CREATING A CLIMATE FOR INNOVATION

A framework for Plan’s support of the rights of children living in a world with HIV
Acknowledgements

This document is an update of the Plan HIV Programme Framework first published in 2006, after extensive internal consultations involving many Plan staff at all levels of the organisation.

To produce this updated document, two separate consultation processes were followed throughout 2007.

- The first was an organisation-wide consultation on monitoring and evaluation of Plan’s response to HIV.

- The second was a series of four regional workshops of country-based technical staff and representatives of Plan National Organisations to collect information on HIV programming and priorities in all Plan offices, and to test the theoretical framework of Plan’s response against the programme reality.

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Glossary

Talking about HIV in a global organisation that functions in many different languages is not easy. Words may have different meanings, especially when they are used extensively, in different cultures, and in documents with diverse objectives. The purpose of this glossary is to clarify words and phrases as they are used in this document only. For a guide on how to write about HIV, we refer to the UNAIDS Terminology Guidelines.

Advocacy
Advocacy is organised action to highlight critical issues, influence public attitudes, and seek to enact and implement laws and public policies so that visions of a just and decent society can become a reality. For Plan, advocacy means the use of knowledge and information to influence policies and programmes that enhance the rights of children.

Child-centred programming
Child-centred programming means that central to all decisions is the question of how a programme will contribute to greater fulfilment of the basic rights of children to survival, development, protection, and participation. Child-centred programmes are developed with the active participation of children and designed to be in their best interest.

Child Centred Community Development
Child Centred Community Development is a rights-based approach in which children, families and communities are active and leading participants in their own development. It enhances their capacity and opportunity to work together with others to address structural causes and consequences of child poverty at all levels.

Children
Throughout the document, the term ‘children’ is used for persons aged 0 to 18 years. This definition includes adolescents and infants.

Children affected by HIV
In this document, the term ‘children affected by HIV’ denotes children who are directly affected by the Human Immunodeficiency Virus. They may be living with HIV; a member of their household may be living with HIV; they may have lost a relative or household member to an AIDS-related illness; or they may live in a community that is coping with a high prevalence of HIV.

Children living with HIV
Children living with HIV are those children infected with the Human Immunodeficiency Virus.

Circle of Hope
The Circle of Hope is the title of a conceptual model to visualise the Plan HIV strategy. The model was first developed by Plan Uganda in the early 1990s. It has undergone several modifications. In 2007 it was revised extensively to bring it in line with Plan’s rights-based programme approach.

Civil society
There are many different definitions of the term civil society. In this document, the term is used to categorise institutions that are distinct from the state, for profit business and the family. These institutions include non-governmental organisations, community groups, faith-based organisations, professional associations, trade unions, self-help groups, social movements, business associations and advocacy groups. The definition of civil society often provokes vigorous discussions. This discussion would be out of place in the context of this document.

Duty bearer
The term duty bearer denotes those institutions and people who have obligations to assure that the rights of children are respected, protected and fulfilled. The primary duty bearer is the State, however parents, guardians, families, and civil society organisations have a co-responsibility to promote and protect the rights of children.

HIV mainstreaming
HIV mainstreaming means adopting programmatic and operational policies to work in an environment where HIV is present. The objectives of HIV mainstreaming are to assure that Plan’s programmes do not increase but rather help to decrease the spread of HIV, to assure that Plan’s programmes help increase community resilience to HIV, and to assure that Plan offices are resilient to HIV and have a rational and humane approach to HIV infection among their staff. HIV mainstreaming takes different forms depending on the epidemiological and social situation where Plan works.

Indicator
An indicator is a variable that captures a single aspect of a complex feature. It may be quantitative, capturing a numerical aspect (e.g. the HIV prevalence), or it may be qualitative, capturing a non-numerical aspect (e.g. the degree of stigmatisation of households affected by HIV in a community). Qualitative indicators are often translated into numerical terms using rating scales. Indicators by themselves do not describe the entire feature. Their main use is for comparison to follow changes over time or to compare different programme approaches.

Participation
Participation is the equitable and active involvement of all stakeholders in the formulation of development policies and strategies and in the analysis, planning, implementation, monitoring and evaluation of development activities. The participation of children in decisions and actions that affect their lives is recognised as a central right in Article 12 of the UN Convention on the Rights of the Child.

Plan’s response to HIV
Plan’s response to HIV is the ensemble of programmatic and policy initiatives Plan undertakes and supports to prevent the spread of HIV and to mitigate its impact.

Protection from HIV infection
Protection from HIV infection, as used in this document, includes the usual repertoire of HIV prevention, but it also captures additional policy and programme initiatives to decrease the vulnerability of children to HIV infection. Effective protection from HIV infection includes initiatives taken by children to protect themselves, as well as policies and programmes by adult duty bearers to create a supportive environment for HIV prevention.

Rights-based approach
A rights-based approach refers to a programme of activities designed to promote equality and freedom based on agreed principles and standards of human rights. It supports those without power to demand their rights, and it holds those that are in power accountable to fulfil their obligations towards those with less power.

Risk
Risk denotes the probability that an event will occur. The term has no moral value attached. This is different from the popular use of the term as in taking risks, risky behaviours, or risk groups. These terms are avoided throughout the document.

Vulnerability
Throughout the document, the term vulnerability is used to denote the level of exposure to HIV infection. Some authors use the term susceptibility instead, and sometimes the term risk is used. We prefer the term vulnerability in order to draw attention to the fact that for children and adolescents, the likelihood of acquiring HIV is to a large extent determined by violations or lack of fulfilment of their rights. This is distinct from the use of the term as denoting a condition inflicted on children because they are affected by HIV (as in orphans and vulnerable children). This document does not use the term vulnerability in this sense.
Executive summary

This is the first revision of the Plan HIV Programme Framework *Creating a Climate for Innovation* adopted in June 2006. It is the result of Plan-wide consultations held in 2007.

The revised framework is considerably shorter and contains less operational programme guidance than the previous version. It also includes a section on monitoring and evaluation. The operational aspects of Plan HIV programming that were removed from the original framework will be picked up by four regional HIV strategies, currently in development. These strategies will be more clearly linked to the profile of the HIV epidemics in the different regions where Plan works.

Globally, HIV epidemics continue to be unstable. There are signs of a falling or stable incidence of HIV in many countries, while others are experiencing sudden increases in infection rates. In 2007, an estimated 2.5 million people were infected with HIV, many of them adolescents and young adults. Globally, men outnumber women among people living with HIV, but in the mature
generalised epidemics in Africa, women outnumber men by a wide margin; amongst young people aged 15 to 24 this is a margin of 3 to 1. The impact of HIV on children, families, and communities is as complex as the epidemiology. The popular picture of community breakdown, dissolution of households, and the emergence of child-headed and grandparent-headed families does not hold up to empirical evidence.

Plan’s response to HIV is grounded in our corporate strategy of corporate Child Centred Community Development approach. It is characterised by a long-term vision of effecting social change in communities, based on intimate local knowledge and a close relationship with local institutions. The aim of Plan’s response to HIV is to contribute to more effective policies and actions to promote, fulfil and protect the rights of children living in a world with HIV.

Plan’s programme response to HIV is conceptualised in the Circle of Hope. This model was developed by Plan Uganda in the 1990s and has been updated to reflect
Plan’s response to HIV is characterised by a long-term vision of effecting social change in communities.

the rights-based orientation of Plan programmes. The four strategic areas of Plan’s response to HIV address (1) the rights of children to protection from HIV; (2) the rights of children to live with their family; (3) the rights of families affected by HIV to social protection and (4) the rights of children affected by HIV to care and support. These four areas outline a strategic response that is centred on children rather than on the virus or on the epidemic.

Gender inequality is a major contributor to the spread of HIV. Plan’s response to HIV is therefore formulated in synergy with Plan’s corporate agenda to address gender inequalities in all our programmes. Furthermore, Plan is committed to adapting our work in all sectors in order to respond to the vulnerability of children and communities to HIV infection. These two programme dimensions are referred to as gender and HIV mainstreaming.

In the process of developing a rights-based response to HIV, Plan has developed a rights-based approach to monitoring and evaluation. This was done in close collaboration with the team developing the Plan Programme Accountability and Learning System (PALS). The principles of monitoring and evaluating our response to HIV are (1) adopting a rights-based approach (measuring and documenting changes in the lives of children); (2) working with partners in common frameworks; (3) adapting the monitoring tools, methods and approaches to the different environments where we work; (4) adopting high ethical standards of data collection, analysis and communication and (5) being accountable by:

• informing children and communities about Plan’s responsibilities and creating an environment that allows them to hold Plan to account

• giving account of our actions to children and communities in a manner that they understand

• taking account of the rights of children and communities when identifying, planning, implementing, monitoring and evaluating programmes
About this framework

Parameters

Plan’s response to HIV has come a long way since 1993 when we adopted our first policy for children affected by HIV. In 1996 the organisation defined the parameters essential for mainstreaming HIV within our child-centred sponsorship-based development work. As the HIV pandemic evolved, our response grew rapidly – both in scale and in scope. Our global annual expenditure on HIV programming has grown steadily, and an increasing number of child development, child rights, child media, child survival, education, and community development programmes are addressing issues related to HIV prevention and care. More and more Plan country offices are involved in national policy and co-ordination bodies for HIV programming, bringing a child-centred and child rights perspective to national policies and action plans, national legislation and implementation frameworks. Plan also participates in an increasing number of regional and international alliances and collaborations on HIV.

Scope

This document summarises the outcome of an internal reflection on Plan’s current response to HIV. It outlines the specific contribution that Plan makes to the international response to HIV. It serves as a guide for Plan managers to help them develop programmes that are effective and appropriate to their local context. And it informs external specialists interested in Plan’s approaches and programming position.

As with any framework document, the need for global validity means that specific recommendations are kept to a minimum in favour of guiding principles. By doing this, the framework creates space and flexibility for Plan’s regional offices to develop operational strategies that are responsive to the regional epidemiology and social context. The main task of this framework is to establish the broad parameters for Plan’s country offices to develop programmes that are tailored to their specific needs, while remaining within Plan’s vision, mission and strategic directions. The details on how to put this framework into practice will be provided in the regional strategies.

This framework covers the period 2006 to 2011. It was first released in June 2006 as a living document to be continuously updated. Throughout 2007 it was reviewed in a series of regional consultations. A section dealing with research, monitoring and evaluation was added. Further regular reviews and updates are planned. A major evaluation of Plan’s response to HIV is planned for 2010.
The HIV pandemic

Scale

In 2007, between two and three million people died prematurely as a result of HIV infection. At the end of that year, an estimated 33 million people were living with HIV, about 2.5 million of them having been infected within the last 12 months. Many of these were adolescents and young adults who contracted HIV through unprotected sexual intercourse. In 2007, about 2.5 million children under 15 years of age were living with HIV, 420,000 became infected and 330,000 died.3

Given that more than 9 million children die annually from preventable causes before they reach their fifth birthday,4 330,000 child deaths from AIDS-related illnesses may not seem a large number. But this only illustrates how statistics may fail to describe the complexity of the situation, and it draws attention to the limitations of an isolationist or exclusive approach to HIV programming. To respond adequately to HIV, it is necessary to look beyond the statistics. We must understand and respond to the different epidemiologic patterns, targeting our resources where they will have the most impact.

Types of epidemic

Traditionally, HIV epidemics have been defined as ‘concentrated’ if the national adult HIV prevalence was below the one per cent threshold, and as ‘generalised’ when it passed the one per cent threshold. The usefulness of this simplistic approach to classifying epidemics is now being questioned. It is clear that HIV epidemics do not have an invariable growth curve, starting among people at high risk of infection and then spreading into the ‘general population’. Sometimes this happens, but it appears to be the exception rather than the rule.

Some epidemics are well established within certain environments and show little sign of spreading beyond. These are concentrated epidemics. The environments where they occur are the sex industry, networks of injecting drug users or networks of men who have sex with men. There are also some concentrated epidemics of uncommon origin, as for instance the HIV epidemics that originated from the use of contaminated equipment in the plasma trade in rural areas in China.

Some HIV epidemics, however, do not have such clearly identifiable boundaries. These are generalised epidemics. In this situation, most HIV infections occur among people who are not involved in any common social or economic network.

Finally, there are many situations where both generalised and concentrated epidemics co-exist, sometimes in different geographic locations within a country, and sometimes side by side but at different levels.

Although a high national HIV prevalence usually indicates a generalised epidemic, there is no clear correlation between HIV prevalence and epidemic type. The numbers of sex workers or of injecting drug users vary greatly from country to country. Some countries may have a relatively high HIV prevalence even if the epidemic is still highly concentrated. Others have generalised HIV epidemics with a low and stable HIV prevalence. In order to understand the epidemic, and in order to target our effort and resources appropriately, we need to know where and among whom HIV is spreading at this point in time, and who is experiencing the greatest impact of the HIV epidemic in the country.

Gender profile of HIV epidemics

Of the estimated 33 million people living with HIV in 2007, a little less than half, approximately 15 million, were women. The gender profile, however, is different in sub-Saharan Africa, where almost 61 percent of people living with HIV are women. Among young people in Africa aged 15 to 24 years, the imbalance is even greater with females outnumbering males by a ratio of about three to one.9

This imbalance may be partly explained by the age gap between sexual partners in many societies. Intergenerational partnerships expose girls and young women to the risk of HIV infection during their first sexual encounters. Many of these occur within marriage. A large age gap between partners makes young women vulnerable to HIV infection. It is also a known factor that fuels generalised HIV epidemics.10 Inter-generational sex and child marriage are important issues where child protection, gender equality, and HIV prevention programmes of Plan intersect.
Impact of HIV epidemics

In countries with mature generalised HIV epidemics, many children, adolescents, families and communities are experiencing the impact of HIV-related mortality. Due to the death of adults, adolescents are becoming a more prominent demographic group and more children are being orphaned by AIDS. This has important and as yet unknown implications for future generations, for their vulnerability to the HIV epidemic and for developmental challenges such as food security and access to education.

There are many anecdotal reports of the impact of HIV on communities. Most of them originate in Eastern and Southern Africa. Most highlight the destructive force of the epidemic. They recount images of abandoned villages, poverty and starvation, communities divided by stigma, discrimination and xenophobia, and the breakdown of law, order and social cohesion. However, no systematic analysis of the community impact of HIV has been undertaken. There are also less-publicised examples of HIV bringing communities together and mobilising them to greater social cohesion, political power and economic achievement.

Changes in household composition and the living arrangements of orphaned children are prominent themes in the international discussion of the impact of HIV. It is obvious that a severe generalised HIV epidemic will result in an increase in the proportion of children who are orphaned or who have lost one parent. But even in the severest of HIV epidemics, most children will continue to live with two surviving parents. The intense international focus on orphans distorts the understanding of the family situation in which most children affected by HIV grow up.

Child-headed households, and so called ‘skip generation households’ (households comprised of grandparents and grandchildren only) occupy a large space in the international discussion of the impact of HIV on children. There can be no doubt that they exist, and they are likely to become more numerous as orphan rates are increasing. There is, however, no evidence that these types of households are common. Large-scale household surveys in even the most severely affected communities have consistently reported that there are few, if any, child-headed households. Skip generation households are more common. In some cultures grandparents traditionally raise their grandchildren; a tradition that predates the HIV epidemics. Most grandparent-headed households identified in large surveys had young adult support, even if the person providing the support was not co-residing with the children and grandparents. A systematic review of the evidence is currently being undertaken by the Joint Learning Initiative on Children and HIV/AIDS which is likely to be published in 2008.
The basis of Plan’s response to HIV

Plan’s mission

Plan’s response to HIV is firmly based on our organisational values and principles. Plan’s vision is a world in which all children achieve their full potential in societies that respect people’s rights and dignity. Plan’s organisational development strategy is outlined in the framework for child-centred community development. It defines the values and principles of Plan as an organisation. Its implementation rests on four building blocks, describing the way that Plan works through:

• facilitating participation
• child-centred programming
• supporting groups and organisations
• partnerships, networking and relationship building

All of Plan’s HIV programming and advocacy activities support the implementation of the 1989 UN Convention on the Rights of the Child and the General Comment No 3 ‘HIV/AIDS and the rights of the child’ of the UN Committee on the Rights of the Child of 2003.

Global context

Plan’s response to HIV is aligned to the spirit of the Millennium Declaration adopted in September 2000 by the United Nations. Specifically, Plan recognises the Millennium Development Goal number six – ‘Combat HIV/AIDS, malaria and other diseases’ – which was formulated on the basis of the Declaration.


This is just one example of the many alliances and collaborations that are part of Plan’s response to HIV at the international level. Each collaboration has specific goals and characteristics that are consistent with, but not identical to Plan’s HIV programme framework. Working in collaboration with like-minded organisations reinforces child-centred and rights-based programme strategies, and helps us share experiences and approaches.

Local relevance

Child-centred community development is a long-term process of social change that requires intimate local knowledge and a close relationship with local institutions. The approach is at the heart of how Plan works with communities. It has to be seen in the context of the trend for development assistance to be grouped into large subject-specific funds (such as the Global Fund to Fight AIDS, Tuberculosis and Malaria) directed to meet large-scale service targets across many communities.

Through our work over many years, we have promoted innovative and replicable local approaches that can be taken to district or even national scale. Such ‘model’ interventions can serve as learning or training sites to influence national policy and practice on key child rights issues. While we are increasingly scaling up our response to HIV through grants obtained from large financial donor institutions, we are also taking care not to lose contact with our community roots. These roots in the community give Plan a unique strength among international development NGOs.

HIV provokes responses that can either weaken or strengthen social fabric. The type of response depends on many factors, mostly inherent in the communities. But it also depends on the type of support and facilitation that a community receives from outside agencies. Plan’s response to HIV therefore needs to identify existing community strengths and become sophisticated enough to look beyond the pandemic as a disaster. Our long-term community involvement should give us the strength to avoid a ‘charity response’ and allow us to identify whether a programme is likely to be empowering or disempowering. Critical questioning is crucial for the formulation of all of Plan’s responses to HIV.

* The objectives of this Comment are: (a) to identify and strengthen understanding of all the human rights of children in the context of HIV; (b) to promote the realisation of the human rights of children in the context of HIV; (c) to identify measures and good practices to increase the level of implementation of the rights related to the prevention of HIV and the support, care and protection of children infected with or affected by HIV and (d) to contribute to the formulation and promotion of child-oriented plans of action, strategies, laws, policies and programmes to combat the spread and mitigate the impact of HIV at the national and international levels.
Children’s rights in a world with HIV

HIV affects the civil, economic, social and cultural rights of children. An appropriate response to HIV has to fully respect these rights. The aim of Plan’s response to HIV is to contribute to more effective policies and actions to promote, fulfil and protect the rights of children living in a world with HIV.

Children infected with HIV and those affected by the epidemic continue to suffer stigmatisation, discrimination and abuse. Violations of the rights of children can be the result of their real or perceived HIV status, or that of members of their families, or simply that they belong to a social or ethnic group associated with a high prevalence of HIV. Violations of children’s rights, including sexual and reproductive rights, can also make children more vulnerable to HIV infection.

As a rights-based and child-centred organisation, Plan’s response to HIV is grounded in an analysis of the status of children’s rights, how rights violations influence vulnerability to HIV infection and how HIV affects the realisation of rights. This is in recognition of the fact that the violation of a number of rights increases vulnerability to infection with HIV, and that being affected by HIV can impede the realisation of rights or lead to explicit rights violations.

Understanding the status of children’s rights and their interaction with vulnerability to HIV requires the analysis and the monitoring of how those who bear the duty to guarantee these rights are meeting their obligations: their capacity, commitment and performance. This monitoring of rights, determinants, obligations and responsibilities has to be continuous, because the environments in which we work are continuously changing. Effective rights-based programming and effective advocacy for children’s rights require that Plan has access to a reliable, up-to-date, and locally specific base of information on:

- the status of realisation of children’s rights;
- the violations or gaps in their realisation, and the promising initiatives and programmes to overcome these
- the State institutions that are responsible for assuring children’s rights, their capacity and commitment to meet their responsibilities, and their level of performance
- the role of civil society organisations in assuring children’s rights and their capacity to execute this role

These are key components of Plan’s response to HIV. In order to be effective in its advocacy for children’s rights at local, national, regional and global levels, and in order to develop programmes that are effective in promoting children’s rights, Plan needs to be well informed about the situation of children’s rights and about the links between this situation and HIV.

The Convention on the Rights of the Child and other international human rights treaties provide a framework for reducing the vulnerability of children to HIV and for the development of effective HIV prevention, treatment and care strategies consistent with human rights standards and principles. Plan staff must also be familiar with the General Comment on HIV and AIDS by the Committee on the Rights of the Child. The Comment acknowledges the roles that the international community and NGOs like Plan play in the response to HIV.
The Circle of Hope captures the essential components of Plan’s Child Centred Community Development approach.
Plan’s programme response to HIV

The Circle of Hope

Plan’s programme response to HIV is conceptualised in the Circle of Hope. This model was initially developed by Plan Uganda and has since evolved to become a global conceptual model for Plan’s response to HIV. At the level of Plan country and regional programmes, the Circle of Hope has been modified to accommodate the local social and epidemiological context of HIV epidemics.

The Circle of Hope is a conceptual model for a strategy centred on the rights of children growing up in a world with HIV. It captures the essential components of Plan’s Child Centred Community Development approach and identifies the basic characteristics of Plan’s rights-based programme response to HIV.

The Circle of Hope model also frames Plan’s advocacy agenda for HIV at international and national levels. It emphasises that HIV requires a response built on the indigenous capacity and the strength of children, families, communities and local institutions. Furthermore, it identifies a response that is not limited to any single professional sector or domain, but is based on a comprehensive analysis of the status of children’s rights in the communities where we work.

Since Creating a Climate for Innovation was first published in 2006, many Plan staff have commented that the original Circle of Hope was a conceptual model for a service delivery strategy and not a suitable representation of Plan’s rights-based approach. During the regional HIV programme review in 2007, a revised model was therefore discussed and endorsed in four regional HIV programme meetings. The revised model is presented below:

The rights of children to protection from HIV

The rights of children to live with their family

The rights of children affected by HIV to care and support

The rights of families affected by HIV to social protection
The programme target

The concentric circles of the conceptual model represent the interactions between rights holders and duty bearers at all levels. In a child-centred rights-based framework, children are the ultimate rights holders. Their families are the most immediate duty bearers. However, children and their families live in communities, districts, countries. Parents and guardians need an enabling and supportive environment in which to fulfil their duties. This is the responsibility of the State. Under International Human Rights law, the State is the primary duty bearer, but each level identified by a concentric circle in the Circle of Hope has a relationship of rights and duties to the next level, up to the level of international agencies and inter-governmental organisations.

The co-responsibility of civil society as duty bearers for children is a complex issue. It takes different forms in different countries. In some countries the State has an overpowering presence, not necessarily related to the government’s capacity to provide services and protect children’s rights. Civil society organisations may be restricted in their range of action and may focus primarily on advocacy. In other countries the State has very little presence as a service provider for children, and a large part of the population may rely primarily on services provided by civil society actors. Plan needs to thoroughly analyse the situation in each of our programme areas in order to develop the most appropriate response.

Plan’s programmes have to balance the tasks of supporting rights holders to know, exercise and claim their rights and strengthening the capacity of duty bearers to respect, protect and fulfil these rights. The degree to which Plan offices may prioritise each of these two key elements of rights-based programming will depend on the context and the capacity of these actors. Plan works on all the levels identified by the concentric circles in the diagram, without losing sight of the fact that children are at centre of everything we do.

The programme strategy

The four corners of the diagram represent four strategic areas that are consistent with Plan’s organisational values and allow Plan’s country offices to develop programmes that respond to the different priorities of children and adolescents in different communities. They focus on the rights of children to prevention, care, mitigation and treatment in the context of HIV. These strategic areas will be reviewed and revised continuously to meet changing priorities as the HIV epidemics and the responses to HIV evolve.

Plan’s mandate and strength are centred on promoting, protecting and defending the rights of children. In communities where there is no visible HIV epidemic, the expression of this mandate aims at preventing HIV infection by promoting the rights of children to be protected from HIV. In communities with generalised mature HIV epidemics, the mandate covers all four strategic areas that frame the Circle of Hope. Under the guidance of Plan’s HIV strategic framework laid out in this document, as well as Plan’s regional HIV strategies currently under development, we expect all Plan country offices and regional offices to develop HIV programmes that are specific to the local social, economic and epidemiological context.

1. The rights of children to protection from HIV

All children have a right to protection from HIV infection, regardless of whether they are living with HIV or not. This includes the empowerment of individuals and groups of children to protect themselves (usually referred to as HIV prevention),
as well as advocating, developing, and implementing policies and programmes that create an enabling and safe environment to support HIV prevention.

The level of risk, i.e., the probability that children may be exposed to HIV infection, may be insignificantly small or overwhelmingly large. The degree of a child's vulnerability depends on many social, political, cultural, economic, biological, and epidemiological factors. There are many reasons why a particular child or group of children may be more or less vulnerable. It is therefore the first concern of Plan's response to HIV to provide the most appropriate support to reduce vulnerability in all social contexts where Plan works.*

2. The rights of children to live with their family

There are many types of families. Not all children live in a family that is headed by their biological mother or father. But whatever the structure, there is, in most cases, a privileged relationship between the child and a parent or adult guardian. When this parent or guardian lives with HIV, the relationship is threatened. Supporting access to appropriate treatment and care for parents and guardians, including pregnant women living with HIV, is the second strategic area.*

3. The rights of families affected by HIV to social protection

Some children have parents, guardians, siblings, or other close relatives living with HIV. This has implications on the family’s economy, on its status in the community, and on its prospects for the future. Children in families affected by HIV have the same rights and entitlements as all children. These include the right of their family to economic and legal protection, the right to be free of stigma and discrimination, and the right to social and psychological support. These are addressed in the third strategic area.*

4. The rights of children affected by HIV to care and support

Some families can no longer provide the necessary social protection for their children. The children may be living with HIV and require a level of care that the family cannot afford, or the children may no longer have a parent or guardian who can assure that their basic rights for survival, development, participation and protection are met. Supporting these children in realising their rights is the fourth strategic area of Plan’s Circle of Hope.*

* These rights refer to the rights set out in the Articles of the UN Convention on the Rights of the Child. See references 5 for details.

The gender dimension of HIV

The unequal distribution of wealth and power between males and females and entrenched beliefs about female and male sexuality are major factors driving the spread of HIV. They also contribute to the higher burden of the impact of HIV borne by girls and women in most epidemic contexts. The promotion of sexual and reproductive health and rights and of gender equality are therefore key priorities in Plan’s response to HIV. Failure to protect the human rights of girls and women, including their right to health and to a life free from sexual exploitation and violence, fuels HIV transmission. Universal access to sexual and reproductive health services, education, and protection of sexual and reproductive rights, are essential to slowing the spread of HIV.

Analysing and responding to gender inequalities in all of Plan's activities, projects, programmes and policies is referred to as gender mainstreaming. It is synergetic to Plan's response to HIV. Effective responses to gender inequalities in Plan’s programmes address existing gender norms and power inequalities that violate human rights and create vulnerability to violence, HIV infection and other negative sexual and reproductive health outcomes.

Mainstreaming HIV

Plan is a signatory to the Code of Good Practice of NGOs Responding to HIV/AIDS.* This includes a commitment to adapt our work in all sectors to take into account the vulnerability of children and communities to HIV infection and to consider the consequences of HIV epidemics among the communities with whom we work. This is referred to as external mainstreaming.

Internal mainstreaming is the process of changing organisational policy and practice in order to reduce the vulnerability of Plan staff and Plan offices to HIV infection and to the impact of HIV. It includes staff support, staff education, and workplace policies that are responsive to the epidemiology of HIV in the environment where we work.

Plan's commitment to both external and internal mainstreaming of HIV dates back to the early 1990s. It requires a continuous effort involving many layers of the organisation. Internal mainstreaming of HIV has to be headed by the Human Resources departments, while external mainstreaming requires the collaboration of all programme staff and a high level of commitment by senior management in country offices, regional offices, and National Organisations.
Monitoring and evaluation

A rights-based approach

Plan embarked on the road towards becoming a rights-based organisation when it adopted the Child Centred Community Development approach in 2003. This set in motion a series of changes in our approach to programming and in our approach to monitoring and evaluation. It will not always be possible to synchronise these changes. But we must be sure that all of Plan’s systems and approaches are moving in the direction of creating a rights-based child-centred organisation.

Rights-based monitoring and evaluation of HIV programming should analyse and document the following:

- The changes in children’s lives that influence their vulnerability to HIV infection and the impact of HIV on them, their families and communities.
- The changes in policies and practices that influence children’s vulnerability to HIV infection and the access to care and support for children affected by HIV.
- The social changes that influence vulnerability to infection and the impact of HIV, including the stigmatisation and discrimination of children affected by HIV.
- The changes in the capacity of families, communities, service providers and other duty bearers to promote, respect, protect and fulfil the rights of children affected by HIV.
- The changes in the active and meaningful participation of children, young people and communities in the response to HIV, including the meaningful participation of people living with HIV.

How these changes can be monitored is further illustrated in the three tables annexed to this document.

Rights-based monitoring and evaluation focuses on equality and inclusion. It requires a methodological shift from the predominance of surveys and statistics towards participatory methods of generating information that go beyond the measurement of behaviours and risks. Rights-based monitoring and evaluation of the response to HIV should identify and explain the factors that determine the vulnerability to HIV infection in a way that can be acted on by children and by those who bear the duty to assure children’s rights.

Rights-based monitoring and evaluation requires the active participation of children and their communities. It should contribute to community decision-making and action, rather than just serve to extract information in order to measure the effects of interventions.
The information captured should reflect the combination of interests, capacity, resources, priorities and needs of the communities where this information is collected.

**Working with partners**

Working in partnership and alliances is one of the cornerstones of the Child Centred Community Development approach. There are many different types of partnerships and alliances. Whatever the type, each of the partners has specific information needs. The worst possible solution is that these information needs are treated as being additive, resulting in multiple, and often redundant data collection exercises and instruments.

Plan supports the international effort for the harmonisation of development assistance as expressed in the Paris Declaration and in the principles of the ‘Three Ones’, adopted by international consensus in 2004. This support includes a commitment to work with all partners on one agreed national monitoring and evaluation system for HIV.

Plan needs to be cognisant of what information is being collected in what manner by national authorities. Any data collection Plan initiates or undertakes should aim to contribute to the national strategy for HIV monitoring and evaluation. This includes building the capacity of local and national authorities to improve the quality of data collection.

National information systems on HIV are primarily designed to track the epidemic, to predict service needs, and to monitor service coverage. They are not designed to accommodate rights-based monitoring and evaluation. As part of our pursuit of a rights-based agenda, Plan offices will need to collect additional primary data in partnership with children and communities. In doing this, the time, effort and resources invested by both the community and Plan need to be justified. The data should be collected, analysed and documented in a way that contributes to community, national and international knowledge about HIV and its effects on children, families and communities.

Monitoring and evaluation activities undertaken by Plan are often required to meet the information needs of financial donor agencies. This may require distinct surveys or studies. They must be conducted ethically, their social and financial cost should be justified by their expected benefit, and they should not interfere with the logic and the principles of Plan's programmes.
Local relevance

Information gathered should be relevant to both the objectives and strategies of Plan's response to HIV in the local context. In many cultures, sexuality, HIV and AIDS are sensitive topics of discussion. But cultural sensitivity should not be a reason to avoid addressing the issues, especially where traditions, practices, and policies may increase the vulnerability of children to HIV.

Different social settings will require different approaches to data collection. The use of standardised methodologies and strict, corporately defined time-frames will not generate adequate information. The emphasis is therefore on local adaptation of methods and approaches for collecting the data that are needed to plan and to guide the response to HIV.

Ethical conduct

Research, monitoring or evaluation activities of Plan or supported by Plan have to serve the best interests of the children or communities studied, and have to adhere to the principles of child protection adopted by Plan. They also have to adhere to internationally accepted principles for the ethical conduct of research. Detailed guidelines on ethical information gathering are available in the reference literature. Plan is currently working on a guide for ethical conduct in research, monitoring and evaluation to be published as a support document for Plan's Programme Accountability and Learning System (PALS).

Accountability

Accountability in development refers to the obligations of partners to act according to clearly defined responsibilities, roles and performance expectations. Plan is accountable for responding to HIV from a perspective that is based on children's rights and that uses the Circle of Hope as a conceptual framework. This means that Plan's strategies, programmes, projects and advocacy activities related to HIV should be child-centred and rights-based. As a rights-based organisation working with children and communities in ways that can shape and affect their lives, Plan must:

• inform children and communities about Plan’s responsibilities and create an environment that allows them to hold Plan to account
• give an account of its actions to children and communities in a manner that they understand
• take account of the rights of children and communities when identifying, planning, implementing, monitoring and evaluating programmes

There are many different information requirements to assure that Plan is accountable for its response to HIV. The requirements are at different levels, and information is needed for different audiences. They are often complementary, but they may also be conflicting and in need of reconciliation. Annexed to this document are three tables that outline the information needs for accountability at community, district/national, and regional/global level. These tables are not exhaustive, they are meant to introduce a systematic way of relating Plan's accountability requirements to the types of changes our response to HIV is trying to achieve in the lives of children.

The role of indicators

Indicators, as defined in the glossary of this document, are indispensable for monitoring and evaluating the results and the effectiveness of Plan’s work. When measured repeatedly over time, they provide information from which the trends of complex developments can be inferred. For instance, an increasing trend in reported condom use (the indicator) suggests that there is a change towards safer sexual behaviour in the population monitored (the complex development). Trends in indicators, however, do not explain why and how these developments have occurred. This limits their usefulness for programme planning and for the assessment of programme results. In order to monitor and evaluate Plan’s response to HIV, the measurement and calculation of indicators has to be combined with other types of information that is able to explain trends and changes in the lives of children and communities.

Plan’s Programme Accountability and Learning System (PALS) provides detailed guidance on how to choose and develop indicators at the local, national, regional, and global level. This guidance is relevant to all Plan programming, including our response to HIV.

In all cases, indicators to be developed and measured should be discussed with government at the local or national level, in accordance with the ‘Three Ones’ principle (see ‘Working with partners’). The objective is to generate information that is useful for monitoring the national response to HIV. Furthermore, it is preferable to support government information systems to collect and analyse data at national or district levels, rather than collecting data in surveys and studies that are exclusively managed by Plan.
The need to monitor mainstreaming

Plan is committed to mainstreaming our response to gender inequality and to HIV in all our work. We therefore must monitor how well we are performing against these commitments. This is not an easy task, because the more a programme objective is mainstreamed, the more it disappears as a distinct entity that can be traced in terms of discrete inputs or results.

Mainstreaming has to happen across all programme sectors. It therefore has to be monitored at the level of the Country Strategy Plans and Country Programme Frameworks. Evaluations conducted at these levels should tell us to what extent we have achieved the inclusion of gender equality objectives and targets and the inclusion of HIV prevention and impact mitigation in our work. This will only happen if these concerns are written consistently into the terms of reference of these evaluations.

Monitoring the internal mainstreaming of gender and of HIV in our own organisation are separate issues that have to be tracked within the context of routine organisational audits and performance monitoring.
The context in which Plan engages with children, communities and governments across the world has changed dramatically over the last 10 years. International funds for HIV programmes in low and middle-income countries have increased, and large financing instruments have been established. New in-country funding mechanisms have emerged such as the Country Coordinating Mechanisms for the Global Fund. Many government health systems have undergone reform with decentralisation of authority to district or provincial levels. In many countries the international aid pipelines for the response to HIV are full, yet little money is reaching the children and communities most in need.

The ‘Three Ones’ initiative adopted by the international development community aims to establish one national action framework on HIV, one co-ordinating authority, and one common monitoring and evaluation system in each country. It provides new opportunities for Plan to engage in policy development. By sharing evidence generated from our programmes and through the formation of strategic alliances, Plan will be able to influence national HIV agendas and maximise its leverage of resources for child-centred programming.

Plan needs to take advantage of the many opportunities that exist in the international response to HIV to promote children’s rights and to make international funds work for children and communities locally. This requires that we will have to become more effective in communicating Plan’s approach to HIV, and in translating it into programme reality on the ground. We will need clear operational programme strategies at the levels of Plan’s programme units, country offices, and regions that are well informed of the social and epidemiological context.

Plan has already started to develop regional HIV strategies. The global framework presented in this document serves as a guide for the parameters of these strategies. We will continue to review it, test it against the reality on the ground, and update it as required.

Plan needs to take advantage of the many opportunities that exist in the international response to HIV to promote children’s rights and to make international funds work for children and communities.
### Dimensions of change to be monitored

<table>
<thead>
<tr>
<th>Changes in children’s lives</th>
<th>Changes in policy and practice</th>
<th>Social changes</th>
<th>Changes in the capacity of duty bearers</th>
<th>Changes in participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about the situation of children and their communities with regard to HIV, the way it affects the realisation of their rights, and the way the situation of children’s rights affects their vulnerability to HIV.</td>
<td>Information about the status of policies and practices that affect the freedoms and entitlements of children in the context of HIV. Information about the status of legal protection from property grabbing, discrimination, and other violation of basic rights. Evidence to inform advocacy in support of changes in policy and practice in favour of children at the community level.</td>
<td>Information about social, economic, and gender inequalities, and how they affect vulnerability to HIV. Information about gender relationships. Information about the way people express their sexuality and exercise their sexual rights. Information about the level of social and community cohesion and about the importance and types of religious discourses. Information about the “space” to discuss sexuality and other matters relevant to HIV.</td>
<td>Information about the level of awareness in the community of entitlements and rights. Information about the degree of mobilisation of communities to demand services. Information about the resources available in the community. Information about the capacity of communities to plan, implement, monitor and evaluate their own activities in support of children affected by HIV. Information about the services available to the community (e.g. counselling services, health services), about the quality and equity of service provision, and about the utilisation of services.</td>
<td>Information about the level of participation of children, young people and other groups in conceiving, planning, implementing, monitoring, and evaluating the response to HIV. Information about barriers to participation. Information about how children perceive themselves as rights holders, their self image, self esteem, and self determination.</td>
</tr>
</tbody>
</table>

### Information needs for internal accountability within Plan

- Information about how well Plan’s response to HIV as outlined in *Creating a Climate for Innovation* is understood and integrated into programmes at the community level.
- Information on how Plan is meeting its requirement for accountability to children and communities as outlined in section 8 of this document.
- Information about how effective Plan’s response to HIV addresses gender inequality issues at the community level.
<table>
<thead>
<tr>
<th>Dimensions of change to be monitored</th>
<th>Country and district level</th>
</tr>
</thead>
</table>
| Changes in children’s lives | Information about the district and the national HIV epidemic and about the way it affects the lives of children.  
| | Information about the degree to which the rights of children are being addressed in the district and in the national response to HIV.  
| | Information about the level of resource allocation to HIV by government, and of resource allocation for children’s needs in the context of HIV.  
| | Information about national policies that affect children’s rights in the context of HIV and about legislative, institutional, and administrative mechanisms to protect these rights.  
| | Information about legal instruments to protect people living with HIV and their status of implementation.  
| | Information about the mainstreaming of HIV in national social policies.  
| | Evidence to inform advocacy in support of changes in policy and practice in favour of children at the national and district level. |
| Changes in policy and practice | Information about social, economic, and gender inequalities, and how they affect vulnerability to HIV.  
| | Information about the social environment that is relevant to the profile of HIV epidemics and responses. (e.g. prevalence of drug use, level of migration, strength of social cohesion, importance and types of religious movements)  
| | Information about the way people express their sexuality and exercise their sexual rights.  
| | Information about attitudes towards people affected by HIV and towards people who may be at higher risk of infection.  
| | Information on how issues related to HIV and to sexuality are discussed in the national media. |
| Social changes | Information about key actors in the response to HIV at the district and the national level, how they interact, and how they coordinate their activities.  
| | Information about the capacity of government to provide social, health, education, legal, and other services to children affected by HIV.  
| | Information about the capacity and commitment of government to support the sexual and reproductive lives of children.  
| | Information about the capacity of potential partner organisations for child-centred rights-based HIV programming.  
| | Information about potential partners to advocate for the rights of children in the context of HIV. |
| Changes in the capacity of duty bearers | Information about the participation of children, communities and Community-based Organisations in the discussion on HIV at the district and national level.  
| | Information about the participation of people living with HIV in the institutions and the decision processes that affect their lives.  
| | Information about the activities of community groups (including children’s groups, women’s groups, and groups of people living with HIV) related to the local response to HIV. |
| Changes in participation | Information about how well Plan’s response to HIV as outlined in Creating a Climate for Innovation is understood and integrated into programmes at country office and programme unit level.  
| | Information about the level to which rights-based programming in response to HIV is adopted by country offices.  
| | Information about the effectiveness of Plan’s response to HIV in contributing to positive changes in the dimensions listed in the columns to the left.  
| | Information about the degree of alignment of Plan’s response to HIV with national priorities.  
| | Information about Plan’s visibility and influence in the national response to HIV.  
| | Information about programme practice to be shared for learning within Plan and externally.  
| | Information about the amount of resources allocated to the response to HIV in the Country Programme frameworks.  
| | Information about the level of internal and external mainstreaming of HIV in country offices and programme units.  
<p>| | Information about the effectiveness of gender mainstreaming in Plan’s response to HIV at the country office and programme unit level. |</p>
<table>
<thead>
<tr>
<th>Dimensions of change to be monitored</th>
<th>Information needs for internal accountability within Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Changes in children’s lives</strong></td>
<td>Information about how well Plan’s response to HIV as outlined in <em>Creating a Climate for Innovation</em> is understood and integrated into programmes at regional and global level.</td>
</tr>
<tr>
<td>Information about HIV epidemics globally and regionally, and about the way they affect the lives of children.</td>
<td>Information about the effectiveness of regional and global initiatives, strategies and approaches in response to HIV pursued by Plan.</td>
</tr>
<tr>
<td>Information about the policies and practices of regional and global international institutions and organisations related to children and HIV.</td>
<td>Information about the mainstreaming of HIV in regional and global initiatives and policies of Plan.</td>
</tr>
<tr>
<td>Information about decisions and agreements reached in international economic fora (such as the World Trade Organisation) that affect national responses to children and HIV.</td>
<td>Information about the level of resources allocated to the response to HIV by Plan globally and per region.</td>
</tr>
<tr>
<td>Evidence to inform regional and global advocacy.</td>
<td>Information about Plan’s programme practice to increase Plan’s international visibility and leadership in child-centred and rights-based HIV programming.</td>
</tr>
<tr>
<td><strong>Changes in policy and practice</strong></td>
<td>Information about the effectiveness of Plan to place children on the international HIV agenda.</td>
</tr>
<tr>
<td>Information about social and religious movements, how they affect the international response to HIV, and how they affect the sexual and reproductive rights of children.</td>
<td>Information about the effectiveness of gender mainstreaming in Plan’s response to HIV globally and in each region.</td>
</tr>
<tr>
<td>Information on how issues related to HIV and to sexuality are discussed in the international media.</td>
<td></td>
</tr>
</tbody>
</table>
References


24. Plan’s Program Accountability and Learning System (PALS) is currently the subject of final consultations. It is expected to be approved and published in 2008.

