

**Meeting of the Inter-Agency Task Team on
Children and HIV and AIDS
23-24 April 2007
Washington, D.C.**

**Final Report
19 June 2007**

INTRODUCTION

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), U.S. Agency for International Development (USAID) and the United Nations Children's Fund (UNICEF) hosted a meeting of the Inter-Agency Task Team (IATT) on Children and HIV/AIDS on 23 and 24 April 2007 in Washington, D.C.

The objectives of the meeting were:

- Review progress on the Global Partners Forum recommendations
- Review work initiated by IATT Working Groups and where required refine objectives and agree on action points
- Identify additional bottlenecks in scaling up the response for children affected by AIDS that are presently not being addressed and develop action plans on how IATT and/or other mechanisms could address these bottlenecks
- Improve coherence and complementarities among global and regional partner mechanisms

SUMMARY OF FOLLOW UP ACTIONS

The meeting noted the progress made by each of the working groups since the 2006 meeting and called upon them to accelerate the implementation of the terms of references that were developed and to take forward the suggestions and comments made during the Washington IATT meeting:

1. Working group on social protection: expanding the focus beyond Eastern and Southern Africa; conducting research on implementation bottlenecks; costing of social protection activities; assessing the pros and cons of using conditionality; identifying appropriate child wellbeing indicators; and exploring possible ways of reducing social disharmony in communities due to interventions.
2. Working Group on Communities' role: challenges of community groups around financial accountability and reporting; the issue of "payments" or "incentives" for community volunteers; the community response in lower HIV prevalence settings; how to ensure engagement and coordination of Government and civil society responses.
3. Working Group on Civil registration: finalization of TOR and urgent implementation of proposed activities.
4. Working Group on National Plans of Action: revisit and clarify the purposes of NPAs; assess best practices, successes, failures and lessons learned; how to ensure buy-in by stakeholders; how to strengthen donor coordination within the NPA context; suggest ways for the integration of NPAs with AIDS national plans, PRSPs and other development plans;
5. Working Group on Monitoring and Evaluation: urgently finalize terms of reference and implement work on country level estimates of numbers of vulnerable children and publish a progress report on coverage of services for children affected by AIDS 2007
6. Working Group on Education: provide guidance on how education funds can be tapped for children affected by AIDS; address issues around targeting within the education system; strengthen links between education system and communities; establish one central website for sharing information.

Three emerging issues were discussed during the meeting and participants agreed to:

- a. Invite the IATT on PMTCT to assist, in the development of guidance on strengthening the health sector response to ensure adequate health care for children affected by AIDS;
- b. Request the World Food Program to develop, in consultation with individual IATT members, a plan for further strengthening of the food and nutrition components in the protection care and support for children affected by AIDS;
- c. Work together with the IATT on Young People to develop a plan to gain a better understanding of the issues of HIV risks among adolescent orphans and vulnerable children with particular focus on girls and developing guidance for an appropriate programming response.

To ensure adequate collaboration and coordination between global IATT and regional partner coordination mechanisms it was agreed that regional partner coordination mechanisms should further define their needs for global IATT support. The global IATT secretariat will promote information sharing and where applicable IATT Working Groups will include members of and ensure links to regional partnerships.

The IATT Steering Committee and the JLICA co-chairs will follow up on developing mechanisms to ensure coordination and collaboration between IATT and JLICA. IATT Working Groups and JLI Learning Groups will be coordinating their work to ensure complementarity of their work.

The IATT Steering Committee will review and update the IATT roles, tasks and works towards further strengthening the IATT. The Steering Committee will also start planning for the next Global Partners Forum.

To strengthen the functioning of the IATT Steering Committee, all Working Groups were asked to nominate a representative (not necessarily the Working Group's Facilitator) to serve on the IATT Steering Committee. The IATT constituencies (NGOs, donors and UN agencies) that were not equally represented on the IATT Steering Committee will have an additional representative.

OPENING SESSION

Opening remarks were given by Ambassador Mark R. Dybul, U.S. Global AIDS Coordinator, Ken Yamashita, Director Office of HIV/AIDS at USAID and US Government Special Advisor on Orphans and Vulnerable children and; Peter McDermott Chief HIV/AIDS Section, UNICEF.

Ambassador Mark Dybul referred to the International AIDS conference held in August 2006 as showcasing how much attention is being given to prevention and treatment issues and how much needs to be done in the area of care including care for orphans and vulnerable children. He said AIDS continues to kill people and affect the very social fabric of families, communities and countries. He stressed that the vulnerability to HIV is higher in orphans and vulnerable children, so better education and prevention programs with a family centered approach is required in this area.

Resources have gone up seven fold thanks to PEPFAR and others. PEPFAR earmarked 10% of its funds for orphans and vulnerable children. So far the 10% earmark also includes Paediatric treatment. From 2008, it has been agreed that the 10% earmarked for support to orphans and vulnerable children would not include paediatric treatment.

PEPFAR promotes a package of 6 Plus 1 services but monitoring if children are actually receiving these services is often a challenge. Reporting is now required on the number of services that children receive. Children are expected to be monitored in all 6 areas and receive

services as appropriate. Those receiving at least 3 different services are considered to receive primary direct support. With such monitoring requirements PEPFAR and partners will be increasingly able to monitor progress, identify bottlenecks and take action where required.

Ambassador Mark Dybul called upon the IATT to continue its advocacy to ensure that the issue of orphans and vulnerable children receive adequate attention and support; and to continue pushing PEPFAR and partners to monitor coverage of services in place.

In his opening remarks, Dr. Ken Yamashita, Director of USAID'S Office of HIV/AIDS and Special Advisor for OVC, talked about the importance of focusing on the multiple and often cumulative causes of child vulnerability, an issue that is central to the US Pubic Law 109-95 (does). For instance, there are varied causes of orphanhood; there are children exploited through child labor, children living outside of family care on the streets, children who are trafficked, children who are victims of natural or manmade disasters, and child soldiers or children affected by armed conflict. It is important to have a better understanding of who these groups of children are and understand their level and causes of vulnerabilities. Based on a better understanding of the situation of vulnerable children, it will be possible to better define the services that need to be delivered.

PL109-95 aims to strengthen coordination among US Government agencies that support programming on orphans and vulnerable children and to increase collaboration with international partners to accelerate the provision of an adequate response.

The IATT was asked to provide further guidance on a better understanding of the causes of vulnerabilities of children, define what services are required, and provide input on methods of monitoring and evaluating our joint response.

Peter McDermott painted a changing landscape of children and HIV/AIDS. He said more than 10 years ago the issue of children and HIV/AIDS did not receive much attention, much has changed since. Regional meetings resulted in the recommendation that all countries with HIV prevalence above 5% should have a good situation analysis; should have a national Plan of Action on orphans and vulnerable children (NPA); should have good national partner coordination mechanisms and one common advocacy agenda. Nowadays many countries have these in place. Strengthened partnership resulted also in agreed global progress indicators and the development and implementation of a global Framework for the protection, care and support of orphans and vulnerable children. There are now also significant resources available to support children affected by AIDS.

However, Peter McDermott argued, the global community on children affected by AIDS is now at a new turning point and needs to take stock and reflect on its role and the direction it is taking. It is important to ensure that the voice from the implementing countries continues to be heard – in the past the IATT brought people from these countries together to tell the IATT what was needed. Sometimes there is a danger in being too idealistic as that leads to inaction. But are we actually supporting governments and civil society to scale up implementation?

There is a paradigm shift and some say that AIDS exceptionally is counter active against larger child survival and development agendas. While the reality is that because of HIV/AIDS funding there is more investment in for instance the health sector in many countries. However collectively we are not able to say where we are with the response and how many children are supported; are we actually reducing disparities? It is also important to establish the cost of interventions and what the criteria are for targeting and resource allocations.

Much has been achieved, and children are now on the agenda, there is progress in the areas of PMTCT and paediatric treatment. The international community working on children and HIV issues should again exercise the global leadership of the IATT and the GPF, to provide simplicity, to identify barriers to scale up and to support a strengthened, scaled up and cohesive response for children affected by AIDS.

Progress in following up Global Partners Forum recommendations in support of accelerated national responses - Progress by the IATT Working Groups

The objective of this session was to review the progress made by the IATT and its Working Groups in following up Global Partner Forum recommendations and coordinate with related regional and other initiatives.

During the IATT of 2006 the following Working Groups were formed:

- Social protection
- Communities' role in the response
- Civil registration
- National Plans of Action
- Monitoring and Evaluation
- Education (a joint Working groups by the IATT on education and the IATT on Children and HIV and AIDS)

Social Protection

There has been increased attention to social protection due to orphans and vulnerable children and shifting development priorities since the IATT of 2006. This IATT session covered an update of the social protection Working Group activities, a brief substantive presentation on the outcomes of a study on "The Impact of Social Cash Transfers on Children Affected by HIV/AIDS", and a rich brainstorming discussion about the direction of the social protection Working Group.

Activities of the social protection working group to date include developing a mapping matrix of social protection activities to coordinate and identify areas of synergy and gaps; developing a briefing paper for policy makers linking social protection, HIV/AIDS and children; working with the Eastern and Southern Africa Regional IATT Social Protection Working Group to help African governments develop social protection policies under the African Union leadership. Coordination is an important working group activity – to this end, collaborations were initiated at the meeting with the Joint Learning Initiative on Children and AIDS (JLICA), the Brussels Children and AIDS Advocacy Summit's Social Protection Working Group, and related regional processes.

Results of a study on five established cash transfer schemes in South Africa and pilot programmes in Malawi and Zambia were reported, which sought to determine the degree to which poverty-oriented schemes reached households and children affected by AIDS. The study revealed that impact of cash transfers at household level depends on: the volume of the transfer, how child-oriented programmes are, and who controls the cash at household level. When targeting criteria include high poverty levels and high dependency ratio/labour constrained, a significant proportion of beneficiaries are children and households affected by AIDS. HIV status is not recommended as targeting criteria because of the risk of promoting stigma, and resource and capacity limitations.

Participants agreed that the social protection Working Group should continue to focus on exploring and clarifying conceptual issues and filling evidence gaps with research.

Through the presentation and discussions several conceptual challenges were identified:

- There is a need for better clarity on targeted versus universal approaches: should we re-think concepts of targeting and a continuum of appropriate approaches in contexts of high levels of need? What about families who don't have the capacity to take up universal/near universal benefits?
- There is a need for action on social protection to extend beyond cash transfers, e.g. economic strengthening, livelihoods – broadening without getting too broad.
- The pros and cons of food vs. cash must be considered when the need is nutritional e.g., with ARVs.
- Programmes need to be gender sensitive.
- Social protection needs to link with issues of institutional care and orphanages: if cash transfers have poverty and AIDS impact mitigation effects, then there should be a commensurate decrease of children in orphanages.

This resulted in the following research recommendations which the social protection working groups will take forward in collaboration with the RIATT Working Group, JLICA and others:

- Expand the evidence/action outside of Eastern and Southern Africa, particularly in West Africa.
- Urgent research is needed on implementation bottlenecks: why aren't good policies delivering in practice? What is the best mechanism to get cash from point A to Point B in different settings, and the role of civil society in this?
- Conduct rigorous costing of social protection activities.
- We need to know more about the pros and cons of using conditionalities
- For monitoring and evaluation, we must identify and use appropriate child wellbeing indicators.
- Explore to what extent cash transfers create social disharmony in communities.

Communities' role in the response

The working group "Strengthening the Communities' Role in the Response" is responsible for following-up on the recommendations from the Global Partners Forum (GPF), with respect to strengthening capacity, effectiveness and participation of civil society.

This working group is focused on documentation of sound practice to support communities that are caring for large numbers of children affected by HIV/AIDS. Special attention is to be given to effective funding mechanisms that increase the amount of resources actually reaching the intended beneficiaries in local communities. The group intends to produce a guidance/advocacy note outlining sound models. The work will draw upon a desk review and carry out field-based case studies in a few selected countries.

John Williamson of the Displaced Children and Orphans Fund (DCOF) gave a presentation on "Community Action and the Test of Time - Learning from Community Experiences and Perceptions". This 2006 case study produced findings about the downstream results of community mobilization work supported by DCOF 1996 - 2002 in Malawi and Zambia. It found that long after the funding ended, most of the community committees are still working actively to address the needs of orphans and vulnerable children. A key factor in achieving sustainability includes community participation in program development, implementation and review. Besides sound participatory practices; capacity building over time and linking grass_root committees with a wider pool of resources are also needed. However, it is essential to recognize that external

resources are not the core of community committees' staying power but they can help extend what they can do. Providing external resources before a community committee takes action using internal resources and donor pressure to push money to committees too fast were key factors threatening sustainability. The report's main value may be encouraging agencies and donors to reflect more deeply and carefully on how they are relating to local community structures.

The complete report can be downloaded from <http://www.usaid.gov/> Search: for "Community Action and the Test of Time".

Madhu Deshmukh presented work by the Joint Learning Initiative on Children and HIV/AIDS (JLICA) Learning Group 2, Supporting Community and Civil Society Responses. The goal of this JLICA Learning Group is to develop a body of evidence that documents effectiveness of community-level responses to children affected by HIV/AIDS and to assess the effectiveness of external responses that support community responses. The overall research questions is: "What are the most appropriate programmatic and policy roles for external organisations in supporting effective community responses for vulnerable children living in communities affected by HIV/AIDS". It is recognized that the work of this IATT Working Group and JLICA Learning Group is complementary. To further strengthen synergies on community action issues, representatives of the respective IATT and JLICA groups will participate in each other's group as advisors, coordinating on publications, reports, and on sharing information during conferences (e.g. Mexico 2008) and on advocacy activities.

Some of the issues that were raised during the discussions included:

- Challenges faced by community groups around financial accountability and reporting. Often the accounting capacity of communities is understandably limited and some donors face problems in providing the relatively small amounts of funding community support groups actually require.
- The increasing pressure on community volunteers to contribute their time and resources at no fee provide support and leadership to community processes and responses. The issue of "payments" or "incentives" for volunteers is longstanding. What effect do such payments have, both within a particular structure and upon other organizations working in or nearby?
- Capacity issues and dynamics of communities in lower HIV prevalence settings should not be overlooked.
- Previous experiences show that learning and documenting sound practices and experiences do not automatically lead to improved, better informed policies and programming. What other things need to be done for an adequate response after learning?
- A major issue is the ongoing engagement and coordination of the Government and civil society responses. Preferably, these are mutually reinforcing, but in reality, that is not always the case. What can be done to strengthen and complement the actions between Government and civil society responses to support community structures?

It was agreed that the Working Group would review how these issues were going to be addressed as part of its work.

Civil registration

The Third Global Partners' Forum held in 2006 acknowledged the critical role of civil registration in ensuring the rights of children affected by HIV/AIDS. One of the Forum's recommendations was to improve the system and practice of civil registration (both births and deaths). The

session on civil registration at the IATT meeting in London in May 2006 identified strengthening civil registration as one of the priority tasks for protecting children.

A key assumption underlying the discourse on the importance of Universal Birth Registration is that, among other things, it provides some crucial strands in the social safety net of children affected by AIDS. In pragmatic terms, however, this remains to a large extent a hypothesis to be tested. The Working Group on Civil registration seeks to describe and analyse the linkages between civil registration and children in the context of HIV/AIDS and will therefore conduct a collaborative mixed-methodology study that will examine the complex dynamics between achievements in universal birth registration and better social protection of children affected by AIDS. It is also proposed that the research looks at, and documents, best practices in civil registration.

The research by the working group will be guided by the following two objectives:

1. To examine the direct and indirect links between civil registration and better child protection for children affected by AIDS.
2. To summarize effective approaches, tools and best practices, and formulate recommendations for programs and for training. The approaches, recommendations and best practices should be gender specific and context specific.

The research will combine document analysis and fieldwork (interviews) national and individual case studies will be documented. The expected output from the working groups is a report of the evidence (or lack of evidence) that a programmatic link between civil registration and programming for children affected by AIDS is mutually reinforcing, and recommendations for programming including sharing of best practices.

Discussions in the session were about both the issues of civil registration and children affected by AIDS as well as the proposed plans by the Working Group which were generally endorsed. Based on the discussions the Working Group will finalize the terms of reference.

National Plans of Action

The 2006 Global Partners Forum identified two principal actions required to improve the implementation of national plans of actions for orphans and vulnerable children (NPAs): first, the need to strengthen the integration of multi-sectoral responses for children affected by HIV/AIDS into development instruments, including PRSPs; and second, the need to strengthen national coordination of actions for children affected by AIDS across government departments through sharing of best practices.

In this session brief updates provided by regional partners' representatives showed the following lessons on the development and implementation of NPAs - see PPTs for more details:

- NPA ownership and advocacy: NPAs have been successful in advocating for children and HIV, promoting ownership and operationalising some support systems; Many of the lower prevalence countries do not think they need an NPA on orphans and vulnerable children especially not one with a strong HIV and AIDS emphasis and sometimes NPAs have been developed to satisfy donors in these settings; Collaboration and involvement of civil society needs strengthening.
- Funding: Fund mobilization has generally been slow and especially difficult in some of the lower HIV prevalence countries, and NPAs have not always resulted in an increase in funding for children affected by AIDS; Ownership and integration of issues on children affected by AIDS into national development planning has been undermined by

overarching perceptions that this is a “crisis intervention” requiring external funding and implementation.

- Programming: Centralized planning has failed to appreciate the complexity of context and responses at the macro- and micro-levels within countries; wide ranging inter-country definitional variations of OVC sometimes lead to disparity in budget, targeting and monitoring strategies; increasing focus on strengthening sector plans (e.g. education and health) for the support of children affected by AIDS will be needed.

Another presentation introduced the joint study being led by the UK OVC Working Group that will identify the benefits and risks of integrating orphans and vulnerable children issues into development instruments. The study is including a desk review of the experience of integration and detailed analysis in 3 case study countries (Tanzania, Uganda and Zambia). Action plans will be produced for the 3 case study countries and general lessons will be identified for improving future integration. Preliminary findings from the desk research show that although integration in PRSPs is essential for longer-term national policy ownership, little evidence has been found that orphans and vulnerable children have generally been included in development instruments. An analysis of the factors that affect the integration process is presently ongoing.

The discussions which followed the presentations covered several issues:

- There was a discussion about the need for each country to consider what type of plan is most appropriate for its situation taking account of: HIV prevalence, local circumstances and priorities.
- It was agreed that NPAs can play an important role in many countries, but it is essential to think beyond the plans themselves and give adequate attention to strengthening national coordination bodies, mobilising resources for implementing the plans, and having clear strategies for understanding and addressing the barriers to successful implementation.
- While NPAs seem to have been successful in bringing stakeholders together to advocate and in some cases raise funds; some of the plans themselves have been too weak to implement. Sometimes NPAs are trying to do too much: situation analysis, advocacy agenda, coordination plans, programming plans, M&E framework, etc. In reality NPAs seem often to have served the purpose more as advocacy tools or frameworks than programming and strategic plans.
- NPAs have also been useful to bring attention to the weak ministries responsible for children welfare, but NPAs have not necessarily been the right mechanisms to address the causes of these weaknesses.

Several suggestions were made for the working group on NPAs to focus its future work on including:

- Revisit and clarify the purpose of NPAs - now that some of them are 3 years old
- See whether implementation arrangements are in place and if there is real “buy in” by most important stakeholders, across government departments and civil society.
- Strengthen donor coordination to improve harmonisation within NPAs
- Assess and address the reasons for perceived failures.
- Suggest ways to integrate NPAs and AIDS national plans and PRSPs and other development instruments and in the process strengthen engagement of key ministries.
- Document successes and analyze success factors; what to do for countries that just need help to go the last mile.

NB:- As a follow-up to the discussion, the NPA Working Group has drafted a new terms of reference for its work to be more closely in line with recommendations made during this IATT

meeting. The Working Group will further focus its work on evaluating progress and providing guidance on the use of NPAs as a program planning tool to accelerate protection, care and support for children affected by AIDS; and it will assist with documenting best experiences and recommending concrete actions to strengthening NPA implementation.

Monitoring and evaluation

The Global Partner Forum 2006 recommended the strengthening of monitoring of national plans to improve practice and to ensure accountability around vulnerable children. As a follow up a Working Group on M&E was established to provide guidance on these areas. The Working Group is mainly focusing on sharing information and consultation around issues and activities like Harmonization of UNGASS indicators; Child Status Index and OVC Mapping Activity being developed by PEPFAR and the East and Southern Africa M&E capacity building workshops. In addition, the Working Group is developing terms of reference on the following activities:

1. Progress report on children affected by AIDS 2007

In 2006 UNICEF, on behalf of the IATT, produced a progress report on coverage of services for children affected by AIDS. The major conclusion was that the amount of data on the response is very limited. As a result there is very little data available at global and national level on progress in implementing national plans of actions on orphans and vulnerable children to guide programming, advocacy and funding priorities. Since the previous progress report, several activities are expected to provide much more and better coverage data including new DHS/MICS data analysis; policy and program efforts index 2007; coverage survey results and additional national level NGO and donor coverage data; other country level data sources on coverage of protection, care and support for children affected by AIDS. Therefore the Working Group members will work together to prepare and publish the 2007 Progress report on children affected by AIDS.

Gretchen Bachman of FHI gave a presentation on Building *M&E Capacity for OVC National Plans of Action* and lessons learned from training workshops in 9 countries in Eastern and Southern Africa. Participants in the workshops identified the following main challenges: variations in definitions of target groups; lack of baseline data; difficulties in defining indicators for NPA objectives; inadequate human resources; most vulnerable children may not be registered; and plans on orphans and vulnerable children (including M&E) not harmonized with larger HIV/AIDS plans.

2. Estimating Numbers of Vulnerable Children

Presently there are no reliable estimates for the number of vulnerable children. Estimates could assist with planning appropriate services and resources. The Working Group is presently considering what definitions of vulnerable children will be used. Should the focus be on all vulnerable children regardless of cause or vulnerable due to specific causes (e.g. HIV/AIDS, armed conflict, living on the streets; malnutrition levels, below overt cut-off points) or a combination of these; what is the "cut off line" for vulnerability; should a global definition or a country specific be used; would it be possible to have sub-national estimates to assist geographical targeting of services? Sources of estimated number of children could include population-based surveys like DHS/AIS/MICS

Katie Schenk, of the Horizons gave a presentation to demonstrate some of the issues around defining vulnerabilities *Defining vulnerability, A case study from Zambia, Reaching AIDS-affected People with Integrated Development and Support*. Aims of the study included exploring community conceptualizations of vulnerability; examining vulnerability factors including characteristics, prevalence and implications for interventions.

There was general endorsement of the plans by the IATT working group on M&E and the group was encouraged by meeting participants to continue work on strengthening the national capacity to monitor and evaluate implementation of the NPAs.

Education

The 2006 Global Partners Forum key recommendations on education focussed on actions towards *accelerating the existing momentum towards education for all children through the Fast Track Initiative and other financial mechanism*. It also recommended collaboration between the Inter-Agency Task Teams on Children and HIV/AIDS and the IATT on Education. Subsequently, a joint session of the two IATTs was organized in London, May 2006. There they agreed to establish a Joint Working Group constituting representatives of both IATTs and with the School Fee Abolition Initiative (SFAI) as a third pillar in the Working Group. The joint Working Group aims to ensure that the educational rights and needs of children affected by AIDS are effectively addressed. The work of the Working Group will contribute to getting and keeping them in school. It will also contribute to accelerating the provision of quality education that is strong on care and protection. Finally, it will foster learning outcomes that improve the quality of the lives of children affected by AIDS, as well as reduce their own vulnerability to HIV infection. Some of the activities that will contribute to reaching these goals include:

- SFAI has undertaken a study on school fees and children affected by HIV/AIDS. This study investigates the private costs of primary school education in Sub-Saharan Africa and how these costs are being met for children affected by AIDS. A Technical Guidance Note on access to schools for children affected by HIV/AIDS is being developed. It summarizes the findings of the above study in the form of guidance to countries and it will serve as a tool.
- Schools for Learning Plus, focuses on delivering social services to children (including prevention, protection, care and support) through schools, in the countries where such service provision is being compromised by HIV/AIDS and other causes. Research and baseline studies are ongoing in a number of African countries to support the planning, implementation and monitoring of Care and Support in schools

The Working Group will develop evidence-based guidance on the appropriate education and HIV/AIDS sectors response for children affected by HIV/AIDS; provide technical assistance to a number of countries; and promote sharing of experience and information between countries, agencies and organizations promoting access and quality of education for children affected by HIV/AIDS.

The session further focused on sharing information and experiences on the work of IATT members in this area. Examples of planned and ongoing work by individual IATT members which can further contribute to the work by the Working Group include:

- Activities led by UNESCO around protection for young people in schools as well as teacher training on HIV prevention and treatment education.
- Breaking Barriers project in 3 countries implemented by Plan International working on increasing access to education for orphans and vulnerable children and providing psychosocial support including teachers training on the provision of PSS.
- The role of school feeding. WFP and UNICEF are supporting research on the impact of take-home rations for children affected by AIDS in Malawi; Plan and WFP are supporting a study on the impact of school feeding on the care and support for children affected by AIDS and risk to HIV infection among adolescents in Burkina Faso.

- Several NGOs are involved in strengthening the role of and links with early childhood education, in some cases using schools as entry points

Some of the issues raised during the discussions and that the Working Group is requested to consider for inclusion in their work include:

- What can be done to assist the education sector to access education funds to support children affected by AIDS?
- How do we deal with possible needs for targeted interventions for children affected by AIDS and other vulnerable children within the education system?
- What can be done to strengthen communication and links between education system, i.e. schools and communities in the protection, care and support for children affected by AIDS?
- There is a need for partners to share the information or findings from ongoing studies, e.g. through one central website.

Progress in following up Global Partners Forum recommendations in support of accelerated national responses - Emerging challenges

The Objective of this session was to explore additional challenges faced by children affected by AIDS that are presently not adequately covered; and define next steps to strengthening the global response. The new issues included

- HIV prevention among adolescent children affected by AIDS
- Health care for children affected by AIDS
- Food and nutrition support for children affected by AIDS

HIV prevention among adolescent children affected by AIDS

There is increasing evidence suggesting that adolescent orphans and vulnerable children are at a higher risk of HIV infection than other children. Judith Bruce of Population Council gave a presentation on “Orphans and Vulnerable Children: The Girls Left Behind: Out of the Box and Out of Reach”. The presentation focused on the higher risk of vulnerable groups and especially girls and young women and examined the factors that contributed to their vulnerability. School isolation, lack of economic assets, living arrangements/orphan status and school-going status are linked with sexual coercion and exploitation. Girls that have fewer friends were found to be more vulnerable to forced sex than girls that stated that “they had many friends in the neighborhood”. There is a definite link between poverty and “forced sexual relations” as well as a link between family situations and “poverty-driven sexual relations.”

Besides these factors putting them at a higher HIV risk, conventional youth-serving initiatives are also not adequately reaching these girls - “in a classic inversion of care, the most socially anchored adolescents with the least risks are given the most resources, while those with few social assets and most at risk have the least access”.

Redirecting and focusing present programs could provide an initial step to address the situation:

- Analyze data which allows us to identify highly affected communities (including gender aggregation of data on orphans and vulnerable children)
- Better use of youth-serving, faith-based, and community health and development programs and other child health initiatives
- Strengthen the commitment to universal schooling
- Further support civic participation and democratisation programmes

- Scale up youth livelihoods programmes
- Increase access to reproductive health information and services

Suggested policy directions include:

- Conduct context specific evaluations to identify concentrations of highly vulnerable adolescent girls in urban and rural areas.
- Define dimensions of family dynamics, social isolation, economic status, schooling, level of infrastructure, and youth serving programs which render them vulnerable.
- Develop context specific plans tailored to girls' needs for protection, health, and development.

During the following discussion it was agreed that the issue of heightened HIV risk of orphans and vulnerable children and especially adolescent girls is largely ignored in the global response. During the wrap up session and the following IATT steering committee meeting it was agreed that more work needs to be done, together with the IATT on Young People, on developing a plan to gain a better understanding of the issues of HIV risks among orphans and vulnerable children with particular focus on girls and developing guidance for an appropriate programming response.

Health care for children affected by AIDS

Siobhan Crowley of the WHO summarised data on morbidity and mortality in children affected by AIDS showing that while some studies did not find major differences between children affected by AIDS and other children, some studies showed distinct differences in morbidity (e.g. nutritional status), access to health services (e.g. immunization rates) and mortality. With regards to morbidity while in some cases this higher risk can be partly explained by some of the children being HIV infected themselves there is increasing evidence that even corrected for children infected with HIV, children affected by AIDS have a significantly higher risk of morbidity and mortality.

When discussing possible programming approaches to health care for children affected by AIDS the presenter argued that the response will require going 'Back to basics' as key interventions to improve child health outcomes are known. There is a clear need for decentralisation and improved coverage of immunization and other essential child survival interventions and simplified, standardised and integrated approaches that will enable improved access and engagement with poorest families. IMCI is such a strategy that could assist with improving healthcare for children affected by HIV/AIDS as it is a broad strategy including improving healthcare worker case management skills, health system delivery of essential interventions and family and community practices. To enable the strengthening of improved family centered health care services in areas highly affected by AIDS also a supportive policy and legislative environment will be necessary.

Key responsibilities of the health sector in strengthening health care for children affected by AIDS include:

- Make sure HIV NSP/NAP include children & families
- Have specific targets or benchmarks for children
- Know and understand the framework on orphans and vulnerable children
- Have defined and agreed definitions of vulnerability
- Ensure HIV policies, norms and standards stipulate:
 - right to access services for children
 - free HIV services for children/families
 - prioritisation of service delivery for children and families

- continuum of care
- essential package of care for children
- roles, tasks and duties of private sector and not for profit partners,
- address stigma
- Ensure coordination mechanisms for engagement of other sectors
- Ensure national scale up plans are built on coordinated plans for decentralised delivery of the essential package of services

It was agreed to follow up with the IATT on PMTCT and Paediatric AIDS to discuss how we can work together on strengthening the health sector's response for children affected by AIDS. Key questions that will require follow up include:

- How to strengthen national capacity to deliver on protective factors and minimise risks to children affected by AIDS
- What additional tools or support do national governments/ministries of health need to do this?
- What are the main messages: 'back to same basics' – doing same things differently, vs. doing different things

Food and nutrition support for children affected by AIDS

Mary Njoroge of WFP introduced a draft WFP/UNICEF publication "*OVC, HIV, Food Security and Nutrition - A look at Where We Stand*". The publication presents findings from a study to explore and document existing evidence on the linkages between HIV/AIDS on one hand and OVC's food security and nutrition on the other. The study also examined the targeting mechanisms used as well as the programmatic challenges and issues related to monitoring and evaluation. Overall the study concluded that not much has been done on food security and nutrition for OVC and identified debates, gaps in knowledge and models of possible interventions that should be researched further.

With regards to targeting, the study concluded that the use of orphanhood as targeting criteria is not useful as it leads to large inclusion and exclusion errors and is also not desirable as it could lead to stigma and discrimination. The key component in targeting, in the context of children affected by AIDS, is household wealth and assets. However targeting criteria also depend on the objectives of intervention, and the desired outcomes, which may include improved food security, nutritional status or for instance supporting access to services, e.g. improved OVC school enrolment and attendance or increasing uptake of PMTCT and treatment services. Though food security and nutrition were critical in OVC programming, there were not always considered as an integral part of the overall package.

To improve overall programming, there is need to further define how food and nutrition interventions can be integrated into existing interventions for the OVC. Also, attention should go beyond food support, to include emerging areas such as examining the role of "ready to use food" and revitalising targeted nutrition education as a core strategy, and lastly adapting growth monitoring and care programmes as a routine component of the response for children affected by AIDS. It is also important to review the existing monitoring indicators used within the response for OVC to take into consideration intra-household dynamics as well as the children's perception. Given the acknowledgement of the important role played by food security and nutrition in the overall AIDS response, there is need now to address these two issues in the context of OVC programming.

During the wrap-up session and following meeting of the steering committee it was agreed that WFP would, in collaboration with other interested IATT members, based on the study develop a terms of reference for follow up actions towards widely endorsed and used programmatic guidance on OVC food security and other related issues. Such follow up actions could be coordinated through the establishment of a Working Group under the IATT.

Progress in following up Global Partners Forum recommendations in support of accelerated national responses - Activities by IATT on PMTCT/Paediatric HIV care and treatment

One of the Global Partners Forum (GPF) Recommendations in London, was to integrate and provide routine HIV/AIDS prevention, treatment services for children through: integrating guidance on paediatric treatment and care into child and maternal health; integrating the distribution of free cotrimoxazole to eligible children into health services; scaling up PMTCT Plus; scaling up prevention for young people; paediatric ART formulations and diagnostic availability. The IATT on PMTCT initially only included PMTCT activities but recently expanded to include Paediatric HIV care. Objective of this session was to present progress made by the IATT on PMTCT/Paediatric AIDS in the follow up to the GPF recommendations.

One of the main IATT on PMTCT key activities included Joint Technical Missions for scaling up PMTCT and Paediatric HIV. These Joint missions examine the following key thematic areas: program management, comprehensive PMTCT, Paediatric Care and Treatment, Monitoring and Evaluation and procurement/supplies management. The joint IATT missions provide opportunities for broad representation of partners; one voice regarding technical and programmatic recommendations; development of a joint plan and commitment to provision of technical assistance, resources and implementation support for follow up. Partners participate in and support follow up to the assessments based on their comparative advantages.

It is important that these joint assessments are government-owned processes. Therefore the invitation to the IATT needs to come from Government and the terms of reference is set by Government. Also a rapid situation or program assessment, the national planning team are organized by the Government and the scale up plan needs to be monitored and implemented by Government.

Besides the joint missions, the IATT on PMTCT also has worked on the development and endorsement by IATT members of a global strategy on PMTCT; development of a progress report card; drafting of indicator registry and programming tools; drafting of programming guide on scaling up paediatric care and treatment; the organization of regional workshops on scale up planning; and development of various guidelines related to paediatric treatment and care

To conclude the IATT has been an effective forum in strengthening and consolidating the global response to PMTCT and Paediatric HIV Care and Treatment. Especially the Joint Technical Missions have been instrumental in changing the landscape in countries so far with the introduction of new policies, capacity building, and new resources

Regional coordination mechanisms on children affected by AIDS

An important agreement of the 2006 IATT meeting was to develop or strengthen regional coordination mechanisms and networks on children affected by HIV/AIDS and various regions now have formal or more informal partner coordination mechanisms on children affected by

AIDS. Objectives of this session were to get update from representatives of regional coordination mechanisms working on children affected by AIDS on progress and to strengthening collaboration, coordination and cohesion between regional and global IATT.

The regional IATT (RIATT) for Eastern and Southern Africa first met in October 2006 and the second meeting was held in March 2007. The aim of the RIATT is to accelerate action in Eastern and Southern Africa towards universal access to care and support for AIDS-affected children. The RIATT's four priority areas include social protection; resource tracking; advocacy for universal access and related inputs; and planning regional innovations conference in 2008.

In West and Central Africa there is an active and more informal regional network of organizations working on children affected by AIDS. This has provided a platform for joint activities and sharing. The informality has allowed members to create ad hoc groups. There are currently two issues being addressed: National Action Planning for OVCs (one of its conclusions is that Francophone countries do not have the resources to do the necessary training modules in French) and programming for children affected by HIV in West Africa. There are plans for possible joint country assessment and capacity development missions.

In March 2006 the first East Asia and Pacific Regional Consultation on Children and AIDS was held. This consultation aimed to galvanize national support and greater commitment to, and actions for children who are vulnerable, infected with HIV, or affected by AIDS. The consultation resulted in the adoption of the "Hanoi Call to Action for Children and AIDS in East Asia and Pacific Region". Building on the momentum created by the Call to Action and recognizing the necessity for ongoing advocacy to sustain and increase political support for pro-active solutions, an East Asia and Pacific Regional Partnership Forum on Children and AIDS is being developed.

The Secretariat of the South Asian Association for Regional Cooperation (SAARC) and other partners are organizing a Regional Consultative Meeting on "SAARC Children Affected by HIV/AIDS" in Kathmandu, Nepal in May 2007. The overall objective of the meeting is to review the evidence-base on children affected by HIV/AIDS across South Asia and to facilitate a common strategic approach for guiding policy and programme action to protect and support these children and their families in member countries.

Though there are a considerable number of inter-agency partnerships in Latin America and the Caribbean there is no regional IATT as of yet. There is a need for strengthening regional partnerships around the planning for a Partners Forum for Children Living and Affected by HIV/AIDS; building a Caribbean consensus and adaptation of the Framework; adequate coverage of OVC issues in the forthcoming PANCAP Regional HIV/AIDS Framework; and the possible formation of a Regional IATT

Areas where the regional coordination mechanisms need close collaboration with the global IATT include for instance helping to develop regional strategies on children affected by AIDS, in particular in lower HIV prevalence and concentrated epidemic settings; how to promote sector-led responses (e.g. education, health and social protection) and provide guidance for their implementation; support for undertaking joint review missions in countries for identification of bottlenecks and technical assistance support. It was agreed that regional partner coordination mechanisms would further define their needs for global IATT support. The global IATT secretariat will follow up with the regional partnerships on improving information sharing on plans and activities. At regional and global level, IATT Working Groups' collaboration and coordination will be strengthened through members' participation.

Presentation on the work by the joint learning initiative on Children and HIV/AIDS

Angela Wakhweya of the Joint Learning Initiative on Children and HIV/AIDS (JLICA) gave an update on the work of the JLICA. Goals of the JLICA are to protect and fulfill the rights of children affected by HIV/AIDS by mobilizing the evidence base and producing actionable recommendations for policy and practice; and to assemble, analyse and interpret evidence to address implementation gaps to ensure universal access to health, education and social protection. JLICA works toward universal access to essential services for children, families and communities affected by HIV/AIDS. For JLICA, 'universal access' means that children affected by HIV/AIDS receive effective services in: health care, education and social protection. The JLICA will focus on all children in high-prevalence settings. And there will be a paradigm shift from AIDS to poverty and from individual traits to social determinants.

The JLICA works through 4 working groups: strengthening families; access to services and human rights; social and economic policies. Some themes that are unifying the learning groups include using social welfare programs to protect children affected by HIV/AIDS; HIV prevention among children and youth; Integrating HIV/AIDS policies into national health & development frameworks; tackling implementation gaps; and coordinating with key stakeholders to examine what is working. The final report is expected by December 2008

The JLICA proposes to strengthen the relation with the IATT through participation of members from both sides in each other's Learning Groups/Working Groups; joint support and engagement in specific groups e.g. social protection, community including the development of joint papers; possibly a more formal MOU-type of agreement between the IATT and the JLICA and that can be discussed by representatives from the IATT Steering Committee with the two JLICA co-chairs at the Implementers Meeting in Rwanda.

WRAP UP AND CLOSURE

The wrap up session started with a summary of the various activities that the IATT is presently working on. In the area of strengthening sector led responses for children affected by AIDS, the IATT through its Working Groups is:

- Providing leadership on developing core programming principles and an advocacy framework on social protection.
- Developing evidence based guidance and tools and technical assistance will be provided to countries on access to quality education.
- Examining the direct and indirect links between civil registration and protection for children Affected by AIDS and is developing programming guidance in the area of civil registration.

Besides strengthening these sector- led responses for children affected by AIDS, the IATT through its Working Groups is also working on strengthening supportive processes, including:

- The development of a guidance note outlining models of good practice for reaching communities with resources
- The development of guidance on strengthening integration of children and AIDS issues into development instruments and for the strengthening of the implementation of NPAs.
- In the area of monitoring the response for children affected by AIDS, developing national estimates of vulnerable children and development of a 2007 Progress report – with coverage data of about 40 countries on protection, care and support for children affected by AIDS.

During the Washington IATT meeting three new issues on children affected by AIDS were presented and discussed. It was agreed on getting a better understanding of the issues and developing an appropriate programming response on:

- Strengthening the health sector response to ensure adequate health care for children affected by AIDS;
- Strengthening of the food and nutrition components in the protection care and support for children affected by AIDS;
- Heightened risk of HIV infection among adolescents affected by AIDS and especially girls.

There was also a discussion on reviewing the role and tasks for further strengthening of the IATT. Suggestions made for the Steering Committee to take forward include:

- Review the progress of the Working Groups, and ensure that those groups that had not made good progress get assistance to follow through on their work.
- Put together and distribute a 2-page description of the IATT, its history and relationship with the Global Partners Forum
- Construct a website through UNICEF for the IATT to enable communication and reinforce the identity of the IATT
- Develop a frame of reference on how the IATT can function on behalf of its membership through a mechanism such as the Steering Committee on initiatives like endorsement of important initiatives coming from countries and from the international community or advocacy on and respond to significant distortions in the field (statement about adoption of orphans and use of language)
- Ensure good links with other IATTS eg. Education, PMTCT, Young People, and avoid unnecessary duplication
- Initiate discussion on planning towards next Global Partners Forum.

To support the above mentioned processes, UNICEF was asked to strengthen its IATT secretarial capacity to support the IATT steering committee through the holding of regular meetings and increased secretarial support to the IATT Working Groups.

Final part of the discussion was on the composition of the Steering Committee which was set up after the 2006 IATT meeting. Presently the Steering Committee is composed of the facilitators of the working groups. This set up ensures close communication with the Working Groups as the working arm of the IATT. However not all Working Group Facilitators have been able to take an active role in the Steering Committee. It was agreed that an active Steering Committee was important to strengthen the role of the IATT and further improve its quality output.

During the expanded Steering Committee meeting on the following day it was decided that all Working Groups are requested to nominate a representative (not necessarily the Working Groups Facilitator) to function on the IATT Steering Committee. The IATT constituencies (NGOs, donors and UN agencies) that were not equally represented on the IATT Steering Committee would be invited to nominate an additional representative.

Annex 1

Inter-Agency Task Team on Children and HIV and AIDS Washington, DC, 23-25 April 2007

AGENDA

OBJECTIVES OF THE MEETING

- Review progress in follow-up to Global Partners Forum recommendations.
- Review work initiated by IATT Working Groups, and where required, refine objectives and agree about action points.
- Identify additional bottlenecks in scaling up the response for children affected by AIDS that are presently not being addressed and develop action plans.
- Support complementary between global and regional partner collaboration mechanisms.

MONDAY, 23 APRIL

9:00–10:00

Opening

- Introductions
 - Mark Dybul
 - Ken Yamashita
 - Peter McDermott

10:00–10:30 – Coffee/tea break

10:30–17:00

Progress in following-up Global Partners Forum recommendations in support of accelerated national responses

- Feedback from IATT Working Groups

Objective: Review of progress made by IATT and its Working Groups in following-up Global Partner Forum recommendations and aligning with related regional and other initiatives.

Format

Concurrent sessions:

- Working Groups presentations of their plans, ongoing work, and, if applicable, conclusions and recommendations to wider group of IATT members
- Responses by representatives from regional IATTs and other IATT members, including related ongoing work
- Identification of what additional actions are required by Working Group to support an accelerated scaling-up of the national response for children affected by AIDS
- Identification of next steps; coordination with regional IATTs

10:30–12:15 – Concurrent sessions:

- Social protection
- Communities' roles in the response

12:15–13:15 – Lunch Break

13:15–15:00 – Concurrent sessions:

- Education
- Civil registration

15:00–15:15 – Coffee/tea break

15:15–17:00 – Concurrent sessions:

- National Plans of Action
- Monitoring and Evaluation

TUESDAY, 24 APRIL

8:30–9:00

Presentation on the work by the Joint Learning Initiative on Children and HIV/AIDS

- Angela Wakhweya

9:00–11:30

Progress in following-up Global Partners Forum recommendations in support of accelerated national responses

- Emerging challenges issues

Objective: To explore additional challenges faced by children affected by AIDS that presently are not adequately covered and define next steps to strengthening the global response.

Format:

- Expert introduction to explore the issue
- Identification of appropriate strategies
- Agreement on next steps, roles, etc.

9:00–9:45

HIV prevention among adolescent children affected by AIDS

- Judith Bruce, Population Council

9:45–10:30

Health care for children affected by AIDS

- TBD

10:30–10:45 – Coffee/tea break

10:45–11:30

Food and nutrition support for children affected by AIDS

- Mary Njoroge, WFP

11:30–12:15

Progress in following-up Global Partners Forum recommendations in support of accelerated national responses

- Activities by IATT on PMTCT/Pediatric HIV care and treatment

Objective: To present progress made by the IATT on PMTCT/Pediatric HIV care and treatment on following-up GPF recommendations.

11:30–12:15

- Presentation by Robert Gass (UNICEF) on behalf of IATT on PMTCT
- Discussion

12:15–13:15 – Lunch

13:15–15:45

Regional coordination mechanisms on children affected by AIDS

Objective: Update from representatives of regional coordination mechanisms working on children affected by AIDS and strengthening collaboration/coordination/cohesion.

Format: Will include updates from regional IATTs and related coordination mechanisms and discussion on global IATT support for regional coordinating bodies; how to prevent possible overlap in activities between global and regions and between regions.

TUESDAY, 24 APRIL (cont'd)

13:15–15:30

Presentations and discussions:

- East and Southern Africa
- West and Central Africa
- East Asia and Pacific
- Latin America and the Caribbean

15:30–15:45 Coffee/tea break

15:45–17:00

Wrap-up and closure:

- Functioning and composition of Working Groups and Steering Committee
- AOB
- Closure

WEDNESDAY, 25 APRIL

8:30–10:00

IATT Steering Committee (internal meeting)

10:00–12:00

Working Groups (internal meetings)

- Civil registration – Confirmed
- Education – TBD
- NPAs – Confirmed
- Social protection – Confirmed
- Communities' role in the response – Confirmed
- M&E – will not meet

These meetings will be organized by the Working Groups and provide an opportunity for the Working Groups to meet, reflect on discussions during the IATT meeting, and adjust the terms of reference where required, as well as agreeing on next steps and roles and responsibilities.

Meeting of the Inter-Agency Task Team on Children and HIV and AIDS

Washington Marriott Hotel
Washington, DC

April 23-25, 2007

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