Summary
HIV and AIDS directly impacts the lives of approximately 20 million children worldwide. More than 3.4 million children are currently living with HIV and AIDS; including 390,000 children who were newly diagnosed in 2010 (WHO et al, 2011). An estimated 16.6 million children have lost one or both parents due to the disease (UNICEF, 2011). In spite of significant progress made in access to anti-retro virals (ARTs) that help extend life span and quality of life, critical gaps remain in the effort to better support and protect children affected by this disease. It is estimated that only 11% of households caring for an orphan or child impacted by HIV and AIDS receives outside support (UNICEF, 2010), illustrating the continued and increasing need for targeted and sustained support to children and families.

A growing body of evidence demonstrates how children living with or affected by HIV and AIDS are especially vulnerable to issues of violence, abuse, neglect and exploitation. Key actors involved in child protection and HIV and AIDS must take advantage of this expanding evidence base in developing or strengthening existing child protection systems so that they include HIV-sensitive responses. Ensuring that comprehensive and sustainable child protection systems are in place is a necessary mechanism for supporting child’s rights and specifically for preventing and responding to acts of abuse, neglect, violence and exploitation of children. States, donors, international and local non-governmental organizations, and communities are working towards a systems approach in many countries where HIV and AIDS affects children and families. The time is now and the evidence demonstrates where funding, action and responses need to be directed in order to best reach children impacted by HIV and AIDS and to prevent further spread of HIV and AIDS and protection violations. This document provides a summary of the most recent data as well as recommendations for how to utilize this information to better inform policy and programming resulting in better outcomes for children living with or affected by HIV and AIDS.

Child Protection Systems
All children have the right to be protected from abuse, neglect, violence and exploitation as clearly outlined in the United Nations Convention on the Rights of the Child (United Nations, 1989). Despite this being a key component in several international and regional legal frameworks, The 2006 United Nations Study on Violence Against Children noted that violence against children occurs in every country, culture and society of the world. It also found that acts of violence against children are typically by people known to or trusted by the child. The study also highlights that violence against children continues to be a hidden issue due to fear of retribution or associated stigma (Pinheiro, 2006). Violence against children is also perpetuated by long-standing traditional cultural, economic and social practices. One of the primary recommendations of the UN Study was the strengthening of children protection systems and a focus on prevention (Pinheiro, 2006).

Child protection is understood as measures, structures and services to prevent and respond to abuse, neglect, exploitation and violence affecting children (Save the Children, 2008). It requires a multi-disciplinary and inter-sectoral approach involving social welfare, justice, education and health. Child protection involves the participation of many key actors including government authorities, non-governmental organizations, civil society members, parents and the children themselves (Save the Children, 2011a; Save the Children, 2008). International and regional child rights legal instruments such as the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child highlight the State’s responsibility to both protect and respond to violations against children and their rights (United Nations, 1989; African Commission on Human and People’s Rights, 1990). Whilst it is the obligation of the State, it is also recognized that communities and parents have responsibilities and should also engage in and contribute to this effort. The active participation of all of the aforementioned actors creates what is referred to as the “protective environment” (UNICEF, 2007).

Ensuring that a protective environment is in place requires a set of components that coordinate and function together in a sustained manner. These components include: a strong legal and policy framework; adequate budget allocations; multi-
sectoral coordination; child-friendly preventive and responsive services; a professional, trained and supported workforce; oversight and regulation; and robust data on child-specific issues (Save the Children, 2009; UNICEF, 2007). A child protection system has, as a primary objective, to protect all children from violence, abuse, neglect and exploitation and address the main causes of those protection risks thus decreasing the overall vulnerability of children to these issues. Root causes of child protection violations against children include chronic poverty, harmful traditional practices, gender discrimination, power differences and health status, including HIV and AIDS (Save the Children, 2008). Child protection systems must also address the root causes of violence and abuse including cultural norms and harmful practices that make children, especially girls more vulnerable (UNICEF, 2010; Pinheiro, 2006).

Whilst child protection systems aim to protect all children from violence, they must also recognize and address that certain populations of children are especially vulnerable to protection violations due to the context in which they live, physical or mental disabilities, or compounded vulnerabilities. The UN Study on Violence Against Children looked at violence within several contexts including the home and family; educational settings; care settings; places of work; and the community. Children can suffer violence, abuse, or exploitation in all of these settings. Children affected by HIV and AIDS are often more vulnerable to protection violations due to the fact that they come from contexts that frequently include extreme poverty, hazardous working conditions, harmful practices or lack of parental care. This population of children can be and frequently are especially vulnerable to protection issues because of their own HIV status or impact related to familial HIV infection (UNICEF, 2007). The normal protection risks faced by children are exacerbated when HIV and AIDS enters the arena (Cluver, 2011; JLICA, 2009; UNICEF, 2007). Therefore, finding a way to acknowledge this difference and develop appropriate and targeted responses whilst simultaneously supporting the establishment of larger macro child protection systems that protect all children is a current challenge faced by governments, donors, policy makers, and practitioners. It is critical that we acknowledge and address the evidence-based protection vulnerabilities that HIV creates for children and work towards child protection systems that are HIV sensitive but not exclusive. The challenge put before us at this point in time is how to strengthen existing child protection systems ensuring that they are responsive to specific needs of children while not creating a separate or parallel system.

Responses for Children Living with or Impacted by HIV and AIDS
To date, programming responses for children affected by or living with HIV from governments, donors and international organizations have primarily focused on enhancing the well-being of children, improving nutritional status, alleviating extreme household poverty, and increasing access to basic health and education services.

Access to Appropriate Health Care
Significant improvement in children’s access to anti-retroviral drugs (ARTs) has been made and children are living longer and healthier lives. Overall, access to ARTs by both adults and children living in sub-Saharan Africa has increased from 2% in 2003 to 37% today (Cluver, 2011a). In 2010, programs supported by PEPFAR have provided antiretroviral prophylaxis to prevent mother-to-child HIV transmission for more than 600,000 HIV-positive pregnant women allowing more than 114,000 infants to be born HIV-free (PEPFAR, 2010). Programs across Africa have utilized PEPFAR funding and other funds to help strengthen health systems and expand and train workforces in how to better prevent, respond and treat those affected by or living with HIV and AIDS.

Improved Access to Education
Prioritization has also been placed on increasing access to education and education retention. Emerging data has shown that when adults received ARTs there is an improvement in children attending and remaining in school (Cluver, 2011). Data from Demographic Health Surveys in 27 out of 31 sub-Saharan African countries indicate an improved rate of school attendance for children who have lost both parents (AIDS Indicator Survey, DHS as referenced in UNICEF, 2011).

Economic Strengthening and Improved Livelihoods
HIV and AIDS reduces the capacity of wage earners to work thus putting additional stressors on households, many of whom already live in poverty. Programming models aimed at increasing sustainable livelihoods for people families
affected by HIV and AIDS and promoting household savings have also been prioritized in the past decade. An example of a project targeting HIV-affected households in rural Uganda showed that an average monthly savings of approximate $6.33 and an annual accumulated savings of $228 resulted in increased school retention and an increased vocalized desire to continue onto secondary school. It was noted that this increase was most likely influenced by a savings that allowed children to see it as possible as the average amount saved would pay for 1.5 years of secondary education (Sseweamala, & Ismayilova, 2009).

**Improved Nutrition and Access to Food**
Evidence shows that good nutrition, appropriate stimulation, and competent parenting during the crucial years of child development (especially the first three years) helps to promote strong physical growth and cognitive development; both supporting important indicators for earning potential and economic success later in life (Chandan & Richter, 2008; JLICA, 2009). Policy and programming have focused on ensuring that families and children affected by HIV and AIDS have access to appropriate quantities of nutritious food. This has also been a primary focus for emerging child protection systems (Greenberg, 2009).

Improving access and ensuring a child’s right to education and health care have seen promising improvements over the last decade. Concurrently, significant attention, efforts and resources have also been placed on developing national child protection and social protection systems, especially in some of the most AIDS-affected countries. Although efforts are relatively nascent in many countries, important steps have been made in creating systems that appropriately address the needs of societies’ most vulnerable (Devereaux, Webb & Handa, 2010). Cash transfers, micro credit and savings and loans interventions can have a significant impact on households impacted by poverty and HIV and AIDS (UNICEF, 2010). The IMAGE project in South Africa showed that when loans were given to women together with HIV and gender training, the rate of physical and sexual violence in rural communities where interventions occurred was reduced by 50% (Pronyk, Paul M., et al. (2006). Concurrently, addressing the needs of children living with or affected by HIV have also occurred, although these two efforts have not always intersected despite having similar target populations. This holds true in the context of child protection and HIV and AIDS where a growing body of evidence demonstrates that children affected by HIV and AIDS are especially vulnerable and thus require targeted responses within the larger child protection system.

**Research on Protection Issues in the Context of HIV and AIDS**
An expanding body of evidence demonstrates the increased protection risks of children living with or affected by HIV and AIDS. This data should be utilized to help better inform policy and programming related to child protection so that targeted responses can be developed for children who are especially vulnerable to protection violations. Sherr (2011), Cluver (2011a), JLICA (2009), UNICEF (2007) and others have provided evidence demonstrating that children and adolescents living with HIV or whose lives are impacted by HIV are at an increased risk of abuse, both physical and sexual, higher rates of harmful labor and sexual exploitation, and neglect that can cause developmental and physical delays. Furthermore, the evidence provides insight into what has gone well in terms of developing macro child protection systems for children and where those systems have overlooked, underserved or not appropriately responded to specific issues related to children living with or affected by HIV and AIDS.

An increasing evidence base demonstrates that children living with or affected by HIV and AIDS are prone to protection abuses because of poverty, stigma and discrimination, death of a caregiver, and subsequent orphan status (UNICEF, 2007; Cluver, 2011a; Birdthistle, Sian, Mwanasa, et al 2011). Traditional caring mechanisms such as kinship care have responded to the growing need with neighbors or extended family members providing care for children whose primary caregivers have died of AIDS (UNICEF, 2009; The World Bank, 2009; Abebe, 2009; Madhaven, 2004). Lombe and Ochumbo (2008) found that extended family members were caring for 90% of orphans in sub-Saharan Africa and Hosegood (2008) showed that overall 95% of children directly affected by HIV and AIDS in Africa were living with extended family.

*Verbal and Physical Abuse*
Many of these care situations can and do offer positive environments for children outside of parental care and build off traditional and long-held caring mechanisms (Madhaven, 2004; Abebe, 2009). Yet, in some situations extended family care has also proven to be a protection risk for children. An additional child, sometimes unrelated, in situations that are already stretched for resources can be a pre-cursor to abuse, discrimination and exploitation. Pinheiro (2006) found that children (not specifically those who are affected by HIV and AIDS) in kinship care are more commonly punished than biological children in the household, and may be vulnerable to sexual abuse from males in the home. Cluver (2011) has shown a correlation between children living with a caregiver that has AIDS and an increased rate of both physical and verbal abuse; 12% and 23% respectively compared to 5% and 8% in children with a healthy parent. Similar research has also demonstrated that children experiencing both AIDS orphanhood or caregiver AIDS-sickness are three times more likely to experience physical or emotional abuse than children in healthy families (Cluver, Orkin, Boyes, Gardner, & Meinck, 2011). In Uganda, orphans in foster homes reported being treated violently by both caregivers and other children in the home (UNICEF, 2007).

**Risks to Health Development**

Dr. Lorraine Sherr (2011) has shown a relationship between being raised in familial setting affected by AIDS and significant negative effects on child development, especially in children under eight years of age. Sherr et al (2009) also showed cognitive delays in children in similar situations. New data demonstrates that children born HIV+ are negatively impacted in their cognitive development and emotional adjustment (Sherr, 2011). Yet to be published data from the Orphan Resilience Study (Cluver, 2011) found that psychological disorders worsen as children orphaned by AIDS become young adults, whereas for other orphans and children whose parents are alive, these issues remain stable (Cluver, 2011). A study of South African children orphaned by AIDS found that rates of clinical level disorders were much higher than normal rates (Cluver & Gardner, 2007; Cluver and Operario, 2008). Research on the mental health of children orphaned by HIV and AIDS has also demonstrated higher rates of depression, anxiety and post traumatic stress disorder (PTSD) than other orphans and non orphans (Cluver, Orkin, Gardner & Boyes, 2012). Psychological disorders are often associated with higher rates of abuse and exploitation as well as physical and development problems (McNally, Haddingham, Archary, Moodley & Coovadia, 2006). Several studies are also providing evidence that children exposed to HIV in utero but born HIV negative also face risks to their development (McNally et al., 2006), making this group of children too, more susceptible to violence, abuse and neglect.

**Child Labor**

For children outside of parental care or children whose parents are too ill to work, there is often an increased pressure to generate an income. Some studies suggest that household income decreases by 60% when someone is diagnosed with HIV (McNally, et al, 2006). These children begin work at an early age and are often subject to extremely harmful working conditions (Rau, 2002). Studies conducted by the International Labor Organization (ILO) in Eastern and Southern Africa have demonstrated a relationship between HIV, child labor and sexual exploitation (Rau, 2002). Gender also plays a role in children’s vulnerability (JLICA, 2009; UNICEF, 2007). Research has shown that girls from HIV affected households are also more prone to look for work as domestic servants, a situation where evidence has demonstrated they are not only prone to exploitation but also have a higher rate of physical and sexual abuse, increasing their risk of HIV infection (Human Rights, 2002; Erulkar & Ferede, 2009).

**Children in Alternative Care Situations**

Children living outside of parental care, especially in institutional care are also especially vulnerable to protection abuses (Save the Children, 2009; Pinheiro, 2006). In many contexts, residential childcare facilities have been viewed by parents, extended family members or community leaders as an appropriate response to children orphaned or impacted by HIV and AIDS. Similarly, it has also been a common response for children in emergency situations (Save the Children, 2010). Research demonstrates increasing numbers of these types of facilities over the past decade in spite of strong evidence showing the negative effects of this type of care on the cognitive, emotional and physical development of children (Save the Children, 2009). Other studies have shown that HIV infection or familial HIV and AIDS increase a child’s risk of being placed in institutional care (UNICEF, 2007; Sherr, 2011). Institutional care has not only shown to be detrimental to cognitive, emotional and physical development; especially in children under three years of age (Dobrova-Krol, van Ijzendoorn, Bakermans-Kranenburg, Cyr, & Juffer, 2008; Nelson, Zeanah, Fox, Marshall, Smyke, & Guthrie, D., 2007;
Rutter, 2006), but the incidences of abuse and neglect are also higher (EveryChild, 2009). Pinheiro (2006) reported that children outside of parental care are some of the most vulnerable to abuse and neglect. A Save the Children document highlighted the fact that childcare facilities around the world are not caring for actual orphans as anywhere from 40-98% of children in care have a living parent or relative (Save the Children, 2010).

Sexual Abuse
Violence directed at children may affect their behavior, as they grow older. It has been shown that children who experience sexual violence at a young age are more likely to engage in sexually risky behavior as adults, thus increasing their own chance of becoming infected with HIV (UNICEF, 2007). Furthering this idea, another study has shown adolescents (16 and over) and women that are in violent relationships with men have a 50% higher likelihood of contracting HIV than women in non-abusive relationships (Dunkle, Jewkes, Brown et al, 2004). In a recent study based in the United States, research found correlations between childhood sexual abuse and sexual behavior and HIV risk in adolescents (Jones Runyan, Lewis, et al 2010). A recently published study on violence against children in Tanzania showed a correlation between orphan status and experiences of sexual abuse. Thirty percent of female respondents between the ages of 13-24 who had lost one or both parents before reaching adulthood experienced sexual abuse as compared to 20% of non-orphan respondents (UNICEF, Centers for Disease Control (CDC) and Muhimbili University for Health and Allied Sciences, 2011).

Children, especially girls in families affected by AIDS are particularly likely to engage in sex in exchange for money, school fees, transport or shelter (also referred to as transactional sex) (Maganja, Maman, Groues, et al 2007; Cluver, Orkin, Boyes, et al, 2011; Williams, T., Binagwaho, A., & Betancourt, T. (in press). Newly analyzed data from the Orphan Resilience Study demonstrates that adolescent girls living in healthy families have a 2.8% chance of being exploited in transactional sex. The number increases to 19% for those who have a caregiver sick with HIV and AIDS (Cluver, 2011). Furthermore, for girls that have also been victims of physical or emotional abuse, 46% claimed they have had transactional sex (Cluver, 2011). Research has also looked into cumulative social risks for children. Evidence provided by Cluver et al (2011) demonstrates that being in an AIDS-affected family leads to increased risk of abuse and of lack of food. With girls, in particular, this combination of factors results in an enormous increase in participating in transactional sex; 57% of girls in the aforementioned context reported engaging in transactional sex.

Missing From the Discussion
There are several groups of children that have been somewhat absent from policy discussions and programming responses although existing evidence demonstrates the need to respond and provide appropriate and targeted responses. The first is adolescent girls and boys involved in sex work. This silent yet numerous group faces many protection risks, often multiple and yet they have been relatively silent. Silverman (2011) laments that female adolescent sex workers have been left out of the child protection discussion and response due to long-standing tensions between child protection and HIV prevention advocates. He claims that this has resulted in an increasing amount of young girls vulnerable to physical and sexual abuse and HIV infection. Similarly, the children of commercial sex workers are also a silent population. Little research has been conducted on this group (Beard, Biemba, Brooks, et al, 2010). Beard et al (2010) found that the limited data that does exist regarding children of sex workers shows specific vulnerabilities related to separation from parents, early onset of sexual relations, high rates of sexual abuse, low school enrolment and psychological trauma related to witnessing their mother in sexual relations. This is a population that appears to be missing from both HIV and AIDS and child protection responses yet live with compounded protection vulnerabilities on a daily basis.

The other group that has been underserved to date is young children (ages 0-5). These children are in the prime of their cognitive development. Developing targeted and sensitive responses that address the risk factors on children’s development towards children healthy development is critical. Given the importance of the first five years of life in providing the foundation for lifelong development, this critical time period in a child’s life merits specialized interventions that protect children and their development. Ultimately, especially vulnerable children are less able to reach their potential as productive members of society than other children and are more likely to perpetuate the cycle of illness and
poverty (JLICA, 2009).

**Recommended Future Actions**

Some current policy responses and programming initiatives are utilizing the evidence presented herein. However, it is not, being done neither in a systematized way nor at an appropriate level that can adequately respond to the growing needs of children as demonstrated by the evidence.

**National Studies on Children and Violence**

In Tanzania, a government-led national study on violence against children, as recommended by Pinheiro (2006), looked at different types of violence against children and women as well as practices and attitudes related to all types of violence. (UNICEF et al, 2011) It specifically researched violence against children in the context of HIV and AIDS. The aim of the study is to gather critical evidence about violence against children to help better inform policy and programming to prevent and respond to issues of violence, abuse and neglect of children (UNICEF et al, 2011).

**Supporting Families**

Evidence shows that children do best within a family environment. Strengthening family-centered approaches to childcare shows benefits in cognitive, emotional, intellectual and physical development in children (Richter et al, 2008). Therefore increasing access to cash transfers for economically-challenged families, investments in child development and positive parenting approaches for HIV affected families and psychosocial support mechanisms for caregivers and children can help reduce the risk of family disinigration. Another critical element of ensuring that the contents of policies are implemented is a qualified, supported and sustained social welfare workforce. This workforce includes a range of professionals from community-based, front line workers up to federal level managers and policy makers (EveryChild, 2012; Davis). Unfortunately, this important component of a child protection system is frequently found to be understaffed, underfunded and with confused or unclear mandates; this is especially in the case in countries significantly impacted by HIV and AIDS (Davis, 2009). Save the Children (2011b) and UNICEF (2011) advocate for more engaged involvement of and targeted actions for men and boys. Reaching out to fathers, male caregivers and adolescent boys in family planning decisions, positive parenting techniques and psychosocial support is an important tool for both prevention and response.

**Inclusion of Child Protection within National Social Protection Systems**

Cluver (2011) highlights that important donors such as UNICEF and SIDA are helping fund initiatives that specifically look at how to better respond to violence against children, especially in the context of HIV and AIDS. UNICEF is a strong advocate for including HIV-sensitive issues and targeting into large social protection schemes. Social protection systems have been shown to have help reduce structural inequalities and gender disparities; both issues that impact vulnerability and access to appropriate services and support (UNICEF, 2010). Save the Children and their partners are working with community leaders, parents and the children themselves to ensure that community-based protection systems including prevention, identification and response mechanisms are developed and/or strengthened and that they are connected with and linked to the macro national child protection system. As social protection systems grow in popularity, especially in the African context, it is also important that child protection issues, especially those compounded by HIV and AIDS don’t become an after-thought. There must be evidence-supported policies, programming and targeting within the larger social protection models (SIDA, Norwegian Ministry of Foreign Affairs and Save the Children Sweden, 2009).

**Actively Engaging Children**

Finally, but perhaps even more important, is the need to actively engage children and adolescents in research topics, program design and implementation and decisions that affect their lives. Too often, the response is done in their best interest but without their participation. Furthermore, adolescents need appropriate and safe means to discuss reproductive health issues, life skills including appropriate sex education all of which will support prevention of HIV transmission and sexually exploitive practices. Policies and programmatic responses need to address discriminatory actions or cultural norms that can result in increased vulnerability of children. Discrimination against those living with or
impacted by HIV and AIDS, gender discrimination, and harmful practices that target specific children are frequently the root causes of child protection violations. These issues must be addressed if lasting positive change in the lives of children is the goal.

The evidence is clear and demands an informed response. Children within the context of HIV and AIDS are more vulnerable than other children to protection abuses, including compounded protection violations. In addressing this challenge, an interdisciplinary approach is critical. It requires governments, civil society, communities and children. It also requires engagement by academics (Cluver, 2011) that can continue to provide increasing evidence to support policy and programming efforts. The opportunity to utilize evidence and improve outcomes for children is here, now. Utilizing this information will provide the opportunity to see how evidence has resulted in specific policies, increased actions and targeted responses aimed at ensuring a protective environment for children; including those affected by HIV and AIDS. This is an opportunity that should not be missed.

Bibliography


Ukrainian institution-reared children. Infant Behavior & Development, 31:539-553


EveryChild (2009). Spotlighting the relationship between social welfare services and cash transfers within social protection for children. Vulnerable Children and Youth Studies, vol. 4, no. s1


