take care of their communities.

However, the chiefs realized that opposing cultural change meant supporting behavior that encourages the spread of HIV, and they became actively involved in the program, addressing many child protection issues that put girls and boys at risk of HIV infection. One example is the girls' initiation ceremonies, which traditionally last up to four months, interrupting girls' education and often leading to early marriage. The program advocated for shortening the duration of the ceremony and increasing the age at initiation. Now the initiation ceremony for in-school youths has been

reduced from almost four months to three weeks during the August school holiday; many families delay their daughters' enrollment until they are more mature, thus avoiding early marriages and a high dropout rate from school (Southern Africa HIV and AIDS Information Dissemination Service 2009a).

MEASURING ATTITUDES, TRADITIONS, CUSTOMS, BEHAVIORS, AND PRACTICES THAT PROTECT CHILDREN

The following questions can be used by PEPFAR OVC program managers to measure changes in cultural norms and customs. The actual indicators will depend on existing national M&E systems. The questions are as follows:

- What percentage of traditional and religious leaders know about the rights of children? How many have publicly endorsed child protection legislation?
- Have there been changes in community attitudes about child protection concerns, measured by the number of community- or district-level actions to address risks, or by the number of reported changes in practices (e.g., a change in the number of groups challenging trafficking, or in the number of community actions to prevent forced marriage)?
- Has there been a reduction in harmful practices, such as forced early marriage?

KEY TOOLS AND RESOURCES ON ATTITUDES, TRADITIONS, CUSTOMS, BEHAVIORS, AND PRACTICES THAT PROTECT CHILDREN

Children to the Fore! An Easy-to-use Training Handbook that Promotes Child Rights and Cultural Issues in the Face of HIV in Southern Africa (Southern Africa HIV and AIDS Information Dissemination Service 2009b) is a four-day training resource that was developed in consultation with Zimbabwean children. It facilitates dialogue on positive as well as potentially harmful cultural practices and contains useful examples for community dialogue on child protection. It is available at www.saf aids.net/files/ChildrenToTheFore_SAfAIDS_2009.pdf.

OPEN DISCUSSION AND ENGAGEMENT WITH CHILD PROTECTION ISSUES

WHY THIS COMPONENT IS IMPORTANT

By nature, abuse, exploitation, neglect, and violence are largely hidden actions, perpetrated within households by family members, and often widely considered acceptable practice. It is often extremely difficult for children to disclose abuse and for other adults to intervene in private family matters. However, by maintaining this silence, children may internalize abuse, believing that they are undeserving of respect and protection. The absence of dialogue may allow abuse to continue for years unmitigated and reinforce the belief that abuse or exploitative behavior is acceptable.

IN WHAT CONTEXTS THIS COMPONENT MIGHT BE USEFUL

Promoting open discussion is especially important in places where abuse, exploitation, neglect, and violence are not acknowledged, children are not encouraged to speak up about their own treatment, and media coverage reinforces negative attitudes about child protection and children's rights.

A *priority action* for a PEPFAR OVC program manager might include working with partners to develop media strategies intended to deliver child protection messages to different audiences in appropriate ways as well as encourage dialogue and understanding among different perspectives.

A *priority outcome* might include greater and more appropriate coverage of child protection issues in the local and national media, and local events to raise awareness targeting specific child protection concerns.

STRATEGIES TO SUPPORT OPEN DISCUSSION AND ENGAGEMENT

National Level

- Support the development of national guidelines on media coverage of child protection issues.
- Support efforts to monitor media coverage in civil society, where media monitoring efforts exist, through funding assistance or by bringing media partners into national child protection debates.
- Support national-level leadership on child protection by encouraging parliamentarians to speak out about the issue.
- Support media training on child protection concerns and encourage the media to develop stories, films, documentaries, and other products featuring child protection concerns.

District (Service Provider Implementation) Level

- Support advocacy training for service providers and encourage them to collect stories, develop public speaking skills, and engage the media in child protection concerns.

Community Level

- Facilitate dialogue between adults and children on sensitive issues related to abuse, violence, or stigma in community settings, ensuring that both boys and girls are supported in identifying the issues. Have adults mediate the dialogue to avoid discrimination or retaliation against child advocates.
- Sponsor local debates or discussions focusing on specific child protection concerns within schools, churches, public events, markets, local television, and radio.

Youth Speak Out on the Radio in Liberia and Sierra Leone

Search for Common Ground is an international NGO that works with local partners to find culturally appropriate means to strengthen the capacity of communities and society to constructively deal with conflicts. One of the NGO's strategies is to encourage children and youth to use the radio for expression. In Liberia, the Sisi Aminta radio program helps children broadcast information on sexuality, gender dynamics, health, and early marriage. In one case, a guest on the radio station read a letter from a listener in a similar situation to that of her own: she was being forced by her mother

to sleep with men in order to support her family. The girl had been complying because she did not want to see her siblings go hungry, even though she knew that what she was doing was harmful. Once the program aired, the guest listened with her mother, who, finally understanding how her daughter was being harmed, halted the arrangement.

Children also play key leadership roles in the production of the Golden Kids News program in Sierra Leone. They serve as producers, reporters, and actors; they identify issues of concern to children and advocate for the rights of children. The show airs three times a week for 15 minutes on 18 stations, reaching a large number of children throughout the country (Search for Common Ground 2010).

MEASURING THE FACILITATION OF OPEN DISCUSSION AND ENGAGEMENT

PEPFAR OVC program managers can use the following questions to measure progress toward key objectives of promoting open discussion and engagement. The actual indicators will depend on existing national M&E systems. The questions are as follows:

- Has there been an increase in supportive media coverage (e.g., the effective use of media to highlight such protection violations as child trafficking)?
- Does the media coverage reflect the nature of child protection violations in the country, rather than focusing on sensationalized stories? Is the coverage gender-sensitive?
- Do many types of communities participate in the dialogue, or is the discussion exclusively in urban areas?

KEY TOOLS AND RESOURCES ON OPEN DISCUSSION AND ENGAGEMENT

Champions for Children Handbook: How to Build a Caring School Community (Rudolph et al. 2008) is a web-based handbook for mobilizing schools and their surrounding communities to make schools a caring and supportive place for children. It includes information on planning, implementing, monitoring, and coordinating. The handbook was written for the South African context, but can be used elsewhere. It is available at

www.ci.org.za/oldsite/site/includes/content/hivprogrammes/projects/caring_schools/caringschools.htm.

SCREAM: Supporting Children's Rights through Education, the Arts and the Media is a program offered by the International Labor Organization that offers a unique opportunity to engage a wide range of community actors and organizations in the promotion of social justice and universally recognized human and labor rights. The education pack, which forms the basis of the SCREAM program, is made up of 14 educational modules and a user's guide. The SCREAM modules allow young people to convey their messages through the arts—drama, creative writing, music, and the visual arts—while staying true to local culture and traditions. In addition to raising their own awareness and that of their peers, young people gain skills and confidence to address their message to their families, friends, neighbors, teachers, local communities, and authorities and become partners for social change. The education pack is available at www.ilo.org/ipec/Campaignandadvocacy/Scream/lang-en/index.htm.

CHILDREN'S LIFE SKILLS, KNOWLEDGE, AND PARTICIPATION

WHY THIS COMPONENT IS IMPORTANT

Children rarely possess the skills, knowledge, or confidence to advocate for themselves in the adult world, especially when they have been mistreated. As a result, they are easy targets for predators. Other qualities such as age, ability, and gender can further expose children to certain types of abuse. Infants and young children, due to their small physical size, early developmental status, and need for constant care, can be particularly vulnerable to child maltreatment. Teenagers, on the other hand, are at greater risk for sexual abuse due to rapid and often unexpected changes within their bodies. In general, children who are perceived by their parents as “different” or who have special needs—including children with disabilities, as well as children with chronic illnesses, such as HIV, or children with difficult temperaments—may be at greater risk of maltreatment. There is some evidence to indicate that girls may be more vulnerable to sexual abuse and child labor inside the home than boys. Boys may be more vulnerable to physical abuse and child labor outside of the home than girls. Gay, lesbian, and transgender children are also more vulnerable to abuse due to being perceived as “different.”

IN WHAT CONTEXTS THIS COMPONENT MIGHT BE USEFUL

Support for increasing children's life skills, knowledge, and participation is essential in contexts where children do not know their rights, are unaware of available support and services, or are not empowered to protect their own rights. These activities are particularly crucial among very young children and must be adapted to address the specific needs of children at different development stages, with different abilities, and children of different genders, and with different gender identities and orientation. Efforts to enhance the participation of children in project activities must be carefully planned to avoid placing individual children at risk.

A priority action for a PEPFAR OVC program manager might include identifying opportunities for including the meaningful participation of children in project activities as well as relevant national and local initiatives.

A priority outcome might include children occupying positions of leadership within project activities as well as national and local initiatives.

STRATEGIES FOR ENHANCING LIFE SKILLS, KNOWLEDGE, AND PARTICIPATION

National Level

- Advocate for children's participation in the development and implementation of national standards and guidelines, as well as in legal reform and policy development processes. Support children's involvement in any child protection system mapping that is being planned.
- Provide technical or financial support to national coordinating bodies and networks of youth and children's groups.
- Help children speak directly with national leaders about child protection concerns by facilitating forums at which PEPFAR participates. PEPFAR OVC program managers must be careful to observe ethical guidelines in forums where children speak out; the best facilitator for this effort

would be a partner, possibly a UNICEF affiliate, who has a proven track record in child consultation and participation.

District (Service Provider Implementation) Level

- Engage children in program design, implementation, and evaluation (see Wessels [2009] for examples of how this can be done).
- Train service providers in age-appropriate ways of talking to children, especially younger children. Play therapy, for example, is a useful tool for community-based early childhood education centers, helping children as young as two years old to express their concerns.
- Work with school-based and out-of-school service providers to ensure that existing life skills and HIV programs for children address key protection issues, such as sexual and gender-based violence, family violence, bullying, and exploitative labor.
- Encourage implementing partners to work with children to form their own groups and provide grants to enable these groups to implement their own protection activities.

Community Level

- Review life skills and HIV programs funded by PEPFAR to make sure that they address key protection issues, such as sexual and gender-based violence, family violence, bullying, and exploitative labor, as well as new or emerging issues or solutions.
- Encourage partners working with community groups to include marginalized children at particular risk of abuse or exploitation (e.g., girls with heavy domestic responsibilities) in ongoing programs. A way to do this is to ask children in the community whether there are others who are excluded; another way is going to marketplaces or other areas where children may congregate.
- Promote the development of accessible, confidential, and child-friendly reporting and compliance mechanisms, such as helplines in communities and local complaint forums in refugee camps.
- Support community initiatives in which older children “mentor” younger ones.

Child Participation in OVC Programming

Listening to Children in Zimbabwe and Namibia

FHI in Southern Africa asked children to share their ideas for national minimum standards for OVC care and found large differences between children’s views and those of adults. In Namibia, adults ranked child protection as fifth out of seven services, while children placed it second, reporting that they are afraid of assault and abuse in their own homes, schools, and neighborhoods. In both Zimbabwe and Namibia, children talked about the problems faced by children with disabilities, which adults had not raised substantially in parallel consultations (Steinitz 2008).

Child Members of OVC Committees in Mozambique

In Mozambique, OVC committees supported by Save the Children decided to institute equal representation of children, women, and men. The committee members initially agreed to share responsibilities, such as mobilizing the community, identifying and registering OVC, planning and reviewing work, registering births, holding committee meetings, and representing communities on

issues that affect them. However, the execution of the plan revealed that although children were present, they were not confident enough to contribute, and their ideas were not seriously considered. Also, the activities of the committees had little effect on the rest of the children in the community. To increase children's participation, the committees were each split into two separate subcommittees, one for adults and youth and one for children under the age of 18, which allowed them to discuss ideas and make decisions with their peers. They then participated on an equal basis in a third "executive" committee, which included equal representation of children, and youth and adults.

Under this model, children select their own committee members and have a say in the appointment of other subcommittees. For example, if a child feels that an adult candidate has treated children inappropriately in the past, the child can express objections to the nomination. In one case, the chair of the management committee is a 16-year-old boy. Out of a total of 95 committee members in 8 OVC committees, more than half are children (Save the Children UK 2007).

MEASURING LIFE SKILLS, KNOWLEDGE, AND PARTICIPATION

The following questions can help PEPFAR OVC program managers to measure improvement in children's life skills, knowledge, and participation. The actual indicators will depend on existing national M&E systems. The questions are as follows:

- Do programs have institutionalized, age-appropriate means of gathering views from OVC of various ages? Are the needs of all children (including those with learning impairments, those in conflict with the law, and other marginalized children) considered?
- Have programs changed as a result of children's input? In what way?
- Are service providers and communities accepting and increasingly encouraging children's involvement and leadership in a range of community activities? Are young people represented in leadership positions within governing bodies? How many children's or youth groups have been established within the community or country, and what support do these groups receive?
- Do children know where to report child protection concerns?

KEY TOOLS AND RESOURCES ON CHILDREN'S LIFE SKILLS, KNOWLEDGE, AND PARTICIPATION

The African Child Speaks: "Finding our Rights in the Time of HIV"—The Story of Rudo and Themba: Comic Book (Southern Africa HIV and AIDS Information Dissemination Service and Bernard van Leer Foundation 2009) is a simple storybook written by and for children aged 8 to 18 years that covers some of the key physical and emotional challenges faced by OVC. This approach can be adapted and used with children to discuss a range of protection challenges. It is available at www.safaids.net/files/ChildRightsHIVComicBook.pdf.

Can You Hear Me? The Right of Young Children to Participate in Decisions Affecting Them (Lansdown 2005) is a useful background document about including children under five years old in decision making. It provides examples of how this can be done and of the impact that this can have on such young children, who are usually excluded from participation. The document is available from the Bernard

Van Leer Foundation at [www.bernardvanleer.org/Can you hear me The right of young children to participate in decisions affecting them](http://www.bernardvanleer.org/Can_you_hear_me_The_right_of_young_children_to_participate_in_decisions_affecting_them).

Conducting a Participatory Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS: Guidelines and Tools (FHI 2005) can assist in both quantitative and qualitative data collection with children, based on FHI's experience in children's participation, and includes a number of useful tools, such as consent forms for children. It is available at www.fhi.org/en/HIVAIDS/pub/guide/ovcguide.htm.

Minimum Standards for Consulting with Children (Inter-Agency Working Group on Children's Participation 2007) is a set of guidelines for achieving the minimum standards for child participation in events and meetings. It is accompanied by an operations manual that assists in implementing the guidelines by providing practical advice (e.g., action plans for child participation at meetings). The document is available from the Inter-Agency Working Group on Children's Participation at <http://plan-international.org/about-plan/resources/publications/participation/minimum-standards-for-consulting-with-children>.

Mobilising Children & Youth into their Own Child- & Youth-led Organisations (Madoerin 2008) is a manual based on the experience of two groups established and run by orphans in Tanzania. It gives guidance on offering children greater autonomy in OVC programming and focuses on psychosocial support and protection-related issues. The document is available at www.crin.org/docs/mobilising%20children%20and%20youth%20into%20their%20own%20child%20and%20youth.pdf.

Playful and Safe (Save the Children) is a short booklet written by and for children explaining what child abuse, violence, and exploitation mean. It could be used to stimulate discussion with and by children about what is needed for a locally appropriate child protection policy. It is available at www.crin.org/docs/playful_and_safe_pamphlet.pdf.

So You Want to Consult with Children: A Toolkit of Good Practice (International Save the Children Alliance 2003) offers practical guidance on how to carry out safe and effective consultation with groups of children and young people. It is available at www.savethechildren.net/alliance/resources/childconsult_toolkit_final.pdf.

The Spider Tool: A Self Assessment and Planning Tool for Child-led Initiatives (Save the Children 2005) describes child-led initiatives and programs with starting points for planning changes and improvement. It includes a facilitators' guide and enables organizations to assess what they are trying to achieve, what they feel they are good at, and areas they feel should be improved. It is available from Save the Children at <http://v2.ovcsupport.net/s/library.php?ld=678>.

MONITORING AND REPORTING

WHY THIS COMPONENT IS IMPORTANT

In the absence of an effective monitoring system that records the incidence and nature of child protection abuses, it is difficult to develop informed and strategic responses to child abuse trends and track progress toward objectives. Protection violations are difficult to monitor because they frequently involve hard-to-reach groups of children or clandestine violations. It is therefore challenging to collect accurate data without exposing affected children to greater harm. Furthermore, some of the desired results of protection programs (e.g., improved sense of safety and resilience) are

difficult to quantify (UNICEF/Save the Children 2008). Monitoring, reporting, and oversight systems are more effective when they are participatory and locally based.

IN WHAT CONTEXTS THIS COMPONENT MIGHT BE USEFUL

Investments in improving monitoring and reporting mechanisms are especially appropriate in contexts where there is little concrete information or evidence to support theories about child abuse, exploitation, neglect, or violence; the issue of child maltreatment is poorly understood and the impact of specific interventions has not been verified; and existing data do not consider the gender and age of affected populations, or the long-term outcomes of interventions on these subgroups.

Monitoring and reporting systems are essential at both the national and local levels. Gathering information from children needs to be conducted sensitively, however. The subsequent “Key Tools and Resources” section includes guidelines for the ethical treatment of children who take part in research and M&E.

A *priority action* for a PEPFAR OVC program manager might include ensuring that PEPFAR data collection is aligned with and feeds into national child protection monitoring systems where these exist. Where they do not exist, PEPFAR can provide technical support for developing such systems, within the context of national child protection system development.

A *priority outcome* might include a functioning system that feeds local data into a national child protection M&E framework.

STRATEGIES FOR ENHANCING MONITORING AND REPORTING

National Level

- Support systems for tracking national child protection policies, with attention to the effectiveness of the lead agency, the coordinating body, and the costed operational plans. This is a critical element of national child protection system mapping and subsequent development of an action plan. The *Child Protection Systems Mapping and Assessment Toolkit* (UNICEF 2010a; see subsequent “Key Tools and Resources”) identifies key areas for tracking and provides suggestions of key benchmarks.
- Support government efforts to gather routine surveillance data on child protection, disaggregated by age and gender and across various sectors, to inform national planning and budgeting. First steps would be to support a review of existing “vulnerable child” data collection systems across the HIV, education, health, and social welfare sectors. Support can include technical assistance to help a national child protection coordinating body harmonize data.
- Where possible, advocate for inclusion of data on the coverage of child protection services within existing databases such as the Multiple Indicator Cluster Survey and Demographic and Health Survey. The UNICEF-coordinated Multiple Indicator Cluster Survey collects core protection data, including data on female genital mutilation, child marriage, domestic violence, child abuse, and child labor. The Demographic and Health Survey also includes some core protection indicators.
- Ensure that data from existing sources, such as Demographic and Health Survey, also includes children who do not live in households, for example in residential care homes, education hostels, or juvenile detention centers.

- Support ethical, scientifically rigorous evaluations of the outcomes and impacts of child protection programs (see Wessels [2009] for examples).

District (Service Provider Implementation) Level

- Support district-level monitoring of referrals from community-based child protection committees, disaggregated by age, gender, disability, and other key vulnerability factors.
- Encourage implementing partners to develop simple plans to help community-based child protection groups monitor local child protection concerns. Include core protection indicators that can feed into district- and national-level databases. Promote sharing of data tools between partners and, if appropriate, support one harmonized tool.

Community Level

- Support community groups to monitor and track vulnerable children over time in line with national child protection guidelines. This includes promoting local service mapping, which should be repeated every few years to identify changes in access to formal and informal services.
- Ensure that core indicators measure service quality; indicators should include not only the effectiveness of referral to sexual abuse clinics, but also quality of care provided.
- Support innovative programs that promote child and community involvement in monitoring child protection services by community groups or service providers, through use of community-developed score cards, community conversations, or simple evaluation methods.
- When using a generic measurement tool adapted from another program, refine the protection section in consultation with children and local communities to ensure that it highlights the core protection risks that local children face.
- If appropriate, encourage implementing partners to solicit and track direct feedback from children and families through regular monitoring of work with affected children and households.

Community Watch Committees in Indonesia

In East Java, Indonesia, trafficking of girls was a widespread problem that no one wanted to discuss. Save the Children first raised the concern indirectly by discussing general community problems with village development workers. Village development workers then mapped the entire village, circling the homes of girls who were missing or at risk. This mapping exercise highlighted the magnitude of the problem: of the 140 missing, 90 percent were girls between the ages of 14 and 17. Once they saw how serious the problem was, villagers were willing to start discussing why some girls left the village and others stayed. Then the village development workers identified families who had developed positive strategies to prevent their daughters from being trafficked.

The families developed strategies to prevent trafficking of girls, including involving daughters in income-generating activities and small businesses to supplement family income; openly discussing the risks of working in the “entertainment industry”; and only allowing daughters to work outside the village after investigating the employer and kind of work. Based on these experiences, the communities launched an antitrafficking and safe migration campaign and established community watch committees to monitor brokers and traffickers and map the migration flow of girls. The local government collaborated by disseminating regulations about travel documentation. The community watch committees served as the eyes and the ears of the community and also lobbied the local

government agencies to enforce the rules. Two years later, no new girls had left the village to enter the sex trade, and the community had averted 20 attempts at girl trafficking. Also, the district government had committed funds to expand training opportunities for girls (Wessels 2009).

MEASURING MONITORING AND REPORTING

PEPFAR OVC program managers can use the following questions to measure the implementation and effectiveness of national or local measures to monitor and report child protection incidents. The actual indicators will depend on existing national M&E systems. The questions are as follows:

- Are national baseline data available to track child protection? The data would ideally include such details as the number of children identified as OVC, the number of boys and girls in institutional care, and the number of sexual and physical abuse cases reported to the police or sexual assault clinics.
- Are the data age- and sex-disaggregated?
- Do partner organizations and key local service providers regularly use protection tracking and referral forms (e.g., do community groups complete and report on implementation of their child protection response plans)?
- Do district service providers record cases of protection and violation, and are these data used to follow-up on individual cases?
- Do national or district service providers provide evidence that they use ongoing reporting data to develop plans and budgets that reflect trends in child protection concerns?

KEY TOOLS AND RESOURCES ON MONITORING AND REPORTING

REPSSI is developing a series of evaluation tools that will measure psychosocial outcomes in children. These tools include *Are we Making a Difference? Participatory Evaluation Tools for Monitoring and Measuring the Impact of Psychosocial Support Programmes for Children aged 6 to 18: A Manual for Practitioners* (Madoerin and Clacherty 2009).

Child Protection Systems: Mapping and Assessment Toolkit (UNICEF 2010a) provides a practical and user-friendly method to identify the main country child protection risks, and to examine the scope and capacity of the existing child protection system (formal and informal), accountability mechanisms, and resource mobilization approaches. It is online at www.unicef.org/protection/files/Mapping_and_Assessment_Toolkit%282%29.pdf.

Guidance Document: Developing and Operationalizing a National Monitoring and Evaluation System for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS (UNICEF 2009) is a working paper with guidance for national programs on the use of national-level indicators for all areas of OVC programming to develop appropriate M&E systems. It provides useful examples of monitoring systems, from situation analysis through evaluation, from the national level to the community level. The guidance focuses on building the capacity of national systems for monitoring child outcomes. It is available at www.unicef.org/aids/files/OVC_MandE_Guidance_FINAL_v2.pdf.

The *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS* (UNICEF 2005) is currently the main source of core indicators for measuring the OVC response across all countries. It includes steps for developing and executing a system to monitor the national response for OVC protection, care, and support. The guide was developed before the finalization of National Plans of Action in many countries. It is available at www.measuredhs.com/hivdata/guides/ovcguide.pdf.

The *Manual for the Measurement of Indicators for Children in Formal Care* (Better Care Network and UNICEF 2009) puts forth common global indicators for children in formal care, including children living in institutional care or formally arranged foster family care, and offers practical guidance on data collection. It is available at www.crin.org/BCN/details.asp?id=19618&themeID=1001&topicID=1011.

UNICEF Eastern and Southern Africa is coordinating the development of a minimum package of protective services. Once agreed on, the package will facilitate costing and measurement of progress in providing protective services. For more information, contact Nankali Maksud of UNICEF Eastern and Southern Africa Regional Office at nmaksud@unicef.org.

GENERAL TOOLS AND RESOURCES TO SUPPORT CHILD PROTECTION

The Better Care Network offers a comprehensive database of resources for helping children who lack family care and includes comprehensive information on laws and standards of care in key child protection areas. International guidance and sample national policies and case studies are routinely updated. A biweekly listserv provides key updates and links, including substantial information on OVC. Many essential child protection tools have been compiled into the *Better Care Toolkit* (<http://bettercaretoolkit.org/bcn/toolkit/>). The toolkit helps practitioners and policymakers worldwide to plan and deliver high-quality care for children who require out-of-home placement. It contains a selection of practical guides and manuals, chosen as examples of good practices and for their global relevance. For more information, see www.bettercarenetwork.org.

Enhanced Protection for Children Affected by AIDS: A Companion Paper to the Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS (UNICEF 2007) offers detailed information and resources on child protection, with a focus on government capacity building. It is available at [www.unicef.org/publications/files/Enhanced Protection for Children Affected by AIDS.pdf](http://www.unicef.org/publications/files/Enhanced_Protection_for_Children_Affected_by_AIDS.pdf).

The *OVC Support Toolkit* is a web-based resource with a wide range of OVC resources. It has specific sections on stigma, child protection, children's participation, and M&E. For more information, see www.ovcsupport.net.

Protect for the Future: Placing Children's Protection and Care at the Heart of Achieving the MDGs (EveryChild et al. 2010) is a useful briefing from a number of child protection-focused agencies, summarizing how child protection is necessary for achievement of the Millennium Development Goals. For more information, see www.savethechildren.org.uk/en/54_12264.htm.

The U.N.'s *World Report on Violence Against Children* (Pinheiro 2006) spurred the development of an ongoing, web-based resource list highlighting key technical and policy resources on violence and abuse. The list is available at www.unicef.org/violencestudy/relatedlinks.html.

REFERENCES

- Better Care Network. n.d. *Child Protection Legal Standards*. Available at www.bettercarenetwork.org/BCN/details.asp?id=12292&themeID=1001&topicID=1007 (accessed December 2010)
- Better Care Network and U.N. Children's Fund. 2009. *Manual for the Measurement of Indicators for Children in Formal Care*. New York: Better Care Network.
- Brakarsh, J. 2010. *Say and Play: A Tool for Young Children and Those Who Care for Them*. San Diego: Project Concern International.
- Campaign to End Corporal Punishment. 2009. *Prohibiting Corporal Punishment of Children: A Guide to Legal Reform and Other Measures*. London: Global Initiative to End All Corporal Punishment of Children.
- Cluver, L. 2010. "AIDS-Orphaned Children & Young Carers in AIDS-Affected Homes: Mental Health, Education and Abuse." Presentation at the National Action Committee for Children affected by HIV and AIDS General Meeting, South Africa, September 1.
- Cluver, L., and D. Operario. 2008. *The Inter-generational Link Between the Impacts of AIDS on Children, and Their Subsequent Vulnerability to HIV Infection: A Study of the Evidence to Inform Policy on HIV Prevention and Child and Adolescent Protection*. Technical report, Joint Learning Initiative on Children and AIDS Learning Group 4: Social and Economic Policies. Oxford, England: Oxford University.
- Consortium for Street Children. 2005. *Police Training on Child Rights and Child Protection: Lessons Learned and Manual*. London: Consortium for Street Children.
- Consortium for Street Children. 2009. *Street Children Statistics*. Available at www.streetchildren.org.uk/uploads/resources/Street_Children_Stats_FINAL.pdf (accessed July 2010)
- Csáky, C. 2008. *No One to Turn To: The Under-reporting of Child Sexual Exploitation and Abuse by Aid Workers and Peace Keepers*. London: Save the Children UK.
- Department for International Development, HelpAge International, Hope & Homes for Children, et al. 2009. *Advancing Child-Sensitive Social Protection*. Available at http://siteresources.worldbank.org/INTCY/Resources/395766-1187899515414/CSSP_joint_statement_8.20.09.pdf (accessed January 2011)
- EveryChild. 2009. *Missing: Children without Parental Care in International Development Policy*. Available at www.crin.org/BCN/details.asp?id=21470&themeID=1001&topicID=1010 (accessed December 2009)
- EveryChild, International Children's Trust, Retak, et al. 2010. *Protect for the Future: Placing Children's Protection and Care at the Heart of Achieving the MDGs*. London: EveryChild. Available at www.everychild.org.uk/docs/protect_for_the_future.pdf (accessed July 2010)
- FHI. 2005. *Conducting a Participatory Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS: Guidelines and Tools*. Arlington, VA: FHI.
- Inter-Agency Working Group on Children's Participation. 2007. *Minimum Standards for Consulting with Children*. Bangkok, Thailand: Inter-Agency Working Group on Children's Participation.

- International Committee of the Red Cross. 2004. *Inter-agency Guiding Principles on Unaccompanied and Separated Children*. Geneva, Switzerland: International Committee of the Red Cross.
- International Labour Organization. 2008. *Combating Trafficking in Children for Labour Exploitation: A Resource Kit for Policy Makers and Practitioners*. Geneva, Switzerland: International Labour Organization.
- International Save the Children Alliance. 2003. *So You Want to Consult with Children: A Toolkit of Good Practice*. London: International Save the Children Alliance.
- International Save the Children Alliance. 2008. *A Common Responsibility: The Role of Community-based Child Protection Groups in Protecting Children from Sexual Abuse and Exploitation*. London: International Save the Children Alliance.
- Johnson, C. A. 2007. *Off the Map: How HIV/AIDS Programming is Failing Same-sex Practicing People in Africa*. New York, NY: International Gay and Lesbian Human Rights Coalition.
- Joint Learning Initiative on Children and AIDS. 2009. *Home Truths: Facing the Facts on Children, AIDS, and Poverty*. Geneva, Switzerland: Joint Learning Initiative on Children and AIDS.
- Lansdown, G. 2005. *Can You Hear Me? The Right of Young Children to Participate in Decisions Affecting Them*. Amsterdam, The Netherlands: Bernard van Leer Foundation.
- Lantos, T., and H. Hyde. 2008. United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008. H.R. 5501, 110th Cong.
- Madoerin, K. 2008. *Mobilising Children & Youth into their Own Child- & Youth-led Organisations*. Johannesburg, South Africa: Regional Psychosocial Support Initiative.
- Madoerin, K., and G. Clacherty. 2009. *Are we Making a Difference? Participatory Evaluation Tools for Monitoring and Measuring the Impact of Psychosocial Support Programmes for Children aged 6 to 18: A Manual for Practitioners*. Johannesburg, South Africa: Regional Psychosocial Support Initiative.
- Maman, S., H. Lary, M. Katebalila, and J. Mbwambo. 2004. Exploring the Association between HIV and Violence: Young People's Experiences with Infidelity, Violence and Forced Sex in Dar es Salaam, Tanzania. *International Family Planning Perspectives* 30(4):200–6.
- Moore, R., and N. Cosco. 2004. "Children's Rights and Urban Development in Buenos Aires." Unpublished document produced for Save the Children Sweden.
- Office of the U.N. High Commissioner for Human Rights. 1990. *Convention on the Rights of the Child*. Available at www2.ohchr.org/english/law/crc.htm (accessed December 2009)
- Olson, K., R. Messinger, L. Sutherland, and J. Astone. 2005. *The Promise of a Future: Strengthening Family and Community Care for Orphans and Vulnerable Children in Sub-Saharan Africa*. Santa Cruz, CA: Firelight Foundation.
- OVCsupport.net. n.d. "What is the Social Service Workforce: A Framework for Investing in Those Who Care for Children." OVCsupport.net. Available at <http://www.ovcsupport.net/s/index.php?c=104> (accessed June 2011)
- Pinheiro, S. 2006. *World Report on Violence Against Children*. Available at www.unviolencestudy.org/ (accessed December 2009)
- President's Emergency Plan for AIDS Relief and Office of the U.S. Global AIDS Coordinator. 2006. *Orphans and Other Vulnerable Children: Programming Guidance for United States Government In-Country Staff and Implementing Partners*. Available at www.pepfar.gov/documents/organization/83298.pdf (accessed December 2009)

- Regional Psychosocial Support Initiative. n.d. *The Tree of Life*. Johannesburg, South Africa: Regional Psychosocial Support Initiative.
- Regional Psychosocial Support Initiative. 2007a. *Making a Hero (Active Citizen) Book and Facilitator's Guide*. Johannesburg, South Africa: Regional Psychosocial Support Initiative.
- Regional Psychosocial Support Initiative. 2007b. *Psychosocial Care and Support for Young Children and Infants in the time of HIV and AIDS (A Resource for Programming)*. Johannesburg, South Africa: Regional Psychosocial Support Initiative.
- Rudolph, N., J. Monson, K. Collett, and B. Sonn. 2008. *Champions for Children Handbook: How to Build a Caring School Community*. Cape Town, South Africa: Children's Institute, University of Cape Town, and South African Democratic Teachers' Union.
- Santana, A. 2009. *Background Paper for OVC Technical Working Group and OVC Focal Persons to Inform Future Programming on Child Protection*. Washington, DC: Office of HIV/AIDS, U.S. Agency for International Development Global Health Bureau.
- Save the Children. n.d. *Playful and Safe*. Westport, CT: Save the Children.
- Save the Children. n.d. "Save the Children's Definition of Abuse, Neglect, Exploitation and Violence." Available at <http://resourcecentre.savethechildren.se/save-childrens-definition-abuse-neglect-exploitation-and-violence> (accessed June 2011)
- Save the Children. 2005. *The Spider Tool: A Self Assessment and Planning Tool for Child-led Initiatives*. Westport, CT: Save the Children.
- Save the Children UK. 2006. *Legal and Policy Frameworks to Protect the Rights of Vulnerable Children in Southern Africa*. London, England: Save the Children UK.
- Save the Children UK. 2007. *Children at the Centre: A Guide to Supporting Community Groups Caring for Vulnerable Children*. London, England: Save the Children UK.
- Save the Children UK. 2009. *A "Rough Guide" to Child Protection Systems*. London, England: Save the Children UK.
- Search for Common Ground. 2010. *The Story of Sisi Aminta*. Available at www.sfcg.org/programmes/children/sisi_aminata.html (accessed March 2010)
- Senefeld, S. (Catholic Relief Services). Personal communication. 2010.
- SOS Children's Villages International and International Social Services. 2009. *Guidelines for the Alternative Care of Children: A United Nations Framework*. Innsbruck, Austria: SOS Children's Villages International.
- Southern Africa HIV and AIDS Information Dissemination Service. 2009a. *Changing the River's Flow Series: Zimbabwean Stories of "Best Practice" in Mitigating the HIV Crisis Through a Cultural and Gender Perspective*. Available at www.safaids.net/files/Changing%20river%20Best%20Practice.pdf (accessed March 2010)
- Southern Africa HIV and AIDS Information Dissemination Service. 2009b. *Children to the Fore! An Easy-to-use Training Handbook that Promotes Child Rights and Cultural Issues in the Face of HIV in Southern Africa*. Pretoria, South Africa: Southern Africa HIV and AIDS Information Dissemination Service.
- Southern Africa HIV and AIDS Information Dissemination Service and Bernard van Leer Foundation. 2009. *The African Child Speaks: "Finding our Rights in the Time of HIV"—The Story of Rudo and Themba: Comic Book*. Amsterdam, The Netherlands: Bernard van Leer Foundation.

- Steinitz, L. 2008. "Getting it Right: Children's Inputs to Quality Standards." Presentation at RIATT Conference, Dar Es Salaam, Tanzania, September.
- Steinitz, L. 2009. *The Way We Care: A Guide for Managers of Programs Serving Vulnerable Children and Youth*. Arlington, VA: FHI.
- U.N. Children's Fund. n.d. *Eight Elements of a Protective Environment*. Available at http://www.unicef.org/protection/index_environment.html (accessed June 2011)
- U.N. Children's Fund. 2003. *What Parliamentarians Can Do About HIV/AIDS: Action for Children and Young People*. New York: U.N. Children's Fund.
- U.N. Children's Fund. 2004. *Child Protection: A Handbook for Parliamentarians*. New York: U.N. Children's Fund.
- U.N. Children's Fund. 2005. *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS*. New York: U.N. Children's Fund.
- U.N. Children's Fund. 2007. *Enhanced Protection for Children Affected by AIDS: A Companion Paper to The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*. New York: U.N. Children's Fund.
- U.N. Children's Fund. 2008. *Have Fun, Be Safe*. New York: U.N. Children's Fund.
- U.N. Children's Fund. 2009. *Guidance Document: Developing and Operationalizing a National Monitoring and Evaluation System for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*. New York: U.N. Children's Fund.
- U.N. Children's Fund. 2010a. *Child Protection Systems Mapping and Assessment Toolkit*. [www.unicef.org/protection/files/Mapping and Assessment Toolkit%282%29.pdf](http://www.unicef.org/protection/files/Mapping_and_Assessment_Toolkit%282%29.pdf) (accessed September 2010)
- U.N. Children's Fund. 2010b. *Violence Against Children – Looking Beyond Experience: Introduction to the Participatory Assessment Tool*. New York: U.N. Children's Fund.
- U.N. Children's Fund, HelpAge International, Hope & Homes for Children, et al. 2009. *Advancing Child-Sensitive Social Protection*. Available at www.unicef.org/socialpolicy/files/CSSP_joint_statement_8.20.09.pdf (accessed December 2009)
- U.N. Children's Fund/Save the Children. 2008. "Roundtable Meeting on Child Protection Monitoring and Evaluation: Progress, Challenges and Way Forward." Sponsored by U.N. Children's Fund and Save the Children UK, November 18–20, London, England.
- U.N. Children's Fund/USAID Malawi. 2009. *Reforming Social Welfare: A New Development Approach in Malawi's Ministry of Gender, Children and Community Development*. Available at www.usaid.gov/mw/documents/social_welfare.pdf (accessed March 2010)
- U.N. High Commissioner for Refugees. 2003. *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*. Geneva: U.N. High Commissioner for Refugees.
- USAID and The Capacity Project. 2007. *Assessing the Human Resource Capacity for Implementation of the National Plan of Action for Orphans and Vulnerable Children*. Available at www.ovcsupport.net/s/library.php?id=1095 (accessed June 2011)
- Wessels, M. 2009. *What Are We Learning About Protecting Children in the Community? An Inter-Agency Review of the Evidence From Humanitarian and Development Settings*. Available at www.crin.org/docs/What%20We%20Are%20Learning%20About%20Protecting%20Children%20in%20the%20Community_Full%20Report.pdf (accessed March 2010)

World Health Organization. 2002. *World Report on Violence and Health*. Geneva: World Health Organization.

World Health Organization and International Society for Prevention of Child Abuse and Neglect. 2006. *Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence*. Geneva, Switzerland: World Health Organization.

APPENDIX I

INTERNATIONAL GUIDELINES AND PROTOCOLS RELEVANT TO CHILD PROTECTION

1979	Convention on the Elimination of All Forms of Discrimination Against Women (United Nations)
1989	Convention on the Rights of the Child (United Nations)
1990	Hague Convention on Civil Aspects of International Child Abduction (United Nations)
1990	African Charter on the Rights and Welfare of the Child (African Union)
1993	Hague Convention on Protection of Children and Co-Operation in Respect of Inter-Country Adoption (United Nations)
1999	Convention on the Worst Forms of Child Labor (United Nations)
2000	Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution, and Child Pornography (United Nations)
2000	Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict (United Nations)
2000	U.N. Protocol to Prevent, Suppress, and Punish Trafficking in Persons Especially Women and Children
2007	Convention on the Rights of Persons with Disabilities (United Nations)
2008	U.N. Resolution 1820 on Sexual Violence Against Civilians in Conflict
2009	Guidelines for the Alternative Care of Children (United Nations)

APPENDIX 2

COMMONLY USED DEFINITIONS IN CHILD PROTECTION PROGRAMMING

These definitions are accepted by a number of international organizations and institutions, and are used in, for example, the U.N. Study on Violence Against Children and World Health Organization discussion papers on child maltreatment. (Definitions from Save the Children, available at <http://resourcecentre.savethechildren.se/save-childrens-definition-abuse-neglect-exploitation-and-violence>, unless otherwise noted.)

According to the U.N. Convention on the Rights of the Child (Office of the U.N. High Commissioner for Human Rights 1990), a *child* is any boy or girl under the age of 18. All but two governments in the world⁴ have ratified this convention.

Abuse is a deliberate act of ill treatment that can harm or is likely to cause harm to a child's safety, well-being, dignity, and development. Abuse includes all forms of physical, sexual, psychological, or emotional ill treatment.

Child abuse is committed regardless of any justification or reason that may be provided for the ill treatment including discipline, legal sanction, economic necessity, the child's own consent to it, or cultural and religious tradition.

- *Physical abuse* involves the use of violent physical force so as to cause actual or likely physical injury or suffering (e.g., hitting, shaking, burning, female genital mutilation, or torture).
- *Emotional or psychological abuse* includes humiliating and degrading treatment (e.g., bad name calling, constant criticism, belittling, persistent shaming, solitary confinement, or isolation).
- *Sexual abuse* includes all forms of sexual violence including incest, early and forced marriage, rape, involvement in pornography, and sexual slavery. Child sexual abuse also includes indecent touching or exposure, using sexually explicit language toward a child, and showing children pornographic material.

Neglect is deliberately, or through carelessness or negligence, failing to provide and secure a child's rights to physical safety and development, resulting in significant impairment of the child's health or development, including a failure to thrive emotionally and socially. Neglect can include the failure to provide compulsory education or access to medical care, but these actions—or failure to act—must

⁴ The United States of America and Somalia.

be intentional. (For example, a parent who willfully withholds primary education from a child, despite having the necessary resources, is neglecting that child.)

Child exploitation is the use of children for someone else's advantage, gratification, or profit, often resulting in unjust, cruel, and harmful treatment of the child. These activities are dangerous to children's physical and mental health, education, and moral and psychosocial development.

- *Sexual exploitation* is the abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting monetarily, socially, or politically from the exploitation of another, as well as obtaining personal sexual gratification.
- *Economic exploitation* of a child is the use of the child in work or other activities for the benefit of others. This includes child labor, domestic work (beyond a reasonable or necessary level of household work), recruitment and involvement of children in armed conflict, use of children for criminal activities (including the sale and distribution of narcotics), and involvement of children in any harmful or hazardous work.

Violence is defined by Article 19 of the U.N. Convention on the Rights of the Child as "all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse." WHO defines violence as "the intentional use of physical force or power, *threatened or actual*, against a child, by an individual or group, which either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity" (WHO 2002, 5).

Corporal or physical punishment (and the threat of it) includes hitting; kicking, shaking, or throwing the child; pinching or pulling the child's hair; forcing a child to stay in uncomfortable or undignified positions or to take excessive physical exercise; and burning or scarring the child.

Humiliating or degrading punishment takes various forms, including psychological punishment, verbal abuse, ridicule, isolation, and ignoring the child.

Harm is the result of the exploitation, violence, abuse, and neglect of children and can take many forms. It can affect children's physical, emotional, and behavioral development; general health; family and social relationships; self-esteem; educational attainment; and aspirations.

APPENDIX 3

CHILD PROTECTION POLICY DEVELOPMENT AND IMPLEMENTATION

Any organization that works directly or indirectly with children should have clearly defined *child protection policies and procedures* to prevent and respond to child abuse, exploitation, neglect, and violence perpetrated by staff or volunteers associated with the organization. At a minimum, organizations should develop and clearly communicate written and easily accessible policies and procedures for 1) addressing child protection risks during staff and volunteer recruitment and training; 2) establishing and maintaining channels for reporting child protection concerns; and 3) responding quickly and confidentially to child abuse by staff and volunteers.

The Keeping Children Safe Coalition is made up of a number of agencies working together to share experience and knowledge, and to identify a common approach to child protection. The Keeping Children Safe Coalition toolkit aims to support agencies at international, national, and local levels to put child protection into practice by detailing the basic standards for all organizations working or in contact with children, providing guidance and activities to help organizations meet those standards, and providing exercises and materials to help individuals and organizations do training to meet the standards. The toolkit also lays out general principles and minimum standards for child protection policies, as follows.

Minimum Standards for Child Protection Policies

The following 11 standards should at a minimum be applied in all PEPFAR programs:

- Standard 1. All agencies working directly or indirectly with children should have a written policy on keeping children safe.
- Standard 2. The policy should be put into practice, ensuring that the policy is agreed on, approved, and disseminated.
- Standard 3. Processes should exist to help minimize (i.e., prevent) the possibility of children being abused by those in positions of trust.
- Standard 4. Written guidelines (codes of conduct) should describe appropriate behavior toward children. These should include clear guidelines on staff recruitment, including screening of potential staff who come into contact with children.
- Standard 5. Clear guidance should explain how the guidelines will be adapted in different locations to fit local circumstances.
- Standard 6. Steps should be taken to address the need of all children to be protected from abuse.

- Standard 7. The policy should be widely disseminated to children, staff, and others, who should all be able to understand and apply the policy.
- Standard 8. Education and training for keeping children safe should be provided in an ongoing way.
- Standard 9. Those responsible for working with children should have access to support and information to implement the policy.
- Standard 10. The standards should be implemented and monitored.
- Standard 11. Partners should be supported to meet the standards.

The toolkit is available online at www.keepingchildrensafe.org.uk/download/toolkits.html.

Investigating Complaints

The Humanitarian Accountability Partnership is an international self-regulatory body for government and nongovernmental actors in the humanitarian sector. They run a series of programs through the Building Safer Organisations Initiative that focus on conducting fair, thorough, and confidential investigations into complaints of staff misconduct, with a focus on allegations of sexual exploitation and the abuse of affected populations. More information is available at www.hapinternational.org/projects/ilp.aspx.

“Do No Harm” Strategy for OVC Programming

Catholic Relief Services (CRS) has a “Do No Harm” (DNH) strategy for its OVC programming. DNH recognizes that there is a possibility of inflicting unintended harm while implementing programs, particularly in relation to vulnerable populations such as children and people living with HIV. OVC are often the recipients of needed care and support, but at times this support may cause harm to individuals, families, communities, or implementation staff. For example, individuals and families may experience stigmatization, discrimination, sexual harassment, exploitation, violence, conflicts within families, or emotional harm. Communities may experience jealousy as a result of the support; pre-existing safety nets may be undermined; and corruption and misuse of funds and materials may result from a well-intentioned project. Implementation staff may face fatigue, emotional stress, envy, or in some cases, retribution from communities. The DNH approach includes promoting children’s participation in program design and delivery (to identify where harm is occurring and decide on the best response), relying on a foundation of ethical guidance on working with children. CRS has developed a set of tools to ensure that its M&E follow these principles.

APPENDIX 4

CHECKLIST FOR DEVELOPING A PEPFAR CHILD PROTECTION RESPONSE

This checklist is intended as a guide to help PEPFAR OVC program managers understand what the current child protection context is in their respective countries and to identify priorities for PEPFAR support in the area of child protection.

GENERAL

- Can I explain to colleagues what is meant by the term “child protection,” and why it is important to address child protection?
- Can I articulate why child protection is a cross-cutting issue, and make the case to other USG clusters?
- Have I or my partners done a basic risk assessment to determine child protection concerns in my country? Do PEPFAR programs address concerns highlighted in this assessment?
- Do existing PEPFAR programs support the national child protection system?
- Do PEPFAR partners have organizational child protection/safeguarding policies?
- Have existing PEPFAR OVC program staff received basic training on child protection?
- Do I know what to do if made aware of an incident of child abuse, exploitation, violence, and neglect?
- Do PEPFAR programs support child participation?
- Does the program routinely monitor the impact of child protection interventions on children’s experience of abuse, exploitation, neglect, and violence?

APPENDIX 5

THE U.N. CHILDREN'S FUND EIGHT ELEMENTS OF A PROTECTIVE ENVIRONMENT

Protective legislation and enforcement: An adequate legislative framework designed to protect children from abuse; its implementation and enforcement are essential elements of a protective environment.

Governmental commitment to fulfilling protection rights: Government commitment to respecting, protecting, and fulfilling child protection is an essential element of a protective environment.

The capacity to protect among those around children: Health workers, teachers, police, social workers, and many others who interact with children need to be equipped with the motivation, skills, and authority to identify and respond to child protection abuses.

Services for recovery and reintegration: Child victims of any form of neglect, exploitation, or abuse are entitled to care and nondiscriminatory access to basic social services. These services must be provided in an environment that fosters the health, self-respect, and dignity of the child.

Attitudes, traditions, customs, behaviors, and practices: The environment will not be protective for children in societies where attitudes or traditions facilitate abuse.

Open discussion and engagement with child protection issues: At the most immediate level, children need to be free to speak up about child protection concerns affecting them or other children. At the national level, media attention and civil society engagement with child protection issues strengthen a protective environment.

Children's life skills, knowledge, and participation: Children are less vulnerable to abuse when they are aware of their right not to be exploited, or of services available to protect them.

Monitoring and reporting: An effective monitoring system records the incidence and nature of child protection abuses and allows for informed and strategic responses. Such systems are more effective when they are participatory and locally based.

Source: UNICEF n.d.

For more information, please visit aidstar-one.com.

AIDSTAR-One

John Snow, Inc.

1616 Fort Myer Drive, 11th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

Email: info@aidstar-one.com

Internet: aidstar-one.com