

## **A Non-PowerPoint presentation of the “Working Group on Children and HIV in West and Central Africa” to the meeting of the “Inter Agency Task Team on Children and HIV and AIDS”, Washington, April 23 + 24, 2007**

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In West and Central Africa we do not have an “Inter-Agency Task Team”, we have an Informal Working Group.

The group started with the organisation of the Regional Conference on Orphans and Vulnerable Children in Yamoussoukro in 2002.

The organisers of this conference continued to meet regularly to plan and implement joint activities. The Secretariat was always provided by the UNICEF Regional Office for West and Central Africa. The membership fluctuated.

Current participants in the group are UNICEF, UNAIDS, WFP, Save (Sweden), IFRC, USAID, Plan, and FHI (although FHI has indicated that they will withdraw).

Over the last five years, the group has served as a platform to launch joint activities and to share information. Group members felt that the informality of the group was helpful, because it allowed for ad-hoc collaborations without much formality. There have been three main areas of collaboration:

### **1. National Action Plans for Orphans and Vulnerable Children**

Promoting these plans and policies was the main reason why the group came into being.

Following the Yamoussoukro Meeting, we organised a high level training workshop on planning for vulnerable children in Dakar in 2004. This was a very large and intensive training exercise attended by more than one hundred participants, including senior Government officials from all countries in the Region.

One of the bottlenecks identified in this workshop, was the lack of qualified Francophone consultants to undertake national situation analyses. We therefore organised a training workshop for a selected group of 20 Francophone consultants in Dakar in 2005. We also translated and published the FHI guidelines on how to conduct a participatory situation analysis into French.

All these activities were co-organised and co-funded by Save (Save UK at that time), Plan, FHI (with USAID Support), UNICEF, and UNAIDS.

### **2. Programming for Children Affected by HIV in West Africa**

We tried several times to write or to commission papers on how to program for children affected by HIV in low prevalence countries. All attempts ended in failure.

We have recently started to ask ourselves: “Are asking the right question?”

We work in an environment where there are many children affected by HIV, but they are thinly disbursed, largely invisible, and immersed in a huge population of children who are suffering trauma and deprivation for many reasons, mostly unrelated to HIV.

We have now started to approach the issue from the position of children. How do they perceive and deal with trauma? What are the factors that helps them survive and grow? What are their perceived needs?

We believe that the issues of vulnerability related to the effects of AIDS in communities will emerge from this kind of enquiry.

We have currently two collaborative initiatives:

1. A collaboration between FHI and Plan to explore psychosocial support for children in the region. What traumatises children? How do they react to this trauma? What support do they want and need? What support exists in the Region. Work has started in Togo and will include Sierra Leone, Liberia, Burkina Faso, and Cameroon.
2. A planned collaboration between WFP and Plan to develop a long-term cohort study to examine the effectiveness, efficiency, and cost of meeting the social and educational needs of vulnerable children through a generalised school feeding program. There is already evidence for this from countries with high HIV prevalence, but we think we need to generate similar evidence in countries where HIV prevalence is low.

### **3. The Global Fund on AIDS, TB, and Malaria**

This work has involved all partners.

It is, in the first instance, analytical:

We asked the question: "Are children's faces really missing in the Global Fund grants?"

A cursory examination told us that the grants do address children's needs in some areas, but not in the area of social support and care.

However, we saw a need to document this in order to use it for advocacy to (1) lobby for a change in the composition of Country Coordinating Mechanisms, and (2) lobby for a revision of the Monitoring and Evaluation Guidelines of the Global Fund.

We failed to do this analytical work for Round 6 of the Global Fund, but we are keeping it on the agenda.

In a second instance, our work is programmatic. Members of the working group are assisting countries in writing proposals for Round 7 of the Global Fund that include the social support and care for vulnerable children. This is currently less well coordinated than it could be. But we are learning.

#### **Future Plans**

For now we have decided to remain an informal group, but to increase the membership. We will retain UNICEF as the Secretariat, and we will invite other regional organisations and groups from the Government and Civil Society sectors to join.

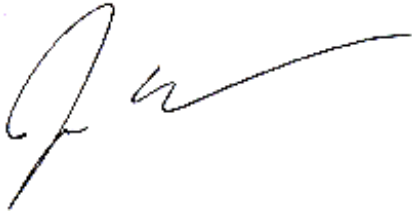
#### **What assistance do we require from the Global IATT?**

We would like the assistance to be activity-based; i.e. we would like to be able to call on the IATT to participate in selected activities.

1. Joint Missions: In 2005 we planned a joint group mission to Sierra Leone to review the status of national planning for children. The mission never took place. These things are difficult to organise. We would like to try again, and we think that the participation of the Global IATT in such a mission would give it additional and necessary weight.
2. Analysis of Global Fund Grants: As mentioned, we failed to do this analysis in Round 6. But we think it is still needed. We would therefore appreciate assistance for this task in Round 7 from the Global IATT. This work could be well integrated in the work of the IATT Group analysing the integration of children in development instruments.

3. Appropriate program and policy approaches to address the rights of vulnerable children in West and Central Africa. We are still overburdened with the importation of inappropriate analyses and responses from high prevalence countries in the South of Africa. We need to find more appropriate responses, and this requires a lot of analytical work which should involve the global IATT.

Thank you

A handwritten signature in black ink, consisting of a large, stylized initial 'J' followed by a long, sweeping horizontal line that tapers to the right.

Accra, 31/05/2007