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CHECKLIST

Protection and resilience:
A simple checklist for why, where and how, to coordinate HIV and child protection policy and programming

This short checklist has been developed in response to the call from practitioners in sub-Saharan Africa for some practical guidance on how to link HIV and child protection policy and programming.

There is a strong, and growing, body of evidence to show that achieving an AIDS-free generation depends on protecting children from abuse, violence, exploitation and neglect, and vice versa.

GLOBAL EVIDENCE ON THE HIV AND CHILD PROTECTION LINKAGES[1]

Children affected by HIV

- Children living with HIV have improved treatment outcomes when their psychosocial needs are met; much of the psychosocial impact relates to HIV stigma and results in neglect or abuse.
- Children orphaned by or living with HIV-positive sick caregivers face an increased risk of physical and emotional abuse as compared to other children in sub-Saharan Africa, including other orphans.
- Children who are orphaned or are caregivers to an AIDS-sick person have higher rates of transactional sex or increased (unsafe) sexual activity and/or sexual abuse.
- Children orphaned by HIV have around two times the likelihood of having HIV than their non-orphaned peers.

Children who experience protection violations

- There is a direct link between childhood sexual, emotional and physical abuse for both women and men and HIV infection in later life in high HIV prevalence areas.
- Childhood sexual abuse is linked to higher rates of sexual exploitation and other HIV risks, such as earlier initiation into injecting drug use, sex work and living on the streets, across all regions.
- Children living in extended family care or institutional care disproportionately experience discrimination within the home, neglect, exploitation and psychological, sexual and physical abuse.

Caregivers affected by HIV or unable to protect children from abuse, violence, exploitation and neglect

- Caregivers of AIDS-orphaned children have higher rates of depression than other caregivers in sub-Saharan Africa; this leads to increased mental health and behavioural problems in children.
- Adults living with HIV face unique challenges in providing a protective and caring environment for their children, especially where services are limited. HIV stigma hampers support and interventions to support parents and caregivers to have positive outcomes for the whole family.

Positive experiences in promoting resilience

- Interventions that focus on building up individual, family and community resilience and supporting existing protective factors show that it is possible to stop the vicious cycle of escalating risk and harm.
- The biggest impact on reducing risky sexual practices amongst adolescent girls in heavily HIV-impacted countries is a combination of economic support and social welfare support.

This short checklist draws on the key findings of the evidence from these two reports and pulls out some of the most essential and practical or feasible options for HIV and child protection actors who are working within their own sectors and trying to build an integrated response.

It is not exhaustive but is to be used as a starting point for stimulating future action.

[1] Long, S and Bunkers K. (2013) Building protection and resilience: synergies for child protection systems and children affected by HIV and AIDS. For the IATT on children and HIV and AIDS; Long S & Bunkers K. (2015) Prevent and protect: linking the HIV and child protection response to keep children healthy, safe and resilient.

1. Policy

The importance of a synergy

HIV and child protection intersect along the whole continuum of HIV care from prevention through treatment to care and support of people living with HIV and their families and communities.

The impact of HIV and child protection linkages are cumulative – the more they happen, the worse the result is. There must be a continued and routine linkage of HIV and child protection services. This requires an overarching framework that continuously asks questions at all levels along the HIV continuum of care and across all aspects of child protection, wherever these services are delivered.

The key lessons learned from current practice

A comprehensive policy framework to address HIV and child protection outcomes can stimulate multi-sectoral collaboration. Including child protection outcomes as a result of OVC interventions (e.g. through a national OVC plan) can maximise investment in a comprehensive child protection workforce.

A comprehensive framework holds all actors accountable and enables different sectors to report within one framework and work towards mutually supportive objectives.

CHECKLIST	
If you are involved in developing and overseeing national HIV policies	**If you are involved in developing and overseeing policies of social welfare or child protection**
✓ Are child protection experts involved in national and sub-national working groups on HIV prevention and HIV treatment, care and support, as well as in OVC or impact mitigation groups?	✓ Are HIV experts from the prevention and treatment sectors, as well as HIV-related OVC programming, involved in national and sub-national child protection or social welfare working groups?
✓ Does your national policy seek to measure key protection-related outcomes e.g. reduction in coerced sex for adolescents?	✓ Does your national policy consider the influence of HIV-related stigma on neglect, abuse, violence and exploitation outcomes?

2. Planning and delivering sectoral services in health, education and social welfare

The importance of a synergy

Child protection and children's HIV service providers typically work independently of each other, often with different levels of training and salary scales. This has especially been the case where there is high donor investment in the HIV response and very limited investment in the child protection sector.

Often, multi-sectoral HIV initiatives are sub-divided into prevention, treatment and impact mitigation with the child protection-related factors only being addressed in the 'OVC' impact mitigation sector. There is as much linkage, if not more, between child protection and HIV prevention and treatment - neglect and abuse negatively impacts children's access to treatment and adherence and increases exposure to HIV.

The key lessons learned from current practice

Interventions that intentionally bring together service providers and HIV affected communities, especially children and young people living with HIV, have led to positive results.

Case management and referral mechanisms, are the 'glue' that binds populations affected by HIV and services, including child protection.

Programmes working with children and young people, especially with the adolescent age group, are seeing that understanding and addressing child protection concerns lead to subsequent improvement in HIV treatment outcomes.

CHECKLIST	
If you are managing HIV sector services in the health or other sector at national or sub-national level	**If you are managing social welfare or child protection services at national or sub-national level**
✓ Does your national strategy, budget and planning procedures consider how to ensure that child protection issues can be identified and supported through some type of a referral system?	✓ Does your national strategy, budget and planning procedures consider how to ensure that child protection issues can be identified and supported through a referral system?
✓ Do you have or are you planning to develop a strong case management system that links HIV, health care, economic strengthening/social protection and child protection, to improve paediatric HIV testing and treatment outcomes and support HIV-affected children and families who are at risk of harm?	✓ Do you have or are you planning to develop a strong case management system that links HIV, health care, economic strengthening/social protection and child protection, to improve paediatric HIV testing and treatment outcomes and support HIV-affected children and families who are at risk of harm?

3. Managing the Workforce

The importance of a synergy

The key lessons learned from current practice

Engaging children and young people living with HIV in all phases of programming provides critical understanding and empowerment that can reduce stigma and discrimination, which improve both child protection and HIV outcomes.

CHECKLIST	
If you are responsible for HIV workforce issues within the health sector	If you are responsible for social service workforce issues
✓ Are your HIV counsellors and primary care workers aware of the need to explore issues of abuse and violence in relation to HIV risk? ✓ Are they able to identify signs of abuse or neglect and do they know where or whom to refer cases to?	✓ Are your social workers and auxiliary social welfare workers trained in the basics of HIV? Are they aware of, and able to, explore issues of HIV-related stigma and HIV risk for both child and family?

4. Service delivery

The importance of a synergy

Children's experiences of neglect and abuse within the home negatively impact their access to HIV testing, treatment and care.

The key lessons learned from current practice

HIV-related stigma and discrimination is central to HIV-affected children's experience of abuse, violence, exploitation and neglect and addressing stigma must be a key component of any HIV programme targeting children.

Programmes should invest in improving communication between children and their caregivers from an early age in order to achieve HIV-related outcomes as children enter adolescence.

Involving young people living with HIV in HIV service delivery can increase understanding of the challenges and barriers that children face when living in households that are neglecting or abusing children living with, or assumed to be living with, HIV.

One factor that can increase referrals between HIV care and child protection service providers is having a forum at the implementation level, where practitioners can see that regular information sharing improved their own 'targets' or desired results.

CHECKLIST	
If you are involved in managing clinic-based or project-based HIV prevention or treatment services	If you are a social welfare worker dealing with child protection issues in community or institution
✓ Have you all received a basic child protection training?	✓ Have you all received a basic HIV awareness training, including the role of HIV stigma on protection outcomes?

- ✓ Do your assessment protocols (in case of treatment) include consideration of protection factors e.g., in HIV counselling and testing?
- ✓ Do your identification and treatment protocols include clear referrals to and from child protection services? Do you meet regularly with local child protection providers?
- ✓ Do services targeting key populations take into account the age-specific issues facing children, so that e.g., drug dependency services, sex work services, services to people in conflict with the law are child-sensitive?
- ✓ Do your case management protocols include consideration of HIV-related factors when undertaking child and family assessments?
- ✓ Do your child protection case management referral systems include clear, measurable referrals to HIV prevention, treatment and support services? Do you meet regularly with local HIV prevention and treatment providers?

5. Community mobilization and advocacy

The importance of a synergy

It is essential to put the risk and impact of stigma and discrimination at the core of the responses targeting children affected by or living with HIV. This stigma, or fear of experiencing HIV-related stigma, affects children even when they are not living with HIV.

The key lessons learned from current practice

Understanding and addressing HIV stigma experienced by children, makes it possible to identify and respond to child protection risks and barriers to HIV care and support.

CHECKLIST

If you are working with networks of people living with HIV or on community-based HIV prevention programmes

- ✓ Have you all received basic child protection training, including issues related to sexual abuse and violence?
- ✓ Do you know where to go for support if you find children or young people in need of child protection services?

If you are working on community programmes or campaigns on child protection –specific issues e.g. violence against children, child marriage, child labour

- ✓ Have you all received a basic HIV awareness training? Are you able to address issues of sexual abuse and violence, even where this is a taboo?
- ✓ Do you know where to go for support if you find children or young people in need of HIV testing and counselling or treatment support?

- ✓ Do you have children and adolescents living with HIV involved in your networks?
- ✓ Do you have children who are, or who have parents and caregivers from key populations, involved in your work?
- ✓ Have you explored how issues of neglect, abuse, violence or exploitation may be influencing how children and adolescents can become involved in your work?
- ✓ If you are monitoring HIV-related stigma, are you measuring child-specific experiences of stigma?
- ✓ Do you have children and adolescents living with HIV involved in your networks?
- ✓ Have you explored how issues of neglect, abuse, violence or exploitation may be influencing how children and adolescents can become involved in your work?
- ✓ Are your activities conducted in a way that promotes adult-child communication, reinforces family resilience and strong social networks and promotes positive parenting?

6. Measuring and Evaluating

The importance of a synergy

The key lessons learned from current practice

CHECKLIST

If you are involved in national HIV M&E systems

- ✓ Does your national M&E system consider the evidence related to child protection in terms of HIV outcomes?
- ✓ Are you measuring key protection-related outcomes e.g., reduction in coerced sex for adolescents?

If you are involved in national social welfare or child protection M&E systems

- ✓ Does your national M&E system consider the evidence related to HIV in terms of prevention of and response to neglect, abuse, violence and exploitation?
- ✓ Are you measuring key HIV-related outcomes e.g., increase in support to HIV-affected caregivers and improved caregiver parenting?
- ✓ For alternative care managers, is there a baseline and ongoing monitoring on how HIV affects children living in alternative care settings, especially residential care?

TABLE 3: PRIORITY AREAS FOR ACTION

Systems component	Entry point	Action points	HIV / child protection result for children	Actors
Policy, planning and legal	National Action Plans for Vulnerable Children (or equivalent) and/or National Priority Agendas or Commitments for Children	Review children's economic, HIV- and child protection vulnerabilities through, where possible, one vulnerable child policy and legal framework, as existing NAPs are evaluated and as new plans prepared. Combine child protection and HIV impact mitigation for children and their families under one policy framework, ensuring equal accountability from health and social welfare/ development ministries, with results feed into the National HIV Strategy. Ensure that children who are, who have caregivers from key populations are reflected in these plans and policies.	Children's economic, HIV- and child protection vulnerabilities are appropriately reflected in one national policy (i.e. a holistic, evidenced-based Child Policy) which should enable prioritised targeting of interventions towards children and families who are most vulnerable to either / or HIV, economic and child protection vulnerabilities. National plans of action relating to GBV, violence against children etc. are aligned with / integrate HIV-specific elements of national HIV responses.	National AIDS and national child protection coordinating mechanisms need to engage with social welfare, social protection, education and health sector ministries to ensure that child protection, social protection and HIV are all equally involved in strategic development. Civil society and community-focused actors must be included to ensure that policies place family strengthening and community-based responses at the centre.
Policy, planning and legal	National HIV and child protection plans	Document children's experiences of HIV-related stigma and discrimination (disaggregated by age and gender, and other factors influencing stigma such as sexual orientation and gender identity) and integrate into national policy and plans. Include mechanisms to address children's HIV-related stigma and discrimination within HIV and child protection standards and operating procedures, e.g. alternative care guidelines, HIV testing protocols, paediatric HIV treatment, care and support guidelines, PMTCT counselling guidelines that include a focus on adolescent girls.	Child protection responses can understand, and effectively respond to, the abuse, violence, exploitation and neglect of children that is caused by HIV-related stigma and discrimination.	National child protection stakeholders must involve HIV prevention and treatment specialists (health sector) in development of standards and protocols. Alternative care stakeholders must consult with those overseeing case management and referral mechanisms from child protection, HIV and health sectors and include community-based actors and interventions.
Coordination	National HIV sector working	National and sub-national HIV 'working groups' (or equivalent) should involve child	Inclusion of key child protection factors (sexual and physical	National AIDS Coordinating mechanism oversight body

Systems component	Entry point	Action points	HIV / child protection result for children	Actors
	groups – prevention, treatment, care and support and impact mitigation. National Child Protection Working Group	protection specialists not only in impact mitigation meetings but also in HIV prevention and treatment, care and support. Child protection working groups must include representative from HIV sector to specifically address issues of HIV vulnerabilities of children who have suffered protection violations and the unique protection vulnerabilities of children affected by or living with HIV, including in humanitarian settings.	abuse or violence, neglect) into HIV prevention, treatment and impact mitigation components of the HIV response. Inclusion of key HIV factors (family stress due to sickness and stigma, HIV-related stigma, HIV prevention and other sexual and reproductive health issues for adolescents, PMTCT, treatment uptake).	needs to engage both health and social welfare ministries in agreeing on mechanisms for coordination. National Child Protection Working Group (typically led by Ministries of Social Welfare, or equivalent) engages representatives from health and National AIDS Coordinating body.
Coordination	A robust case management system	Design and implement a case management and referral system for vulnerable children and families that facilitates coordination of HIV and child protection services, at national level if possible and at local level, especially ensuring linkage from community-based often informal actors to health, education and social welfare sectors.	Increased identification of and referral to HIV and child protection specialist services. Integration with health, social protection, education and any other relevant services.	National ministry responsible for child protection must work with the ministry of health to agree on a mutually supportive case management and referral mechanism that will work across HIV and child protection sectors; active engagement of civil society service providers and community mechanisms in referral systems.
Workforce	National alternative care guidelines or operating standards	Ensure that issues related to HIV testing, treatment and care are included in alternative care standards or guidelines and in social welfare workforce capacity strengthening programmes. Incorporate standards and procedures in relation to children's experience of stigma and discrimination in all HIV and child protection guidelines and standards developed by government e.g. alternative care guidelines, HIV testing protocols etc.	Increased identification of, support to and improved health and wellbeing outcomes, for children living with HIV in alternative care.	National child protection stakeholders must involve HIV prevention and treatment specialists (health sector) in development of standards and protocols. Alternative care stakeholders must consult with those overseeing case management and referral mechanisms from child protection, HIV and health sectors.

Systems component	Entry point	Action points	HIV / child protection result for children	Actors
Service delivery	Violence against children / gender-based violence	Ensure that initiatives to develop GBV prevention and response strategies or violence against children strategies link specialised violence prevention and reduction programmes to child protection and HIV treatment services where potentially abused children are being identified, counselled and supported.	Increased referral to post-rape HIV services for children; improved counselling and support to children living with HIV and other children who have experienced violence and abuse. Data on scale and scope of physical and sexual violence against boys and girls can increase evidence-based programming for HIV prevention and impact mitigation in national HIV and AIDS strategic plans.	Both HIV and child protection actors must be involved in development of GBV programmes at strategy design phase.
Service delivery	HIV counselling and testing treatment uptake and adherence	Use HCT as entry point for providing specialised support to children and youth on abuse, sexuality and sexual orientation. HCT is a key entry point and to identify significant non-medical barriers to HIV treatment and targeted HIV prevention for adolescent girls.	Increased access to HIV treatment services; improved referral to sexual violence and other GBV services; (long-term) improvements in HIV prevention, especially for adolescent girls.	Ministry of Health and HIV treatment specialists must consult with children living with HIV and child protection / GBV specialists.
Service delivery	PMTCT and paediatric treatment programmes	Include priority child protection information and referral protocols into revised treatment / PMTCT guidelines and protocols (e.g. task-shifting or paediatric ART guidelines).	Increased referrals to family support programmes, leading to increased resilience.	Ministry of Health and HIV treatment specialists must involve children and young people living with HIV and child protection / GBV specialists throughout such programmes.
Service delivery	Early childhood development, PMTCT, social protection programmes	Include positive parenting to encourage communication and disclosure between parents/caregivers and children and adolescents by bringing together expertise from ECD, parenting support, social protection and HIV prevention initiatives to inform family strengthening programming.	Increased coverage of programmes that support stressed HIV-affected families, leading to reduced neglect and abuse, improved wellbeing outcomes.	Ministry of Education, Social Welfare/child protection, Ministry of Health.

Systems component	Entry point	Action points	HIV / child protection result for children	Actors
Service delivery	Understand the role of HIV-related stigma and discrimination, as experienced by children, as a potential child protection risk	Draw on the experiences of children living with HIV, and their families, to identify HIV stigma-related issues that may lead to abuse and violence; use this information to improve current family-based and community-based HIV, child protection and OVC programming and in workforce training.	Improved understanding of how HIV stigma impacts on HIV prevention and treatment outcomes and on child protection programming	Ministries of Health, HIV service providers and child protection actors must identify ways to routinely involve children and young people living with HIV throughout such programmes.
Monitoring and evaluation	National child protection Information Management System	Child protection indicators include specific indicators related to children affected by or living with HIV in alternative care. Examples include: % of HIV workforce (auxiliary and professional e.g. HCT / PMTCT counsellors, adherence support volunteers, HIV treatment staff) trained in basic child protection / case management protocols; % of social welfare workforce trained in / receiving regular updates in HIV information; HIV referral protocols included in all social welfare workforce job descriptions / Standard Operating Procedures. HIV indicators include specific indicators related to children whose HIV risk is exacerbated by abuse, violence, exploitation and neglect. Examples include: % of referrals from HCT and PMTCT to specialist child protection services, HIV testing, treatment, care and support coverage for children living in alternative care (family-based and residential). Indicators should also measure how HIV impact mitigation and child protection programmes reinforce outcomes e.g. do parenting programmes impact on adolescent adherence? How does age of consent laws impact on HIV testing coverage?	Increased data availability on HIV prevention and treatment issues facing children at risk of abuse, violence, exploitation and neglect and stigma and discrimination; leading to improved referrals to HIV programmes.	National child protection stakeholders must involve HIV prevention and treatment specialists in development of indicators.

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