International
Labour
Office

Combating Child labour and HIV/AIDS in Sub-Saharan Africa

By Bill Rau

no. 1

IPEC - INTERNATIONAL PROGRAMME ON THE ELIMINATION OF CHILD LABOUR

Combating child labour and HIV/AIDS in sub-Saharan Africa

A review of policies, programmes, and projects in South Africa, the United Republic of Tanzania and Zambia to identify good practices

by

Bill Rau

Paper No. 1*

International Labour Organization,
International Programme on the Elimination of Child Labour
(IPEC)

July 2002

* Paper No. 1: Combating child labour and HIV/AIDS in sub-Saharan Africa.
Paper No. 2: HIV/AIDS and child labour in Zimbabwe: A rapid assessment.
Paper No. 3: HIV/AIDS and child labour in the United Republic of Tanzania: A rapid assessment.
Paper No. 4: HIV/AIDS and child labour in South Africa: A rapid assessment.
Paper No. 5: HIV/AIDS and child labour in Zambia: A rapid assessment.
Paper No. 6: HIV/AIDS and child labour in sub-Saharan Africa: A synthesis report.

ISBN 92-2-113288-9

First published 2002

Cover photographs: ILO; inspired by original drawing by Murat Esenli

Funding for this report was provided by the United States Department of Labour.

Printed in France NOU

Preface

The HIV/AIDS pandemic adds a new and tragic dimension to the worst forms of child labour. With the death of one or both parents from HIV/AIDS, millions of children have been orphaned. Millions more will be. Many of these children will find security in the households of relatives. Others, however, will drop out of school, looking for work to survive. An especially harsh burden is placed on the shoulders of the girl child, who often has to provide care and household services for the entire family. Even children cared for by grandparents or other relatives may have to work to assist guardians and siblings.

This review of national HIV/AIDS and child labour policies and programmes, NGO projects, and community-based initiatives in three African countries illuminates the harsh realities of the link between child labour and HIV/AIDS. But the real value of the report lies in identifying the broad range of responses, large and small, to these intersecting issues. In South Africa, the United Republic of Tanzania and the Republic of Zambia, governments, employers, trade unions, and civil society groups at large, demonstrate that much has been learned about addressing HIV/AIDS and child labour. From national policies to community-level interventions to withdraw children from life on the street, a growing number of good practices are worthy of closer study, further testing, and eventual replication.

A range of initiatives, from broad national policies and strategic frameworks regarding HIV/AIDS and child labour to small local efforts by committed individuals and groups, are addressing the issue. All of these interventions contribute to an effective long-term response. South Africa has well-developed policies and an active civil society. Programmes to serve children in both rural and urban areas are beginning to be implemented and require support by national agencies. Zambia has numerous local-level programmes, many of them run by NGOs and faith-based organizations, to generate community involvement and support for children affected by HIV/AIDS, but as yet these are insufficient to meet the overwhelming needs of children, and lack overall guidance from national policies. The United Republic of Tanzania's responses are also strongest at the local levels. Effective national policy and programme guidance is only beginning to emerge.

This report is the first of a series of papers to be published by the International Programme on the Elimination of Child Labour (IPEC) on the linkages between HIV/AIDS and Child Labour. Subsequent papers will provide further qualitative analysis stemming from Rapid Assessments of these linkages from four southern African countries: the United Republic of Tanzania; South Africa; Zambia and Zimbabwe.

Geneva, July 2001.

Frans Röselaers,
Director,
International Programme on the
Elimination of Child Labour (IPEC).

Contents

Appendices

Acknowledgments by the author

I would like to thank the Directors of the Offices in South Africa, the United Republic of Tanzania, and Zambia, as well as the National Programme Managers and IPEC field staff and Child Labour Focal Points. In the United Republic of Tanzania, the team dealing with the Time Bound Programme for the Elimination of Child Labour deserve special thanks for their time and support. I would also like to thank the team leaders of the IPEC Rapid Assessments on HIV-AIDS and Child Labour [1] for my warm reception. I would also like to thank UNAIDS, the IPEC Directors, the ILO/AIDS Unit, and the ILO Task Force on AIDS for their comments, which have enriched this working paper. In addition, thanks are due to the IPEC Research [2] and SIMPOC Team, the IPEC Design, Evaluation and Database Unit, as well as the legal officers in ILO headquarters, who, from the design phase of this working paper on good practices in policies and programming on HIV-AIDS and Child Labour, provided full support, bibliographic material, important contacts, and valuable advice. [3]

Finally, I wish to express my appreciation to all the people and organizations in the three countries under review who made the time to talk with me about their programmes.

[1] Investigating child labour: Guidelines for rapid assessment – A Field Manual, January 2000, draft, http://www.ilo.org/public/english/standards/ipc/simpoc/guides/index.htm.

[2] SIMPOC/Research Coordinator, Frank Hagemann, IPEC; HIV/AIDS and Child Labour Research Coordinator, Anita Amorim, IPEC; Editor, Collin Piprell.

[3] Extremely useful comments, inputs and support were received by the ILO colleagues Frans Röselaers, Franklyn Lisk, Alice Ouédraogo, Kenneth Andoh, Louis Ndaba, Mohamed Ali Ibrahim, William Mallya, Fatemeh Alinejadfard, Mary Ngombe, Chilufya Siwale, Simrin Singh, Astrid Jensen, Frank Hagemann, Anita Amorim, Peter Wichmand, Florencio Gudino, Yoshie Noguchi, Joost Kooijmans, George Okutho, Jennifer Fee, Dagmar Walter, Pia Nyman, Margherita Licata, Cindy Berman, Béatrice Guillemain, as well as by the editor Collin Piprell.

Abbreviations

AMREF	African Medical Research Foundation
ANC	African National Congress
BCC	Behavioural change communication
CBO	Community-based Organization
CINDI	Children in Distress Network
CINDI	Children in Distress Network
COBET	Complementary Basic Education in the United Republic of Tanzania
CRC	Convention on the Rights of the Child
CYC	Community Youth Concern
FACT	Family AIDS Caring Trust
FINCA	Foundation for International Community Assistance
GEAR	Growth, Employment and Redistribution Strategy
HEARD	Health Economics and HIV/AIDS Research Division at the University of Natal
IEC	Information, Education, Communication
IEC/BCC	Information, Education and Communication/Behaviour Change Communication
ILO	International Labour Organization
IPEC	International Programme for the Elimination of Child Labour
KIWOHEDE	KIOTA Women's Health and Development Organization
KWETU	Swahili for "our place", NGO in Dar es Salaam
NAC	National Aids Council
NACOSA	National AIDS Coordinating Committee of South Africa
NGO	Non-governmental organization
NPA	National Programme of Action for Children
OVC	Orphaned and vulnerable children
PLWHA	People living with HIV/AIDS
SIMPOC	Statistical Information and Monitoring Programme on Child Labour

SIYB	Start and Improve your Business
STI/STD	Sexually transmitted infections / sexually transmitted diseases
SWAA-T	Society for Women and AIDS in the Republic of Tanzania
TACAIDS	Tanzania Commission for AIDS
TAMICO	Tanzania Mining and Construction Union
TAMWA	Tanzania Media Women's Association
TANESA	Tanzania Netherlands Project to Support HIV/AIDS control in Mwanza
TAZARA	Tanzanian Zambia Railway
TPAWU	Tanzania Plantation and Agricultural Workers
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USAID	US Agency for International Development
VCT	Voluntary Counselling and testing
WAMATA	People in the fight against AIDS in Tanzania
YWCA	Young Women's Christian Association

I. Introduction

The HIV/AIDS pandemic compounds the challenge of reducing child labour in several ways:

- It adds to the number of vulnerable children, especially orphans.
- It increases pressure on households, and on the children themselves, to have children seek income instead of attending school.
- It increases demands on public and private services, notably the delivery of effective health care for children and adolescents and, in the case of South Africa, grants for children and caretakers.
- It increases the burden on community groups and institutions assisting caregivers and vulnerable children.
- It increases the risk that vulnerable children will engage in survival sex, thereby increasing their risk of HIV infection.

This report covers these linkages between the HIV/AIDS pandemic and child labour in South Africa, the United Republic of Tanzania, and Zambia. It complements Rapid Assessments in these countries to gather qualitative data on the links between child labour and HIV/AIDS. Significant efforts are being made in the three African countries to understand and respond to the linkage, or at least to one component of the relationship. This link is often extended to the worst forms of child labour, as described in ILO Worst Forms of Child Labour Convention, 1999 (No. 182),[1] as HIV-AIDS unfortunately often affects the most vulnerable children, including those engaged in prostitution and other forms of hazardous work, as well as those working long hours in the streets in exploitative conditions. This review examines what is working in each of the countries – in terms of seeking to reduce the vulnerability of children to child labour, particularly its worst forms, and to HIV infection and destitution – and what has been learned from past efforts. Elements of good practice have been identified within each country. Both the lessons and the elements of good practice [2] deserve recognition and, as quickly as possible, broad dissemination.

This review presents many examples of both response models and specific examples of responses to both HIV/AIDS and child labour. The ability to learn from and expand "good practices" depends critically on more focused government attention to the pandemic

[1] For the purpose of Convention No. 182, Article 3 defines the "worst forms of child labour" as "(a) all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict; (b) the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances; (c) the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties; and (d) work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children".

[2] IPEC criteria for identifying good practices specify initiatives and activities that are innovative or creative, effective in making an impact, replicable, sustainable, relevant to dealing with child labour, responsive and ethical, and efficient in the use of resources during implementation. (Abstracted from "Good practices: Identification, review structuring, dissemination and application", draft [Geneva, ILO-IPEC, 2001].)

and its impact on children, including the stigma and discrimination they face. Any effective campaign to reduce the vulnerability of children to both HIV/AIDS and exploitative labour situations involves a number of dimensions:

- Where possible, governments must allocate more of their resources to children and the social and economic environment in which they live.

- The civil service should be energized, encouraged to deliver on its defined responsibilities. To date, with regard to HIV/AIDS and child labour, most public sector energy has gone into inter-ministerial discussions and planning. It is time to move beyond those discussions and implement plans at all levels, especially at those close to where adults and children live and work.

- All concerned should learn from and, where appropriate, replicate community-based models already tested against local realities. This means moving beyond the rhetoric of community participation to respect for the skills, abilities, and limitations of communities. To date, communities have been the leaders in responding to HIV/AIDS and in shaping viable approaches to caring for and supporting affected children. With a few exceptions, however, their initiatives are not credited. Instead, the burden has increased as government agencies and donors assume that adequate systems and mechanisms already exist.

- Fourth, the demand side of sexual exploitation deserves far more attention than it has been given in the three countries under discussion. Girls, in particular – whether they are in school, working as domestic servants, trying to earn cash by hawking, or working in overt prostitution – are subject to sexual coercion, manipulation, and harassment by men. Of all the organizations contacted during this assessment, only one explicitly makes the connection between male sexual demand and children's sexual vulnerability. The gender dimensions of the HIV/AIDS pandemic, particularly the greater vulnerability of girls and young women to infection and its impact, are manifest in the sexual exploitation of girls by men. Despite this gap in making explicit the obvious role of men in creating conditions of vulnerability for children (and young women), there are some positive signs. More organizations in the three countries are focusing on children's rights, including teaching children that they have a right not to be sexually harassed or abused. There is also growing public awareness of the extent and implications of the sexual abuse of children in work and non-work situations. Male sexual responsibility is being discussed as well, to some extent, although usually just in the context of HIV/AIDS prevention with adult partners.

- Fifth, all three countries acknowledge the role of poverty in forcing children to leave school and take up work, at the same time increasing their vulnerability to HIV. Neither the United Republic of Tanzania nor Zambia has the national resources to improve those conditions that have led to household and community impoverishment over the past two decades. South Africa is more fortunate, but the Government is unable to meet all the demands and expectations of its people. Small efforts are being made to address aspects of poverty that relate, directly or indirectly, to child labour. In all three countries, the expansion of the school system and improvements in the quality of education are the most evident of these efforts.

- Finally, strengthening and fully enforcing anti-discrimination laws and procedures will help reduce the stigma faced by children affected by HIV/AIDS.

Many groups note the link between poverty and child labour and HIV/AIDS vulnerability. Far fewer, however, stop to analyse the specific aspects of impoverishment that create this vulnerability. "Poverty" is too vague a term to be useful in developing programmes that seek to reduce vulnerability among either children or adults. More

attention to the causes of poverty – factors such as loss of land or productive assets, inadequate or too costly social services, or discrimination arising from assumed HIV/AIDS infection – is needed in order to move away from rhetoric and toward practical programming. Likewise, the contribution of HIV/AIDS to continued poverty needs to be considered and addressed during programme design.

The sexual exploitation of children falls into two broad categories:

- The first is commercial sexual exploitation of children, or placing children in overt forms of prostitution. Children – overwhelmingly girls, but some boys as well – are expected to engage in sexual activities in return for financial or other material return. Usually, monetary payments are small. Material payments often take the form of food, shelter, a semblance of security, or protection.

- The second category is both more subtle and more pervasive. Cultural patterns, gender-based power relations, and socio-economic inequities allow children to be coerced or manipulated into providing sexual favours. Some form of monetary or material payment or reward may be offered (food or clothing, for example, or promise of a better school grade), but the intent is less a commercial transaction than a male socio-cultural expectation.

The first category may be recorded in child labour surveys (for example in Zambia). The second is rarely recorded, but is reported in numerous qualitative and anecdotal accounts.

The International Labour Organization-International Programme on the Elimination of Child Labour (ILO-IPEC) has commissioned rapid assessment research in the three countries covered by this report and in Zimbabwe. [3] The surveys are designed to generate initial data and analyses and qualitative information regarding links between child labour and HIV/AIDS with a focus on gender issues. The initial outcomes of the research (first drafts ready in June 2002) add credible data to the links between HIV/AIDS and child labour, demonstrating:

- How children affected by HIV/AIDS are vulnerable to exploitative work conditions and, conversely;

- how many of the children who work are vulnerable to HIV infection.

The current review is prepared on the basis of key informant interviews conducted in each country during April and May of 2002. Informants included people within government ministries/departments, researchers, project and programme planners and specialists, advocacy organizations and networks, and United Nations staff. Most informants were interviewed in the national capitals but, where possible, visits and phone interviews were also held with people in other cities. Appendix 1 presents a list of organizations contacted during the review as well as reports, assessments, evaluations, policies or draft policies, advocacy documents, and newspaper articles that were consulted. Relevant IPEC documents, especially assessments done on child labour in the United Republic of Tanzania, provided valuable baseline data. Appendix 2 lists those documents consulted for each country.

[3] The IPEC Rapid Assessments were led by Professor A.C. S. Mushingeh of the University of Zambia; in South Africa by Professor A. Mturi of the University of Natal; in The United Republic of Tanzania by Dr. H. Mlawa of the University of Dar es Salaam in collaboration with the NGO KIWOHEDE; and in Zimbabwe by Dr. J. Kaliyati, of the University of Zimbabwe.

II. Child labour and HIV/AIDS in Zambia

Zambia has been deeply affected by the HIV/AIDS pandemic. Losses arising from HIV/AIDS add to a multitude of other problems faced daily by children, families, and local communities, among them pervasive poverty, deep unemployment, and substantive cutbacks in the delivery of social services. Thousands of rural and urban children are forced to work, many in situations leaving them vulnerable to sexual abuse and HIV infection.

Numerous project interventions are working with vulnerable children. Innovative efforts to engage communities in care and support, furthermore, provide valuable models that are being replicated across the country. Existing national policies, and others in draft, mean to address the impact of HIV/AIDS and the effects of child labour. These will assist programme planners and implementers so long as they are backed with sustained public resources to complement those provided by NGOs, faith-based groups, and the communities themselves.

HIV/AIDS, child labour and child welfare at the national level

HIV/AIDS: In June 2000, the National AIDS Council estimated that 830,000 Zambians over the age of 15 were living with HIV/AIDS. Over 54 per cent of these were women, demonstrating a well-established pandemic across the population. An estimated 14 per cent of rural adults are HIV-infected, as are an estimated 28 per cent of urban adults. [1] About 60 per cent of Zambia's 10.5 million people live in urban areas.

Some evidence suggests that urban infection rates have levelled out and may even be falling among women aged 15-19, but rural rates continue to increase.

The proportion of children aged 5-17 infected by HIV remains unknown. One study estimates that 84 per cent of all AIDS cases are found in adults 20-49 years of age. In the light of other information indicating a peak HIV prevalence of 50 per cent in women aged 20-29, and given that most Zambians are not tested for HIV and the infection takes 5-8 years to turn into AIDS, it is reasonable to conclude that a good percentage (perhaps 30 to 40 per cent) of infections occur among children between the ages of 15 and 17. This is the age range within which many Zambian adolescents become sexually active. Further, for biological and other reasons, Zambian women between the ages of 15 and 19 are five times more likely to be HIV-infected than men in the same age range. [2]

Child labour: The 1999 Child Labour Survey estimated that 595,000 Zambian children aged 5-17 worked during the previous year, with this number almost equally divided between girls and boys. Nearly 90 per cent worked in rural areas, predominantly in agricultural/livestock/forestry activities. Some 58 per cent of these children were younger than 15 years. It remains unclear whether street children, children in prostitution, and children in work situations leaving them prone to sexual abuse were included in the estimate, although some doubtlessly were.

[1] National AIDS Council, "National AIDS policy", draft, Aug. 2001, pp. 1-2.

[2] P. Nanda: *Health sector reforms in Zambia* (Takoma Park, Maryland, Center for Health and Gender Equity, 2000), p. 12, citing Ministry of Health/Central Board of Health, *HIV/AIDS in Zambia*, 1997.

The 1999 Child Labour Survey [3] included a survey of children in prostitution. A total of 628 children aged 5-17 were interviewed (two of the children were actually aged 5-9): 473 in Lusaka; 100 in Kapiri Mposhi; and 55 in Chirundu. Given the selective nature of the survey, these numbers in themselves are significant. Only 15 per cent of the children were in school. Just over half of those aged 15-17 lived with parents or a guardian/relative, as did 65 per cent of those aged 10-14. Otherwise, the children tended to live alone or with friends.

Child welfare: A 1996 living conditions monitoring survey suggested that 13 per cent of Zambian children were orphans. Other analysts consider that estimate to be low, and the 1999 Child Labour Survey indicated that 19 per cent of children aged 5-17 years were orphans, indicating a figure of over 720,000. The percentage of orphans increased by age group: 13 per cent in age group five to seven; 16 per cent aged 8-9; 20 per cent aged 10-14; and 27 per cent aged 15-17. [4] An estimated 80 per cent of orphaned children in Zambia had lost their parent or parents to HIV/AIDS. [5]

Child-headed households

One outcome of parents dying of HIV/AIDS is the advent of households headed by one of the orphaned children of the family. Child-headed households are a direct result of the HIV/AIDS pandemic – they did not exist prior to the extensive impact of the disease. Such households tend to constitute a small proportion of all households where orphaned children reside, but their presence is significant. The most authoritative survey in Zambia, conducted in 1999, found less than 1 per cent of households with orphaned children to be headed by a sibling. Local exceptions do occur, however.

Child-headed households in Zambia appear to be overwhelmingly urban-based. Of 19 child-headed households identified in one survey (3.5 per cent of all surveyed households), only one was in a rural area. This was explained as being a result of the continued strength of the extended family in rural areas and the fact that many orphaned children were returned to rural relatives. In one locale in the town of Kapiri Mposhi, of 44 household units surveyed, six were headed by children (four by girls and two by boys). The six child-headed households kept 21 orphaned siblings – over half of all orphaned children in all the households, indicating the heavy burden placed on each of these households. In the city of Kitwe, of 118 households surveyed, seven were headed by children. All of the child-headed households were categorized as being "very poor."

Sources: The Participatory Assessment Group. Situation analysis of orphans and vulnerable children in Zambia, Vol. 3. Lusaka: UNICEF and others, 1999.

A 1996 UNICEF study in four heavily affected communities in Kitwe and Choma districts of Zambia's Southern Province found that over 50 per cent of surveyed children had lost one or both parents, and that 71.5 per cent of all households were caring for at least one orphan. The study also determined that 98 per cent of all orphans were being cared for by a surviving parent, grandparents, or other members of the extended family. [6]

The 1998 *Zambia Human Development Report* estimates a national total of 75,000 street children. Although the framing of the data is imprecise, about 58 per cent of this

[3] ILO-IPEC and Republic of Zambia, Central Statistical Office. Zambia, 1999: Child labour survey (Lusaka, nd [2002]).

[4] ibid.

[5] S. Hunter, J. Williamson: *Children on the brink: Strategies to support children isolated by HIV/AIDS* (Washington, DC, USAID, 1999).

[6] ibid.

group are believed to have lost one or both parents. [7] (Misconceptions about the number of street children are common. It is sometimes suggested that as many as 600,000 children live or work on the street. What does seem clear is that numbers vary over time, as do the criteria used to identify such children. Precise counts are probably impossible.)

Poverty and socio-economic inequalities in Zambia are both pervasive and of a long-term, structural nature. During the 1990s, between 70 and 80 per cent of the population spent at a level that appeared to place them below the national poverty line. [8] Just 10 per cent of the population receives over 50 per cent of the per capita income – this number is roughly equivalent to the percentage of the population employed in the formal sector, a good indicator of the importance of waged incomes. The bottom 10 per cent receives 0.5 per cent. [9] Since the end of the 1990s, economic conditions have not improved, although poverty levels have fluctuated and national inequalities have declined slightly.

Nearly half of Zambian children, regardless of orphan status, are not enrolled in primary school. Local school boards set fee levels, and fees can be waived on a case-by-case basis. For many very poor households, such as those headed by women or children, school fees or opportunity costs keep many children out of school and other forms of vocational training.

Malnutrition is pervasive among children. Over half of orphaned children are stunted. Malnutrition increases the risk of being infected with HIV and increases the pace at which the disease compromises the immune system. Access to health care is limited, in part by household ability to pay and in part by institutional biases against providing sexual and reproductive health care to adolescents. [10]

Many children suffer depression, including a sense of hopelessness regarding life's alternatives. They see scant future prospect of decent work opportunities, adequate income, or general security. Studies suggest that these attitudes increase the risks, including increased sexual risks, which children are willing to take in order to survive.

National policies and responses

Zambia's draft national AIDS policy is designed to provide direction for responses from governmental and non-governmental sectors. It is not an action plan, but – unlike national policies drafted at earlier stages of the pandemic – it does note that poverty and gender are factors exacerbating vulnerability. It also refers to the difficult situation of children orphaned by HIV/AIDS, including some 6 per cent who are street children and the 1 per cent who themselves head households. The implications of the pandemic for abusive child labour remains unremarked.

The Ministry of Labour and Social Security, through its Child Labour Unit, is drafting a framework on child labour in line with policies and processes of the Southern Africa

[7] *Zambia, 1999: Child Labour Survey*, op. cit.

[8] Percentages vary by rural and urban locations and over time, and the figures here reflect national averages.

[9] N. McCulloch, B. Baulch, M. Cherel-Robson: *"Poverty, inequality and growth in Zambia during the 1990s"*, a paper prepared for the 26th General Conference of the International Association for Research in Income and Wealth (Cracow, Poland, 27 Aug. – 2 Sep. 2000), p. 2.

[10] Nanda, *Health sector reforms in Zambia*, op. cit.

Development Community. (Zambia is also a signatory to both the ILO Worst Forms of Child Labour Convention, 1999 [No. 182] and the ILO Minimum Age Convention, 1973 [No. 138].) The framework, it is expected, will link HIV/AIDS vulnerability to levels of adult employment as well as to household and community poverty.

Existing labour laws do not cover child labour on commercial farms or in the informal sector. The Ministry, however, is interacting with businesses in these sectors to increase awareness of national laws on child labour, including work under hazardous conditions.

The Ministry of Labour and Social Security is a member of a national steering committee on child labour. This committee provides a forum for sharing experiences, discussion of prevailing and new issues, and planning for future national responses. The reintegration of street children back into mainstream society is one current issue under committee review.

The Ministry of Education has incorporated reproductive health information, including that concerning HIV/AIDS risk and prevention, into school curricula at all levels. The development of training materials to prepare teachers to deal with HIV/AIDS has been widely welcomed by NGOs working with youth and, apparently, by parents as well. Given that a high proportion of Zambian children do not participate in the formal schooling system, the Ministry of Education has adopted two new approaches to reaching these children:

- The first involves community schools run by volunteers. The schools do not require the children to wear uniforms and do not assess fees. To assure quality, the Ministry of Education oversees these schools through an inspectorate. It is generally believed, however, that community schools do not offer as sound an education as do government schools.

- The second response is a radio distance-learning programme targeting early primary school-age children, who are guided by volunteer mentors.

Both of these programmes follow either the basic education curricula or guidelines provided by the Ministry of Education.

The Ministry of Education has appointed HIV/AIDS focal points at all levels. These individuals are responsible for monitoring the implementation of ministry policy, assessing problems and needs as they arise, and coordinating responses.

The Ministry of Education plans to abolish school fees in the second half of 2002. This measure intends to expand opportunities for children to attend grades 1 through 9. Schools themselves have expressed some resistance, with headmasters and teachers concerned that government grants will fail to cover the necessary operational costs. Furthermore, additional schools and classrooms are needed to accommodate all the students, especially where the waiver of school fees may increase demand.

It is unclear to what extent the Ministry of Education is working to mitigate the loss of teachers due to HIV/AIDS. In 1998, deaths among teachers in Zambia amounted to two-thirds the output of teacher training colleges, and today that ratio is increasing. In addition, illness associated with HIV/AIDS is leading to teacher absences from the classroom, which results in classroom disruptions, a lower quality of education, and, in some cases, students having to repeat grades. “Communities see this as one of the factors contributing to a decline in the quality of education – and consequently, to a reduction in their preparedness

to commit the time of their children to school," [11] with direct consequences for children dropping out of school or being less prepared to advance their education. Further, teacher illnesses and deaths probably add significantly to costs for ministries of education and national treasuries, although appropriate assessments have not been conducted.

The Ministry of Education has launched four initiatives addressing child labour issues:

- Internal sensitization of all ministry officials, at all levels, to the problems of child labour and child sexual exploitation;
- Updating the civics and social studies curricula to foster children's awareness of their rights and their capacity to recognize and resist abusive forms of labour;
- offering counselling together with formal education through a pilot "schools without walls" activity, supported by the ILO, designed for children withdrawn from the street; and
- Internal discussions on making grade 1-9 education compulsory.

The Ministry of Youth, Sports and Child Development is leading a multi-sectoral planning process on specific links between child labour and HIV/AIDS. Still in its initial stages, the process means to remain focused on the target issues, avoiding the duplication of other ministry activities.

Ministry roles: The issues surrounding HIV/AIDS and sexual exploitation on children are taken seriously within the Government. Although the Ministry of Labour and Social Security, for example, offers grants to implementing NGOs for street-children projects, government ministries do not see their roles as including direct programme or project interventions. Instead, they focus on public and political awareness raising, networking and negotiating with non-government sectors, internal advocacy, and the framing of guidelines and policies.

NGO roles: Both independently and through participation on various committees, NGOs interact with government personnel. They bring issues forward for discussion, review drafts of proposed policies and guidelines, provide input into specific programmes (such as reproductive health curricula in schools), and monitor the implementation of policies. In turn, the Government seems to be respectful of NGO input in these areas.

NGO programmes are widely supportive of the Ministry of Education's inclusion of reproductive health issues in school curricula. They see this as a major advance, in so far as it educates youth to delay the onset of sexual relations, practise safe sex and, for young women/girls, negotiate safe sexual practices with their partners. The Ministry of Education's curricula complement the behavioural-change messages provided by programmes such as the Zambia Integrated Health Programme. The Ministry's distance learning programmes are also appreciated, particularly where communities have organized around local issues, including that of children out of school, and can raise the funds to buy radios, batteries, and minimal school supplies.

[11] M. Kelly: *The Impact of HIV/AIDS on schooling in Zambia* (Lusaka, Zambia: Jesuit Centre for Theological Reflection, 1999), No. 42; Michael J. Kelly, "Standing education on its head: Aspects of schooling in a world with HIV/AIDS", *Current issues in comparative education*, Vol. 3, No. 1 (New York, Dec. 2000).

Media roles: The print and electronic media have significantly raised public awareness of the issues, and are affecting social attitudes and norms through such means as newspaper background articles on HIV/AIDS, vulnerable children, sexual exploitation of women and girls, and NGO responses to children's needs.

Programme and project responses

Direct interventions and community mobilization are two broad approaches, in Zambia, to addressing children affected by HIV/AIDS and abusive forms of child labour. The former is undertaken on at least two levels: with vulnerable children themselves, and with households of orphaned or vulnerable children.

Direct interventions: Numerous organizations, most of them urban-based, provide services for orphaned and vulnerable children. Services include psychosocial counselling, skills training, educational assessment and placement, food, clothing, and health care. None of these programmes is financially self-sufficient nor will any of them be – it is not in the nature of social welfare programmes to generate adequate funding internally for their work. Nor do the organizations reach more than a small percentage of children in need. For example, the Anglican Children Project (formerly the Anglican Street Children Project) has withdrawn 135 children from the street on a voluntary basis and provided them with accommodation, food, counselling, and access to school or vocational training. Some 34 of these children were reintegrated into their families. With additional resources provided through an ILO-IPEC pilot project, 183 children in Lusaka were voluntarily withdrawn from the street. School places were found for most of these children; the others entered the project's own vocational training programmes.

One rural township-based activity is the Orphan Support Programme, run by St. Francis' Hospital, Katete, in Eastern Province. This scheme provides medical, material, and counselling support to families – primarily grandparents – with orphans. Several thousand orphaned children have been assisted to date.[12] Another organization, Community Youth Concern (CYC), works in both rural and urban areas. It works through school-based clubs to promote awareness of children's rights. Both the school and community volunteer groups play a role in identifying vulnerable and abused children. CYC staff follow up with families and, where appropriate, with law enforcement, legal, and government authorities.

Each organization has basic criteria for selecting the children with whom it works. These include age, whether the child is living on the street or not, and willingness to attend school or be reintegrated into their family. The most common consideration is whether available funds and other resources are sufficient to accommodate more children within the programme.

These programmes provide important indirect benefits. For example, some include relevant awareness-raising within communities. A recent assessment found that in communities where YWCA and Anglican Street Children projects have conducted

[12] H. R. Barrett and A. W. Browne: *AIDS, family care and the changing role of household members in Eastern Zambia*, a paper presented at the AIDS, Livelihood and Social Change in Africa Conference (The Netherlands, Wageningen Agricultural University, 1999).

awareness campaigns, community members were found to be "very knowledgeable" on issues relating to the commercial sexual exploitation of children. [13]

Community mobilization: Much lip service is paid to the theme of "community mobilization", but there are only a few examples of effective community participation and community-driven responses to the target children. One of these is the Salvation Army's Chikankata Hospital. Over the past decade, it has evolved a well-established response to HIV/AIDS in rural communities within its catchment area. [14] Today, it incorporates a long-term facilitation relationship with communities, encouraging them to identify their needs and the multiple resources available to address those needs, including the network of individuals and organizations the programme itself establishes to serve community households. As elsewhere in Zambia, communities have identified vulnerable children in general, not just orphaned children, as needing support. This approach has increased local community confidence in their own problem-solving capacities, encouraging them to apply their own skills and resources to solutions.

In a high-density housing area of Lusaka, the Zambia Children Education Foundation (ZACEF) has used similar methods to facilitate community responses. The goal is to empower households within local communities as well as the wider public. As with the Chikankata model, volunteers in three community groups facilitate local activities, including fund-raising, counselling of children and parents, mentoring, and group dynamics. The programme is designed to build upon participant's experience and skills and their ability to generate needed resources.

In Kitwe, another urban area of Zambia's Copperbelt, Project Concern International has stimulated a community mobilization approach for reaching orphaned and other vulnerable children. According to one assessment:

> The first five communities mobilized have started community schools as well as a variety of other initiatives to improve the situation of vulnerable children. Particularly significant were the numerous examples of communities, reportedly for the first time, intervening in cases where children were abused or without any care and in instances of "property grabbing" affecting widows and orphans. [15]

NGO networking

Networking among NGOs has been facilitated by the strengthening of the Children in Need Network (CHIN), although it is still seen as under-resourced for the work it does. CHIN began in 1993, and currently includes more than 70 member organizations. Its members focus on three groups of vulnerable children: street children, abused children, and children orphaned by HIV/AIDS. The network collects and disseminates information and training materials, promotes the rights of children, and advocates for greater policy and legal attention to issues relating to vulnerable children.

Networking: In the late 1990s, observers noted a typically fragmented, sometimes territorial, response to both HIV/AIDS and child labour issues and needs. Programme

[13] ILO-IPEC: "Study on good practice interventions against commercial sex exploitation of children in Zambia", draft report prepared by Chalo Environment and Sustainable Development Consultants (Zambia), 3 Mar. 2002.

[14] The best summary of the Chikankata experiences can be found in Weddy Silomba, *HIV/AIDS and development: The Chikankata experience*, a paper prepared for the United Nations Research Institute for Social Development (UNRISD), Geneva, 2001.

[15] J. Donahue; J. Williamson: *Community mobilization for orphans in Zambia: An assessment of the orphans*, *Focus* (1999), p. 9.

duplication or overlap was common, and there was little sharing of information or coordination of efforts. Since April 2002, however, there seems to be more coordination and networking than has been apparent in the past. The draft National AIDS Policy, while noting that this goal has yet to be fully achieved, calls for a multi-sectoral response at all levels. Government-NGO networking has increased through technical working groups of the National AIDS Council and other venues.

One of the main roles of Project SCOPE/OVC (Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children has been to strengthen district coordinating committees and, through them, more local counterparts. The project works in 12 districts. Over the short term, it has enjoyed some success, notably in Kitwe. The district coordinating committee works with NGOs and CBOs to bring a multi-sectoral perspective and services to OVC issues. The project reports that over 22,000 children have been assisted by member groups between the last quarter of 2000 and the first quarter of 2002. During that time, the coordinating committee generated its own funds and now operates in a sustainable manner.

Membership in the recently formed Zambia Business Council on HIV/AIDS remains small. However, the organization has the potential to attract new members, to provide guidance to member companies on HIV/AIDS prevention and care policies and programmes, and to discuss and negotiate with the Government on policy and regulatory responses that affect companies and the overall business climate. The Zambia Business Council on HIV/AIDS can play a role in providing member and non-member companies with information on child labour regulations.

Efforts to mitigate poverty

Poverty is frequently cited by both government authorities and NGOs as an underlying causative factor in both child labour and HIV/AIDS vulnerability – leading girls into survival sex, for example, or depriving children of education opportunities. Yet efforts to alleviate or mitigate poverty still operate only on a limited scale. Crisis food distribution to households alleviates some of the worst outcomes of immediate poverty. Redundancy payments are required for contractual workers, although claimants often have to wait months before receiving them. The new Government (as of 2002) has announced a "New Deal" response to the country's economic and unemployment problems, but the shape of related programmes is only beginning to emerge.

There is no large youth job creation or employment schemes. Some projects that target orphans include skill-building and income-generation activities. Many of the skill-building initiatives are in traditional areas such as sewing (for girls) and carpentry (for boys) – useful, perhaps, but the market is saturated with people with those skills.

Several initiatives aim to provide micro-finance loans to households for business start-ups or expansion. (Recipients sometimes assume these are grants.) ILO-IPEC has funded and provided technical assistance for two such pilot activities. USAID also has provided support for a limited number of micro-finance/credit activities. Many NGOs refer to planned or implemented micro-finance initiatives within their programmes. The intention of micro-finance loans, in the context of children affected by HIV/AIDS, is to provide households with vulnerable children with initial resources to generate new income and become self-sufficient. The intent of micro-finance efforts is laudable, and project design is often sound. Community members welcome them. However, implementation is often flawed, whether through misunderstanding of the intent of the loans, lack of business or technical skills, or difficulties arising from complex coordination between the different donors, as well as lack of consistent oversight and technical assistance by aid agencies.

Health and education reforms, over the past decade, have included local management boards as a means to gaining community input into the functioning of schools and health facilities. It does not appear, however, that these reforms have broadened access to essential health care, especially for out-of-school and low-income youth.

The ILO has continued to support government efforts to stimulate economic performance. Youth job creation is one among many recommendations that the ILO has put forward for government consideration.[16] The Government has voiced interest in labour-intensive job creation, but has not had the resources in recent years to put those recommendations into practice or to stimulate private sector involvement in such efforts.

Lessons learned and elements of good practice

ILO-IPEC defines a good practice as anything that:

- Works, in some way, to combat child labour, whether fully or in part; and
- Has potential implications for practice elsewhere or at other levels.

The previous sections provide a sampling of what is working in Zambia. Much thought and discussion underlies most of these policies and programmes, and numerous lessons can be drawn from these responses. Clearly, however, what is being done does not always lead to a "good practice".

This section looks at lessons learned, and identifies some of the elements of good practice underway in Zambia. Categorization is simplified within a framework provided by the previous sections of this review. Nevertheless, both the lessons and good practices must be understood as multi-dimensional in nature, as is the nexus of child labour and HIV/AIDS vulnerability itself.

Data and analysis

Zambia is well served, from a variety of surveys and other sources,[17] by good quantitative and qualitative data on both child labour and HIV/AIDS. The Rapid Assessment commissioned by ILO-IPEC will add qualitative data on the linkages between the two issues.

Findings

- The Government, NGOs, and donor agencies are committed to providing regular data on child labour and HIV/AIDS for policy and programme planning.

[16] ILO and UNDP: *Investment for poverty reducing employment report: Strategies and options*, (Lusaka, Nov. 2000).

[17] See the bibliography for sources of data.

- The actual number of orphaned children, street children, and children in prostitution is unclear, [18] since different reports have applied different methodologies in collecting data. Analyses of conflicting data have not generated extensive attention.

  – For example, different surveys provide different estimates of the number/percentage of orphans in Zambia. A 1996 living conditions monitoring survey suggested that 13 per cent of Zambian children were orphans, while the 1999 "Situation analysis of orphan and vulnerable children" indicated that this estimate was low and the *Child Labour Survey* indicated that 19 per cent of children aged 5-17 years were orphans.

  – The *Child Labour Survey* for 1999 left it unclear whether street children, children in prostitution, and children potentially in sexually abusive situations were included in the estimated number of working children. If they were, it remains unclear in what categories of work they belonged: vending/hawking, labourers, bars/restaurants, or "community and personal service".

- Questions remain regarding the number/percentage and gender of children affected by HIV/AIDS (as orphans or in impoverished households and therefore vulnerable) and those who are in exploitative work situations and/or at increased risk to HIV infection.

- No reliable data are apparent regarding the number and situation of children working in domestic service. Yet it is acknowledged that this is a high-risk category for sexual exploitation – especially among girls and young women, who predominate as domestic workers.

- Full analysis is needed of the linkages among child labour, children affected by and at risk of HIV/AIDS, and poverty (together with the causes of impoverishment). Such analyses remain to be summarized for use by government authorities, the media, and HIV/AIDS and child labour programme planners.

- Children clearly live on the street because of household poverty. What is not clear is how or why they and their families became impoverished. For example, was it due to a parent (or both parents) losing a job because of prevailing economic conditions (privatization, liberalization, retrenchments, recession); due to HIV/AIDS illness and associated expenses; other illnesses and expenses; or for other reasons?

Lessons learned

- Reported data on child labour and HIV/AIDS are regularly used by government officials, by the media, and by NGOs for public awareness raising and sensitization. Report findings are not simply gathering dust on shelves.

- Rapid Assessments, such as the one commissioned by ILO-IPEC, offer a means of gathering information quickly, one that has a significant impact on public awareness and, potentially, on programme design.

[18] Overwhelmingly, it is girls who are in prostitution. However, findings reported by the ILO-IPEC rapid assessment on HIV/AIDS and child labour in Zambia indicate that some boys are also involved.

Elements of good practice

- The major surveys, supported by government and donor agencies, and international organizations such as the ILO and UNICEF, have been highly relevant sources of information, and have had a major impact on government and public awareness of the extent and multiple dimensions of child labour, children in prostitution, and the impact of HIV/AIDS on households.
  - Similar surveys are needed on a regular basis (every two to five years) to sustain understanding of child labour and HIV/AIDS issues.
  - New child-labour survey questions can lead to improved understanding of the issues surrounding children in prostitution, children vulnerable to sexual exploitation, risk of HIV infection among orphans, types of work children perform, and living conditions among HIV-positive children (for example, more than half of orphaned children are stunted; malnutrition increases the risk of being infected with HIV and increases the pace by which the disease compromises the immune system).
- The Rapid Assessment methodology is highly relevant and replicable.
  - To take full advantage of this good practice, follow-on steps can include a press release; a bulleted summary document of no more than two pages targeting government and political authorities; and recommended action-oriented steps for policy-makers, programme planners, and service providers.
  - The advantages of the rapid assessment methodology can be disseminated to other country IPEC offices.
  - Follow-up Rapid Assessments, designed together with NGOs involved in community mobilization and multi-sectoral service delivery, will prove highly useful to those organizations and, more indirectly, to similar groups.

Policies

Drafting and adoption of policies usually take a long time, and HIV/AIDS and child labour policies in Zambia are no exception. The national HIV/AIDS policy remains in draft form, and a child labour policy is being formulated. Implementation of activities in both areas has moved ahead of policy. This is not entirely bad, however, since experiences with interventions have and will continue to inform policy formulation.

Findings

- Few children are aware of their constitutional and legal rights, or of services currently available through either government or NGO institutions.
- Most adult Zambians are unaware of the constitutional and legal rights of children or of the associated safeguards.
- A multi-sectoral coordinating national HIV/AIDS policy has been drafted, with technical input from a range of stakeholders.
- Analysis of the policy environment on the linkages between HIV/AIDS, exploitative forms of child labour, and poverty remains to be undertaken.

- Efforts to reach commercial farmers and informal sector employers regarding issues of child labour, including the sexual exploitation of child workers, remain only low key and informational.

Lessons learned

- NGO input into public policy issues including advocacy is growing and is welcomed by all stakeholders.

- If NGOs are to inform and influence public policies, they must demonstrate that they have credible quantitative and qualitative information and experience. Such information arises from documenting experiences, both positive and negative, in a timely manner and presenting it in easily accessible formats.

- Little attention is given to male attitudes, behaviour, and social systems that create a demand for children in prostitution and are largely responsible for child sexual exploitation and abuse.

Elements of good practice

- Media coverage of HIV/AIDS and child labour issues is regular and extensive. Media houses are to be commended for building public awareness and sustaining public attention on the issues.

- Media outlets both assign reporters to cover stories and use information provided by programmes and projects. Most of the reporting is accurate, indicating that reporters and editors are focused on these issues and/or have received training on the target issues.

- Applying good management principles, HIV/AIDS focal points within the Ministry of Education are sustaining attention and monitoring progress on implementation of ministry policies and programmes on HIV/AIDS. The focal point concept is easily replicable at minimal cost, and is to be recommended to other ministries and companies.

- In addition to its policy statements, the Ministry of Education has undertaken in-depth analysis of the training needs of teachers and other staff and of the resources needed to implement its HIV/AIDS curricula components. Effective implementation requires such analysis to identify both needs and gaps in institutional responses.

Programme and project responses: Direct interventions

Findings

- Although a number of NGOs, community-based organizations, and faith-based programmes and projects are assisting children affected by HIV/AIDS and/or involved in exploitative work, they reach only a fraction of the thousands of street children and hundreds of thousands of orphaned and other vulnerable children. At the same time, many street children are unaware of available assistance.

- Interventions have not focused on hard-to-reach children vulnerable to abuse, particularly girls in domestic service.

- A 1999 study of orphaned and vulnerable children in Zambia found that "there is little new thinking and very few new ideas" in the programmes of direct service providers.

Rather, "there are many variations on familiar themes, and much recycling of ideas and initiatives, but there seemed to be very little that is innovative or that promised some kind of breakthrough in dealing with the challenge to address the OVC crisis".

Some three years later, this assessment remains generally true, but with important qualifications. First, direct service projects, with outside assistance, are adding a community outreach or community mobilization component to their programmes. Second, behaviour-change communication is more deeply rooted in programmes, offering a greater potential to influence the sexual behaviour of children. Third, direct service programmes recognize their inability to reach more than a small proportion of vulnerable children, and have used various information and advocacy techniques to reach government and external funders for additional resources.

Lessons learned

- The criteria for incorporating a child in a direct service project do not usually include sexual abuse, but projects do recognize the vulnerability of girls, in particular, to sexual exploitation if they are working or living on the street.

- Most direct service organizations do not have a fixed set of guidelines to assist staff and volunteers in working with vulnerable children. This permits flexibility in meeting the needs of individual children. It can also create confusion. Further, it makes it more difficult to monitor institutional changes.

It may be helpful to have guidelines, arrived at by consensus among service providers and government and other stakeholders, for including participants in project activities.

Elements of good practice

Zambian organizations providing direct services to vulnerable children are performing an important function for the individual children involved; for their families, potentially; and for the country as a whole. Most of the activities are well-tested and acceptable, but do not represent a specific good practice. Resource constraints, furthermore, place limitations on the expansion, and sometimes the sustainability, of these activities. Inevitably, dependence on external funding for direct service provision hinders sustainability. This is not to suggest that external funding should be abandoned, but merely to note likely constraints associated with such funding.

- Important expansions of programme activities by direct service organizations include the incorporation of community sensitization in child labour and child abuse issues and community mobilization to identify vulnerable children.

- Useful, easily replicated, and highly relevant training materials have been prepared to enable teachers to reduce their own risk to HIV/AIDS and, indirectly, to provide similar guidance to students. One such set of materials is entitled "Participatory learning activities for teachers and adults to reduce their risk for HIV infection", published by the Zambia Central Board of Health and WHO (see Appendix 2).

- Community Youth Concern (CYC) monitors its programme every quarter, thereby providing a close check on its activities and plans. In turn, the quarterly monitoring arises from a planning process that prioritises activities, and assures adherence to those priority activities over the quarter (and year). Both the planning and monitoring functions represent a well-focused organizational response to addressing children's rights. Too frequently, organizations can be diverted from their plans by new issues, in the process diluting their overall effectiveness. The CYC organizational processes deserve closer attention by other NGOs.

Programme and project responses: Community mobilization

Findings

- Previous reviews of orphaned and vulnerable children in Zambia have emphasized the role of the extended family and community in providing support, guidance, and care for children affected by HIV/AIDS. Resources from within households, these studies argue, are not available for major scaling up of formally organized direct service projects by government for filling the gaps in service provision for HIV/AIDS affected children and children vulnerable to exploitative work situations.

- Sensitized, informed, and organized communities offer a means to raise awareness regarding child abuse, including abusive forms of work, and to monitor the well-being of children in need.

Lessons learned

- Extended families and communities currently provide or seek to provide the most extensive care and support to children affected by HIV/AIDS. This reflects the traditions and internal dynamics of Zambian society. In this context, it is overwhelmingly women, including grandmothers, and girls who are the primary caregivers during periods of illnesses associated with HIV/AIDS and after deaths occur.

- Further, as other observers have noted, "communities are prepared to take leadership, to actively participate to develop initiatives to address the issues and to devise means to sustain activities they begin".

- Most community mobilization initiatives emphasize volunteer involvement, and this approach appears to be effective in a number of locations.

- The community mobilization initiatives seen in Zambia have yet to experience volunteer drop-off or burn-out. Programmes should anticipate and prepare for this likelihood.

Example of a good practice: The Chikankata model of community mobilization

The model of community mobilization developed at Chikankata to address HIV/AIDS and affected children issues has gained international attention. It has been adopted by several other Zambian organizations as a methodology for engaging local communities in problems identification, problem solving, and resource generation.

- The Chikankata approach has generated training of trainers courses, with associated materials that have been developed by Chikankata staff.
- At the start, community mobilization initiatives can be staff intensive, making contacts, gaining confidences, facilitating initial meetings and discussions, and responding to problems. Once community groups are organized and functioning, however, they can be sustained with minimal outside involvement.
- The approach is easily replicable, so long as organizations are prepared to invest initial staff resources and recognize that the processes involve long-term commitments (at least two years to ensure that a community group is confident in using member skills to carry on).
- Replication by other organizations of the Chikankata community development approach is noteworthy, especially as it is being applied to children and communities affected by HIV/AIDS.

Networking

Findings

- The proliferation of NGOs and changes in governance have increased the need for networking and coordination.

- Although earlier assessments have discussed fragmented responses to HIV/AIDS, this report finds that formal and informal mechanisms exist and are used by NGOs to inform government agencies and to share experiences among the NGOs themselves. This seems to have resulted in improved coordination and better internal planning to avoid duplication of efforts.

- Some 20 large companies have recently established the Zambia Business Coalition on AIDS, a coordinating group concerned with HIV/AIDS issues.

Elements of good practice

- The establishment of the Zambia Business Coalition on AIDS demonstrates the interest of large companies in addressing common issues and coordinating responses to the pandemic. The Coalition can enhance its influence and expand its good practices by:

  – expanding membership as quickly and as widely as possible;

  – encouraging and supporting the framing of guidelines for use by the entire business community – including the informal sector – on prevention of abusive forms of child labour that expose children to HIV infection; and

  – encouraging the development of guidelines applicable to all businesses and employees on appropriate and responsible sexual behaviour toward children.

Poverty mitigation

Lessons learned

- Support for micro-enterprises and small businesses offers one way to stimulate direct economic security for older children who otherwise become involved in exploitative work. Similarly, such support to families with persons living with HIV/AIDS (PLWHA) can buffer children in those families from having to work. A number of projects include a micro-finance component.

- The evaluation of the initial ILO-supported Start and Improve Your Business (SIYB) project implemented in Lusaka and Solwezi points to a number of key lessons for future design and implementation. Those lessons include the following:

  – A well-designed project may not be effectively implemented.

  – Project implementation that involves multiple stakeholders must include resources for regular, effective coordination and monitoring. In the case of the Lusaka/Solwezi project, a coordinator was identified, but was said to lack the resources to provide field-level coordination. Budgets must include resources for coordination.

- Training of people living with HIV/AIDS for entrepreneurial roles requires trainer adaptations to meet the physical conditions of people living with HIV/AIDS (PLWHA).

- Small business start-ups are likely to achieve greater success by applying long-recognized lessons from micro-enterprise/small business activities, particularly training and funding for self-identified groups where participants know and have some trust of one another.

- Micro-credit for PLWHA needs to follow established practices for any loan applicant, a situation which was waived in several important respects for the SIYB project (e.g., training in group dynamics, proportional matching of applicant funds to obtain a loan, loans that match the applicant's experience).

- Micro-finance initiatives, as they are currently designed, reach a limited number of people. In and of themselves, such initiatives will not stimulate sufficiently broad job or income creation to affect the wider communities in which the loans are provided.

Concluding observations

Blending of programmes

Responses to HIV/AIDS often tend to remain narrowly focused. One informant declared that "We are not a poverty alleviation organization!", meaning to distinguish this organization's work with young people and local authorities from that of groups dealing with economic change or social welfare.

However, real opportunities exist in Zambia to scale up and sustain multi-dimensional responses. Community mobilization efforts by several organizations offer models. An important component of any such model is community responsibility for identifying both its own resources and others than it can access.

Micro-credit/finance projects have provided another popular model in Zambia. Although many projects have tried micro-finance initiatives, there is no indication that these have had a broad or sustained impact. Creative planning and facilitation, however, can blend small-scale financing in communities with local mobilization and problem-solving, leading to forms of community financing. One objective of community financing is to increase jobs and incomes, not only in households, but within and across communities.

The ILO has been an important contributor to micro-finance pilot projects. Now it can contribute that experience to a new model of community financing for jobs. The ILO also has extensive experience in job creation, adding a further dimension to its potential contribution.

Zambia's economy has been depressed for decades, and most of its people have lived in economic and social crisis for as long. Yet there remains a desire to find solutions to problems and to apply limited available resources to those solutions. Community financing for job creation offers one option for taking advantage of people's determination for change and self-reliance.

Male sexual attitudes and behaviour [19]

The great majority of studies deal exclusively with the "supply" side of child sexual work and exploitation. That is, they either seek to prevent children from moving into situations of real or potential sexual exploitation or to remove children from such situations.

Initiatives that address male social attitudes and behaviour putting children, particularly girls, at risk of sexual exploitation and HIV infection, take the form of public awareness campaigns in the print and electronic media. Some recent information, education, and communication/behaviour change communication (IEC/BCC) initiatives have focused on preventing transmission of HIV/AIDS through responsible male sexual partnership, but male abuse of girls is not included in these programmes.

What is importantly missing in Zambia's (and many other national) approaches is the role of the attitudes and behaviour of men. Social and cultural beliefs and structures often justify or condone male sexual abuse of children. Not all men are involved in sexual abuse, of course, but children suffer because male-dominated beliefs and institutions permit such behaviour. Thus, the girl herself or her parents are blamed (at least initially) if a girl is raped or engaged in prostitution. Too little attention is given to the role of men who rape or seek out children (or women) in prostitution or coerce girls into sexual situations.

Thus, a next step for Zambian policy-makers and programme planners is to develop strategies for:

- Altering male sexual attitudes and the social norms and institutions that sanction exploitative sexual behaviour;
- Creating greater public attention to those attitudes and to male sexual behaviour;
- Strengthening enforcement mechanisms for laws prohibiting the sexual abuse of girls and boys by men or women; and
- Informing children of their rights not to be sexually abused.

These and other steps can go a long way not only towards protecting children, but to controlling the spread of HIV/AIDS.

[19] These observations on male sexual attitudes and behaviours apply not simply to Zambia, but to all the countries of southern Africa, and beyond.

III. HIV/AIDS and child labour in South Africa

The HIV/AIDS pandemic is deeply rooted in South Africa and growing in conditions of poverty, exploitation, labour migration, and a neglect of most black South Africans stemming from the apartheid system. Substantive efforts to correct these conditions have been underway since the democratic Government assumed power in 1994.

However, deep inequalities, pervasive unemployment, and rural poverty continue to fuel the spread of HIV/AIDS. The pandemic is beginning to have an especially serious impact in KwaZulu-Natal and Mpumalanga provinces, where many children have lost parents to the disease. Some of these children, with little material support to call upon, migrate to towns and cities in search of a livelihood. Many work to earn small amounts of money; others are induced to sell sex to survive. Although ground-level service agencies that deal with children recognize the impact of HIV/AIDS on the vulnerability of children, the country as a whole – its institutions and social systems – is inadequately prepared for the consequences that will emerge over the next decade.

South Africa has significant resources and committed social support agencies to assist in mitigating the impact of HIV/AIDS and child labour. Some of these are in place and others, with national policy guidance, are evolving. Programme and project implementers, however, are not confident that the needs of the rapidly increasing number of vulnerable children will be met or their rights adequately protected.

National Issues on HIV/AIDS, child labour and child welfare

There is little data regarding the infection rate or other impacts of HIV/AIDS among children 5-17 years of age. The sentinel surveillance surveys being conducted focus on pregnant women who attend public health clinics. These surveys do not include a category for children attendees; the closest category merely includes women below the age of 20.

HIV/AIDS: According to the Department of Health, an estimated 4.7 million South Africans were infected with HIV as of the end of 2000. HIV/AIDS infection rates of 24.5 per cent were found among pregnant women who presented themselves at public health facilities. This compares to 22.4 per cent in 1999 and 22.8 per cent in 1998. A hopeful development: among pregnant women under the age of 20, HIV infection rates have declined from 21 per cent in 1998 to 16.5 per cent in 1999 and 16.1 per cent in 2000. It is likely that a portion of these young women became HIV infected as children, before the age of 17. Wide variations appear in provincial HIV infection rates, from a high of 36.2 per cent in KwaZulu-Natal to 29.7 per cent in Mpumalanga and 29.4 per cent in Gauteng to a low of 8.7 per cent in Western Cape. [1] Young women are more vulnerable to HIV/AIDS than men of similar age, and the greatest concentration of infections are in women under the age of 20 and between 20 and 24 years of age.

[1] Department of Health: *National HIV and syphilis sero-prevalence survey of women attending public antenatal clinics in South Africa 2000*, http://196.36.153.56/doh/docs/reports/2000/hivreport.html. News reports from 2002 indicate that the HIV prevalence in KwaZulu-Natal is between 40 and 50 per cent (*Saturday Star*, 27 April 2002).

A hospital-based study in Northern Province found 6.6 per cent HIV prevalence among youth 16-19 years of age. [2] In Eastern Cape Province, girls 5-14 years of age are eight times more likely to be HIV-infected than boys in that age group, with an estimated HIV prevalence for girls in this age group of nearly 4 per cent. [3] However, none of these data is correlated with the children's family status (e.g. whether in households affected by HIV/AIDS) or vulnerability to sexual abuse or exploitative work.

Most children become sexually active in their early and mid-teens, with earlier sexual experimentation less common.

The Department of Health notes that the "Demographic and Health Survey … showed condom use to be higher among female teenagers [at nearly 20 per cent] than in all other age groups. … The increase in HIV prevalence in older women (particularly those in their 20s), however, might be an indication that infection is simply delayed and not avoided." The same source notes that 82 per cent of sexually experienced teenagers reported having only one partner – again, an indication of the impact of the reality of HIV/AIDS among young people and of prevention messages. "One partner" may refer to serial monogamy, of course, rather than one long-term partner. Another study of urban youth (16-20 years of age) found that 40 per cent of young women and 60 per cent of young men had more than one sexual partner in the previous six months. [4]

A forthcoming report on a survey of sexual and social attitudes among children 12-17 years of age will show that "Young people who are poor, yet have a sense of optimism, engage in less risky sexual behaviour. Young people who are poor and feel trapped in a poverty spiral feel pessimistic. Their response to HIV is that it is something that is almost inevitable. This attitude correlates strongly with risky sexual behaviour." [5]

Access to HIV/AIDS tests is available at about half the clinics in KwaZulu-Natal, one of the most affected provinces. [6] It is uncertain to what extent children use or have easy access to HIV/AIDS tests, but it is likely to be very low.

Well-being of children: As of 2000, South Africa's total population of 39 million included 16.3 million children. Some 10 million of these children were between the ages of 7 and 17. Half of all children 5-17 years lived in rural areas and another 45 per cent in urban areas. [7] It was estimated that over 60 per cent of the children lived in poverty. Nearly

[2] George Shakespeare Mboweni, The demographic impact of HIV/AIDS in the Northern Province, nd (c. 2000).

[3] R. C. H. Shell, *Yangeníinkomo endlwini* (The cow enters the hut): AIDS in the poorest province of South Africa*, 1976-2001*, a paper presented at the Demographic Association of Southern Africa conference (Port Elizabeth, 2-6 Oct. 2000); Robert C. H. Shell; R. Zeitlin, Positive outcomes: The chances of acquiring HIV/AIDS during the school-going years in the Eastern Cape, 1990-2000, a paper presented at the UNESCO-IIED-UNICEF conference (Paris, 26 Sep. 2000).

[4] L. Richter: *A survey of reproductive health issues among urban black youth in South Africa* (Johannesburg, Society for Family Health, 1996).

[5] S. Valentine: *Hope & optimism affect safer sex choices*, 1 Mar. 2002, http://www.health-e.org.za/view.php3?id=20020302.

[6] *South Africa health review*, 1998 (Durban, Health Systems Trust, 1998).

[7] Statistics South Africa, *Child labour in South Africa: Survey of activities of young people, 1999* (Pretoria, 2000). This is the most extensive and recent survey on child labour available for South Africa.

40 per cent of households were headed by women, and the poverty rate in these households was double that of male-headed households.

Sexual abuse of children is pervasive. In 2001, authorities received reports of 225,000 instances of child rape; [8] child welfare experts estimated that unreported cases of child rape amounted to at least twice that number. At least a quarter of urban girls and young women (16-20 years) had been forced to have sex against their will. Violence in sexual relations, including among children, is even more common. One recent study found that 39 per cent of sexually experienced girls had been forced to participate in sex. In the same study, sexual manipulation and coercion through material inducements was reported by 16 per cent of girls. [9] Girls have little knowledge of ways to resist coercion and violence or of means to practise safe sex. [10]

An estimated 10,000 children live on the street. [11] An estimated 200,000 children between the ages of 10 and 14 and another 200,000 between 15 and 18 are in paid labour. [12]

A study by the child rights organization Molo Songololo estimated that 38,000 children, primarily girls, may be involved in commercial sexual work in South Africa. Some of this is related to demands of international tourism; most is probably a result of children being placed in untenable situations where sale of sex represents a way to cope with poverty and other factors. Some of these children are trafficked from other parts of South Africa, Africa, and the rest of the world.

As of 2000-01, an estimated 420,000 children in South Africa were orphaned by HIV/AIDS. [13] By 2005, nearly 1 million children under the age of 15 will have lost their mothers to AIDS.

Some of the most extreme forms of poverty appear in child-headed households. In one rural village in Nkomazi District, Mpumalanga Province, 41 households included orphans, with nine being headed by a sibling. A survey of child-headed households in rural and urban settings in South Africa [14] found that nearly one-third of the children in these households were exposed to physical violence and/or sexual abuse by neighbours and relatives. Vulnerability to survival sex is also noted. Stigmatization due to beliefs that children orphaned by HIV/AIDS are themselves infected leads to isolation and lack of social interaction with peers and adults. Children in sibling-headed households often went

[8] *Pretoria Times*, 20 April 2002.

[9] C. Kenyon, M. Heywood, S. Conway: "Mainstreaming HIV/AIDS: Progress and challenges", *South Africa health review 2001* (Durban, Health Systems Trust, 2001), p. 166.

[10] Save the Children, *Children living with HIV/AIDS in South Africa—A rapid appraisal*. Npl (Johannesburg), nd (c. 2000).

[11] ibid.

[12] ibid., citing the South Africa National Council for Child and Family Welfare, *Children and poverty: 1998*.

[13] Nelson Mandela Children's Fund, *Report: A study into the situation and special needs of children in child-headed households*, June 2001, p.12.

[14] The information in this paragraph comes from the Nelson Mandela Children's Fund report, op. cit.

without food – not for just a single meal, but for several days at a time. Most were hard pressed to provide school fees. Older children often dropped out of school because of the need to work to support themselves and their siblings.

An over-riding concern among children themselves, after basic needs, was the lack of parental or adult guidance and emotional support. Many were depressed – "Many of the young children appeared helpless and unable to think of ways of fending for themselves or coping with the uncertainty regarding where the next meal would come from." In these situations, vulnerability to manipulation or coercion and exploitative work or sexual abuse is very real. The survey showed divided community attitudes to child-headed households: a good number were willing to assist the children, but an equal proportion expressed negative attitudes and unwillingness to become involved in helping the children. (Assistance takes the form of providing food or money, offering advice and moral support, and home visits.)

Although cultural traditions recognize the role of the extended family and community in caring for orphaned children, in a number of instances that is not happening or happening only ineffectively. The problems faced by child-headed households are noted above. The same survey found that most orphans in the greater Petersburg area needed to be placed in alternative homes/foster care. A similar conclusion was drawn for orphans in another area. The reasons for breaking with "tradition" included these:

- Homes of extended family members could not cope with the burden of supporting orphaned children placed in their care.
- Many relatives took on orphans for "commercial" gain – for the concomitant government grants.
- Some of the children were sexually or physically abused by caregivers.

In coming years, welfare officers will face the challenge of dealing with both children and adults affected by HIV/AIDS, especially with an increase in the number of orphaned children and of elderly caregivers and guardians.

One of the challenges in accessing government-authorized welfare grants is the need for a birth certificate, but only half of South African births are officially registered. Although Child Support Grants are intended to reach some 3 million of the poorest children by the end of 2002, the programme is unlikely to achieve that goal. As of early 2000, fewer than 150,000 children were benefiting from the monthly grants to guardians. [15] This development is evident from an analysis of KwaZulu-Natal Province. By 2004, the province will be home to an estimated 450,000 orphaned children or more, about 12 per cent of these in the town of Pietermaritzburg; by 2010, an estimated 750,000 children may be orphaned. "If half of these children qualify for state foster grants, it would add an estimated 500 million rand [US$50 million at 2002 exchange rates] to the provincial welfare budget by 2000, and 1.4 billion rand by 2010." [16] It was felt that the provincial government could not cope with these financial pressures.

[15] Save the Children, *Children living with HIV/AIDS in South Africa*, op. cit., p.10.

[16] J. Simon Meyer: CINDI – A good practice response to children affected by the HIV/AIDS epidemic", nd (c. 2001).

The prevailing national strategic plan identifies the need for measures to facilitate adoption of children orphaned by HIV/AIDS. Adoption, however, is not an established part of South African culture and the practice is largely confined to middle-class households.

Child labour: The 1999 survey of child labour in South Africa found that the vast majority of "coloured", "Indian", and "white" children aged 5-17 were not involved in potentially hazardous forms of work. More than half of "black" children, on the other hand, were so engaged. Among black children, the most potentially hazardous categories of work were work for pay and unpaid domestic work in a household of a non-relative. [17] The survey found that agricultural work and trading were the most common forms of potentially hazardous work. The vast majority of these children worked for economic gain to assist their families. Only a small percentage (6 per cent) of children who were working were kept from school because of the work. The survey did not focus on children in prostitution or on sexual exploitation or coercion while at work, so these more specific data were not reported. The survey did find, however, that nearly one-fifth of the children felt physically threatened at work.

Access to health care: In 2000, the Department of Health noted that the current public antenatal clinic-screening programme for syphilis reached "about 6 per cent … of 15-49 year olds [sic] each year for just one infection (syphilis)." It goes on to note that "If screening for more treatable bacterial STIs was offered through Primary Health Care (e.g. family planning clinics) the Department of Health might reach 50 per cent of 15-49 year olds." [18] Given that children 15-17 years of age are least likely to access clinics for sexually transmitted infections (STI) – by their own choice or more likely because of procedures and attitudes at the clinics – these figures indicate very low STI diagnosis and treatment for children.

Access to education: Over 90 per cent of South African children are attending or have attended primary school, leaving over 1.5 million children out of primary school. Only around 10 per cent of South African children attend pre-school.

Life-skills education is part of the formal school curriculum. As part of that effort, training of peer educators, teachers, counsellors, and master trainers has been progressing across the country. One goal of NGO involvement in schooling issues has been to help shape the structure and content of the life-skills component of the curricula. Their trainings target in-school youth. [19] Out-of-school youth have far less access to life-skills learning.

HIV/AIDS threatens the continuing ability of the educational system to expand and offer quality learning. The pandemic will disrupt classroom teaching as teachers become ill and die or take time off to care for a relative. One survey found that, as of the end of 2000, 20 per cent of teachers in KwaZulu-Natal Province, 16 per cent of teachers in other provinces, and between 7 and 8 per cent of principals and heads of departments were HIV-positive. [20] As these people fall ill and die, classroom teaching will suffer. The needs

[17] *Child labour in South Africa*, op. cit., p.48.

[18] Department of Health: "National HIV and syphilis zero-prevalence survey of women attending public antenatal clinics in South Africa 2000."

[19] L. Swartz: "Report on a survey of adolescent reproductive health and rights HIV/AIDS preventative services with special reference to non-governmental organizations (NGOs) and other community-based organizations (CBOs) services", unpublished paper, 2000.

[20] M. Harvey: "Lack of government action on AIDS condemns thousands of kids to death", 27 Feb. 2001, http://www.iclinic.co.za/feb01/aids/educ27b.htm.

of affected and infected children will also present new challenges to staff. Children orphaned by HIV/AIDS and lacking adult support are anxious to remain in school, but find it very difficult, with fees and harassment hindering access. [21]

National policies and responses

South Africa's policies toward HIV/AIDS have evolved over the past decade. In 1992, the National AIDS Coordinating Committee of South Africa (NACOSA) was established, consisting of concerned individuals; NGOs; AIDS service organizations; local, provincial and national governments; the African National Congress (ANC) Health Secretariat; and representatives of business, unions, and churches. Its task was to draft a national AIDS strategy. Following the election of the ANC Government in 1994, the strategy paper prepared by NACOSA was adopted, but implementation moved slowly, severely hampered by resource constraints. For example, 40 per cent (44,2 million rand) of the funding (109,7 million rand) allocated to fight HIV/AIDS in the 1999-2000 financial year was unspent. [22]

Government and NGO responses

Responsibility for coordinating South Africa's response rests with the Department of Health directorate for HIV/AIDS and STDs. An inter-ministerial committee on HIV/AIDS was established in parliament in 1997. In 1998, the Government launched its "Partnership Against AIDS". This movement aimed to mobilize all South Africans to work around HIV/AIDS issues. Then, in February 2000, the National AIDS Council (NAC) was established. The Council comprises representatives from Government, business, civil society, and the medical sector, with heavy emphasis on the latter. Specialist technical task teams were established to advise the NAC on specific policy issues, although, according to some representatives of these committees, meetings have been infrequent.

Again in 2000, the Government released a five-year (2000-05) strategic plan on HIV/AIDS and STI. This is primarily a broad statement of principles and intent. It offers a framework from which government departments and civil society organizations are expected to develop action plans. It does not offer strategic guidance or action steps to government departments or civic organizations. Responsibility for oversight and monitoring of implementation has not been established. The strategic plan calls for a review and enactment of children's law (in process) to account for the needs of children infected and affected by HIV/AIDS. It also calls for the mobilization of financial and material resources for such children.

Government response to HIV/AIDS in 2000 raised serious concerns, among NGO, advocacy, and some faith-based groups, about its policy direction and commitment. NGOs have taken the lead – with measures including extensive lobbying and legal action – in pushing for the provision of medication to prevent mother-to-child transmission and for people who are HIV infected. These events and implementation of public sector programmes at all levels have affected NGO-government relations in two general ways:

- A significant degree of NGO advocacy is influencing government policies and programme direction.

[21] Nelson Mandela Children's Fund, "Report: A study into the situation and special needs of children in child-headed households", op. cit., p. 25.

[22] "HIV/AIDS and other STD's [sic]", http://www.health-e.org.za/stats/stats6.php3.

- Proactive monitoring and oversight of public sector implementation is identifying gaps, constraints and, potentially, points for expanded collaboration.

NGOs are anxious to inform government policy, contributing to faster and more effective public sector responses to the pandemic. Towards that end, numerous studies have been commissioned and pilot projects undertaken. Where possible, government departments have been brought in as collaborators, aiming to keep them better informed and building support for fuller implementation.

Advocacy and implementing organizations in civil society have welcomed evident shifts in government commitment to the aggressive promotion of prevention and care. In April 2002, the Government announced that treatment would be provided to HIV-infected pregnant women, and that it would actively work to lower the costs of anti-retroviral drugs. For 2002-03 and subsequent years, the Government has announced its intention to steadily increase funds raised for HIV/AIDS prevention and care. In April 2002, the Government also announced its intention to expand implementation of its programmes. A new focal point within the Department of Health will deal exclusively with HIV/AIDS issues. [23]

South Africa has ratified the Convention on the Rights of the Child (CRC). It has also signed the ILO Worst Forms of Child Labour Convention, 1999 (No. 182) and the ILO Minimum Age Convention, 1973 (No. 138). In 1996, as part of the attempt to bring South African policy, legislation, and practice into line with the CRC, children's rights were enshrined in the Constitution. A National Programme of Action for Children (NPA) was adopted, with an emphasis on service delivery, and has been subject to a progress review. "The NPA is not a set of policies. It is a framework for trying to ensure that children's needs are prioritised by policy-makers, individuals involved in allocating public resources and in delivering services to children." [24]

The Inter-Ministerial Committee on Youth at Risk is focusing increasing attention and public responses on children affected by HIV/AIDS and hazardous forms of child labour. In January 2000, a draft national strategic framework for children infected and affected by HIV/AIDS was submitted to the committee, which determined that the plan should represent one of the five major themes of the HIV/AIDS and STD Strategic Plan for South Africa.

The Department of Social Welfare, meanwhile, has drafted a strategic framework for responding to the impact of HIV/AIDS on children and their families. The framework recognizes that children may be vulnerable to neglect and in need of special assistance while their parents are ill, not just after the parents die. It proposes a combination of services through a continuum of care and support. The framework is among South African government documents arguing most explicitly for "community mobilization", citing experiences from Uganda, Zambia, and Zimbabwe demonstrating that such approaches do reach children. Less specific are the means by which communities are to be engaged and their efforts sustained.

The Office of the Rights of the Children also provides a focus for dealing with the needs of vulnerable children. One specific aspect of this focus is to promote the need to identify and assist children in HIV/AIDS households before the children become orphaned. That is, the office stresses the need to consider children vulnerable to HIV/AIDS:

[23] *Sunday Times* [Pretoria], 21 April 2000.

[24] Shaamela, Cassiem et al., "Child poverty and the budget in South Africa" (Institute for Democracy in South Africa, Nov. 2000).

- While they may be in care-giving roles; and
- As household economic conditions change in response to how HIV/AIDS affects the family.

Government departments and offices stress the importance of providing the public with information, increasing their awareness of existing services and programmes. They also admit that awareness-raising is incomplete, particularly in rural areas.

Needs-based vs. rights-based responses: Some debate centres around what can be described as a needs-based response to highly vulnerable children versus a rights-based response for all children. Government programmes exist to address the needs of orphans and young children (for example, through a monthly child grant to parents with children under the age of 7 years). Official documentation of a child's birth date is required but frequently unavailable. Advocates of the latter approach see it as a more comprehensive response, one that covers all children and entitles them to full education, welfare support as necessary, health care, and other services. A basic income grant for all households is proposed by some organizations; others promote a child welfare grant – in both cases, the grants would offer broad financial support to all families for child care.

Poverty reduction measures: The Government also seeks to address children's issues through poverty reduction, the redistribution of resources and infrastructure, and improvements in the efficient provision of services. Its growth, employment and redistribution strategy (GEAR), an economic policy framework for job creation and economic growth, has been one measure applied. It assumes that more jobs and increased incomes of households will improve the health, education, and security opportunities for children and will expand the job market for school leavers. Economic growth will also increase government revenues and the ability to delivery social services to children. For broad economic reasons, the strategy has yet to achieve its intended goals.

Media responses

Both the print and electronic media have extensively reported and commented on HIV/AIDS. One authority has noted that "Media coverage of HIV/AIDS has rocketed to unprecedented levels" in South Africa. [25] Much of the media coverage has been prevention oriented, targeting children and youth. TV shows, radio spots, newspaper stories, comics, and other vehicles have provided children with information regarding HIV/AIDS prevention.

The media has had an important impact on awareness raising and contributing to changes in social norms related to the vulnerability of children to HIV/AIDS and sexual abuse. News reports and analyses regarding sexual violence, particularly toward girls and women, are a regular part of media coverage.

Union and business responses

Union federations and individual unions are contributing to HIV/AIDS prevention awareness among members and members' families. The mining sector and large industrial sector (for example auto production) have introduced HIV/AIDS policies and prevention and care programmes for employees and dependents. For the most part, the unions or large

[25] T. Trengove Jones, *Who cares? AIDS review 2001* (Pretoria, Centre for the Study of AIDS, University of Pretoria, 2001), p. 39.

companies do not consider child labour to be a major issue, mostly because the formal sector does not employ significant numbers of children. It appears, however, that neither sector is seriously addressing the attitudes and sexual behaviour of members/employees regarding the sexual exploitation of children. A recent survey of truckers in the transport industry found widespread interaction with commercial sex workers and casual partners, but the demographic characteristics of the latter were not identified. It may be assumed that children were involved as sexual partners with the truckers, but their number, age, and situations were not reported. [26] There are also anecdotal reports from Durban of seamen and port workers sexually engaging children.

The National African Federated Chamber of Commerce and Industry, representing over 250,000 small and informal sector businesses, provides HIV/AIDS information to members and is working with the ILO to assess the potential impact of HIV/AIDS on small businesses. The organization reports that child labour exists in the small, often informal, businesses and on commercial farms, and that these children are vulnerable to sexual abuse. Awareness-raising has been effective more at the individual level than at that of the broader public.

Programme and project responses

A broad cross-section of organizations is involved in HIV/AIDS or child labour issues, some of them national or provincial in scope, others local. Activities range from analysis, advocacy, and networking to community mobilization and direct service. However, many "support programmes that have been developed have not been sufficiently prioritised, nor have they penetrated deeply into community life". [27] Neither do most of the programmes deal specifically with reducing the vulnerability of children to HIV/AIDS and exploitative work. That linkage at either the levels of analysis or programme/project implementation has yet to fully emerge. [28]

A number of government departments and offices are involved with HIV/AIDS as it affects children and child labour, most notably the departments of health, social development, social welfare, and labour. In addition to direct programming, these departments provide grants to local authorities and organizations for implementation.

South Africans are very aware of HIV/AIDS, and government departments are beginning to plan for the growing impact of the pandemic. Such planning, however, may not be proceeding quickly enough to allow local government authorities, NGOs, service organizations, and households to cope with the magnitude of the problem as it emerges over the coming three to ten years. Service providers report a growing number of HIV/AIDS-affected children whose needs are not being met, of growing impoverishment among households affected by the disease, and of increasingly wide gaps in existing social safety nets for children. These organizations report a growing number of child-headed households and of children on the street – in both instances placing the children at risk for exploitative labour and HIV/AIDS infection.

[26] V. McKay, et al., "Knowledge, attitude and behaviour of long distance truck drivers in Southern Africa", unpublished report (Pretoria, EU/GTZ, Oct. 2001).

[27] K. Kelly, W. Parker, S. Oyosi: *Pathways to action: HIV/AIDS prevention, children and young people in South Africa* (Johannesburg, Centre for AIDS Development, Research and Evaluation, 2001), p.7.

[28] This was initially observed in the Kelly et al. study noted above, and is reconfirmed by this assessment.

Research and analysis

Both government agencies and NGOs are playing important research and analysis roles. Notable among the NGOs are the Centre for AIDS Development, Research and Evaluation, Molo Songololo, the Nelson Mandela Children's Fund, and Save the Children. The analysis of the linkage between HIV/AIDS and the worst forms of child labour, however, are only slowly gaining attention.

Organizations providing excellent impact analysis regarding HIV/AIDS include the Centre for the Study of AIDS at the University of Pretoria, the AIDS Law Project at the University of Witwatersrand, and the Health Economics and HIV/AIDS Research Division (HEARD) at the University of Natal.

Much of the research and analysis aims to inform and influence policy responses and guide programme development, in part demonstrating to government departments the need for more focused and comprehensive responses to the issues.

Direct service

Aside from government welfare and social development departments, a number of other organizations provide direct service to children, including those infected with and affected by HIV/AIDS. Some are residential care facilities such as Mohau Children's Care Centre, started in 1994, where most of the children are younger than 2 years old. The programme includes training for community members in home-based care, provision of food and other supplies for households, and training in ways for households to improve economic security.

Childline, headquartered in Durban, offers a hotline receiving close to 20,000 calls per month, 80 per cent of which concern sexual abuse. Although demographic characteristics of the callers are not recorded, the volunteers and staff believe that most callers are children or late teenagers/young adults. In addition, the organization provides trauma counselling and training for law and protective service departments.

One of the least understood work roles of children in HIV/AIDS households is caring for sick relatives. The Office of the Rights of Children is promoting greater attention to the issue, but the work is difficult, traumatic, and potentially risky, particularly when basic supplies and palliative drugs are not available or are in short supply. The Centre for the Study of AIDS at the University of Pretoria has developed a home-based care kit that contains essential palliative drugs and supplies sufficient for up to six weeks. The cost of a kit is US$10. A pilot scheme has indicated that they are easy to use and welcomed by caregivers, who appreciate being relieved of the stress of acquiring supplies in the marketplace.

The ability of caregivers to access services, for themselves and children, is sometimes hindered by lack of relevant information. Some direct service providers receive grants from local government; if the grants fail to come through, however, the ability to provide services is constrained. Direct service providers also feel that legal systems and law enforcement contain many gaps that hinder their ability to protect children, including those in prostitution, from sexual abuse.

Community mobilization and involvement

One review of programmes found that "widespread concern is leading to a growing wave of attempts at the local level to find ways of responding to the threat of HIV/AIDS. Even in some of the remotest areas of the country one can find community leaders, cultural

groups, or service clubs that have tried in different ways to do something about HIV/AIDS. But these nascent attempts are mostly unsupported. …" [29] Models of community mobilization for sustained responses to HIV/AIDS, according to the same study, have yet to emerge or be tested in multiple environments.

A number of informants noted that South African society and households have been fractured by the history of apartheid, labour migration, and urban living conditions. Thus, the ability and willingness of extended families and communities to provide support to households affected by HIV/AIDS is perhaps more limited than it is elsewhere in southern Africa.

Pilot efforts are being implemented, however. The Nelson Mandela Children's Fund is running a pilot project in six sites. "Goelama" approaches community mobilization by way of leadership development to identify and respond to the needs of HIV/AIDS orphaned and vulnerable children. This three-year scheme, only recently launched, has already determined that 70 per cent of local leaders are women. Significantly, the project works closely with the departments of Social Development and Health, taking advantage of departmental resources and stimulating internal interest and commitment to the community-based approach.

The Masoyi Project in Mpumalanga Province offers a comprehensive home-based care programme. Based on a model developed in Zimbabwe by Family AIDS Caring Trust (FACT), the project relies on community volunteers to build local partnerships, generate local resources, and deliver care and support to households affected by HIV/AIDS. [30] Volunteers are given T-shirts and home-based care kits to establish their visibility and credibility. By 2000, the project was seeing some 50 new orphaned children per month. The volunteers assisted the children in gaining access to medical care and welfare programmes. Older women volunteers are placed in the households of orphaned children to provide informal guardianships. Much of the funding for the Masoyi Project comes from faith-based groups.

Save the Children is running a mobilization project in rural areas of Eastern Cape Province to develop a framework for responding to HIV/AIDS issue-related needs of youth.

Networking and coordination

Government departments, vocal supporters of greater coordination in addressing issues related to HIV/AIDS and child labour, advocate inter-ministerial teams or committees that draw membership from government, union, NGO, and other civic organizations. Inter-ministerial coordination, according to some informants, tended to function more effectively at the national level than within districts.

[29] K. Kelly, et al.: *Pathways to action: HIV/AIDS prevention*, op. cit.

[30] The Zimbabwe group FACT has quantified its costs. The programme mobilizes community volunteers in carrying out many of the functions of assisting orphaned and vulnerable children. Volunteer turnover rate is low and commitment is high. As a result, programme costs are only US$20,000 to 30,000 per year to cover 140 volunteers and over 2,100 affected households. Half of the costs are for material support to affected households and volunteers. The annual cost per family was approximately US$10 and US$3 per vulnerable child. The cost per visit was US$0.11, and the cost per volunteer was US$68. Source: Stanley Ngalazu Phiri, Geoff Foster, and Masauso Nzima, *Expanding and strengthening community action, unpublished report* (Washington, DC, USAID, 2001).

The Children in Distress Network (CINDI) is one of the best known among a number of service and advocacy organization networks. CINDI fosters among partners a spirit of *ubuntu* – mutual support and caring. Members tend to focus on service provision for children affected by HIV/AIDS, but the network secretariat also supports research on affected children's issues and advocates on behalf of children.

With their various programmes, Children in Distress Network members seek to promote a multi-sectoral response to affected children. Members of the network run programmes that seek to improve community response to affected children, to assure places in hospitals for children, and to reintegrate street and homeless children into their home communities. Other network member organizations provide foster care for orphaned children, technical and business skill building for child caregivers and residential facilities for children.

Through the development of community childcare committees, Children in Distress Network seeks to engage community members in identifying vulnerable children and existing resources and services to assist those children. The committees distribute aid to children in distress and promote income-generating activities within communities. "A key campaign of the 'community childcare committees' … is to ensure every child has a birth certificate, which is essential to claiming a social welfare grant. As the epidemic worsens, communities are beginning to prioritize orphans. One meeting in early 1999 attracted 72 concerned women, whereas between September and December 1998, the Thandanani Association (which started as a group of volunteers visiting children in H Ward in 1989) reached a total of 100 new clients in five rural communities around Pietermaritzburg." [31]

Some initial efforts to engage local communities through the community childcare committees approach met with local resistance. In these cases, people were more concerned with day-to-day basics and jobs than with identifying vulnerable children, and, especially as of 1996-97, relatively few orphaned children could be identified. Small-scale income generation did not prove successful and did not reach many of the neediest elderly women caring for children. An assessment of Thandanani's efforts to mobilize communities, within a development context, to respond to affected children made several important points that may not be fully appreciated by many organizations seeking rapid change in South Africa. As the assessment noted:

> Setting up a community-based project requires painstaking work in order to assess needs and establish trust. Progress … can be slow and subject to set-backs. This slow progress contrasts starkly with a rapidly developing AIDS epidemic. Nor does it provide immediate relief to needy children. This created a real problem … [as] many of the people targeted by the project were very poor and they struggled to understand why an organisation which promoted the needs of vulnerable children did not assist them materially. [32]

Many organizations are trying to function within or to adopt long-term development goals. Limited organizational experiences with the processes of development, however, together with public expectations of welfare forms of assistance, mean that extensive time and energy will be needed to alter historical attitudes and inculcate new ways. In fact, development responses, as understood elsewhere in Africa, may not work in South Africa. For the most part, the Government has adopted an approach of providing welfare grants for households. This basic contradiction in approaches can be resolved, over time, with

[31] Meyer: "Children in distress", op. cit.

[32] M. Harber: "Developing a community-based AIDS orphan project: A South African case study", unpublished report for Children in Distress Network (c. 1999).

clarifications and blending of effective local mobilization with social services. The HIV/AIDS pandemic may indeed compel some of that coordination between communities and service agencies. Or it may overwhelm both.

NGOs involved in life skills education feel there is little coordination in methods or aims among HIV/AIDS skill programmes. The life skills programmes vary by school and, perhaps, by individual teacher. [33]

There is promise of more commonality of purpose and better coordination in future; however, The Department of Education and the South Africa Democratic Teachers Union, for example, are improving the capacity of teachers to engage children in HIV/AIDS prevention and the rights of children through the formal curricula. The Network against Child Labour, meanwhile – a loose affiliation of organizations dealing with various aspects of the target issues – does want to create a more formal structure, but so far lacks the resources to maintain a secretariat or conduct a coordinated programme.

Advocacy

As earlier indicated, many organizations, either directly or through membership within networks, use their information or programme experiences for advocacy purposes. Molo Songololo, for example, has made numerous submissions on both trafficking of children and child sexual abuse to a number of government departments and offices, to the South Africa Law Commission, and to the South Africa Parliament.

HIV/AIDS treatment issues have inspired especially strong advocacy. Efforts focusing on child labour issues, meanwhile, have been less intense and less focused for the following reasons:

- A tendency for responses to child sexual abuse to be specific to individual cases at local levels and, if brought before the law enforcement and justice systems, to involve lengthy processes;
- Lack of networks that can effectively prioritize issues, coordinate action, and negotiate with authorities; and
- Lack of sufficient information to focus attention on the worst forms of child labour, including sexual abuse.

Lessons learned and elements of good practice

ILO-IPEC defines a good practice as anything that works in some way to combat child labour, whether fully or in part, and that may have implications for practice at other levels elsewhere. The previous sections provide a sampling of what government authorities and non-governmental groups are addressing in South Africa.

This section looks at lessons learned and identifies good practices reported in South Africa. Readers are encouraged to understand that both lessons and good practices are multi-dimensional, as is the nexus of child labour and HIV/AIDS vulnerability itself.

[33] L. Swartz, "Report on a survey of adolescent reproductive health and rights", op. cit.

Data and analysis

The democratic elections that brought the new Government to power in 1994 were soon followed by multiple and multi-dimensional efforts to fill gaps left by the apartheid regimes and to address inequalities and poverty. Numerous quantitative and qualitative surveys were commissioned by the Government, by NGOs, and by the two sectors in collaboration. International organizations provided funding and technical expertise for some of these data collection activities.

Within eight years, South Africa has accumulated a vast amount of data on labour, child welfare, and HIV/AIDS. For the most part, the information has been quickly presented for public discussion and has assisted in programme and policy development.

Findings

- The 1999 survey of work activities among children in South Africa has proved useful to the Department of Labour, NGOs, and civic organizations in shaping appropriate legislative and regulatory responses.

- The 1999 survey did not seek to identify children in prostitution or other types of commercial sexual exploitation of children. Future survey work on this topic is needed to provide a comprehensive view of the worst forms of child work in the country.

- Little information is currently available regarding orphaned children living with grandparents or other extended family members. Similarly, little data has been collected on living conditions among children orphaned by HIV/AIDS, especially regarding their vulnerability to exploitative work conditions. Finally, scant data is available regarding the vulnerability of some 1.5 million out-of-school or not-in-school children to hazardous work, including commercial sexual exploitation or sexual abuse. When adequate information does become available, gender differentiation of the data will be an important priority.

- In the absence of specific data on South Africa, international comparisons are often used to suggest the potential impact of HIV/AIDS and of affected children in South Africa.

- The ILO-IPEC Rapid Assessment (June 2002), led by Professor Mturi at the University of Natal, provides credible qualitative data on links between child labour and HIV/AIDS vulnerability.

- ILO-IPEC should consider ways to assist Childline and similar direct service organizations in gathering data. Childline, like other service agencies, lacks the resources to conduct research and gather data, but is open to hosting a researcher.

Lessons learned

- A combined commitment by Government and NGOs to gather and utilize data can contribute effectively to informed public debate and to input for national policies. In South Africa, this is especially evident with respect to children/youth sexuality issues.

- NGOs play an important role in data gathering for issues and topics where perceived gaps in government programmes or policy exist. This is especially evident with regard to child vulnerability to HIV/AIDS, community-level responses to children, households affected by HIV/AIDS, and the sexual abuse and exploitation of children, both in and outside of work situations, including trafficking.

Elements of good practice

- The rapid assessment questionnaire developed by the South Africa team at the University of Natal offers a good model for conducting focus group and individual interviews to gather relevant qualitative data on the inter-connected issues of child labour and HIV/AIDS.

- Molo Songololo's studies of child trafficking and sexual exploitation, and those of the Nelson Mandela Children's Fund on child-headed households, among others, present well-documented situations that provide a credible basis for informing and shaping national responses.

- Molo Songololo's report on child trafficking is one of the few studies to emphasize male demand as the major factor in the sexual exploitation of children. Its perspective is worthy of close examination by others concerned with child sexual exploitation and with shaping more appropriate responses and protections for children.

- Government authorities and civic organizations generally show a commendable willingness to collaborate on data collection and to apply findings to policy and programme changes aimed at improving the well-being of children.

- The Health Systems Trust, in Durban, maintains an excellent library of reports, surveys, evaluations, policies, and learning tools related to a broad range of health issues, including HIV/AIDS and reproductive health among youth/children. Such documentation, most of it prepared in South Africa, provides a solid foundation for monitoring changes and sharing information. At little cost, similar libraries, if replicated in major cities and large towns nationwide, can be of great value to programme planners and advocacy groups.

National responses

South Africa has one of the clearest policies on HIV/AIDS of any country in Africa. These, and existing policies and guidelines on other issues, are not mere rhetoric – they are taken seriously by most government authorities, NGOs, and civic organizations as frameworks for implementation. Finally, South Africa has the resources to implement its policies – not fully, perhaps, but in substantial ways often unmatched elsewhere in Africa.

The potential clearly exists in South Africa to develop and implement the broad national commitment. But implementation of the national HIV/AIDS strategy has been inhibited by "dissident views" on the nature and causes of AIDS. Much energy has gone into justifying such perspectives on the one hand, and refuting them on the other.

One outcome of this debate is that the country remains unprepared to deal with the pandemic, including its impact on children:

- Systems are only partially in place to address the needs of children orphaned as a result of HIV/AIDS.
- The rising level of child sexual abuse and exploitation is not met with deep public concern or adequate legal safeguards and enforcement mechanisms.
- The factors that push children into vulnerable work situations – domestic violence, household poverty, and high unemployment – remain strongly entrenched.

Findings

- Valuable work has gone into advocating for and developing national policies on HIV/AIDS, children's welfare, and children's rights.
- The Law and Human Rights commissions have drawn public attention to the needs of children in the context of HIV/AIDS. Both are shaping practical responses. The former, for example, is shaping legal means to:
  - increase the level of resources for children, including a basic household income grant or a child income grant;
  - provide support to HIV/AIDS-affected households so that children do not have to be removed from school;
  - protect the privacy of children in cases of sexual abuse; and
  - accept the guardian status of community-appointed care-givers for child-headed households.
- Few government programmes are in place to respond to the needs of children who will be affected by the pandemic, except to some extent in KwaZulu-Natal Province, where the pandemic is most advanced.
- Extensive advocacy is centring on issues related to the worst forms of child labour, including children in prostitution and sexually exploited children. Functional national programmes dedicated to these issues remain to be developed.
  - Limited training, not specifically dedicated to children in prostitution, is being provided for enforcement officials.
  - The Department of Labour has used selective prosecution of offenders to increase media and public awareness of the worst forms of child labour.
- NGOs are frequently seen as the front line in meeting the needs of children. As the HIV/AIDS pandemic grows, most NGOs or direct-service agencies are unable to fully respond to the demand. This is evident from the tens of thousands of phone calls that Childline in Durban receives every year from children seeking assistance because of sexual and other forms of abuse.
- Curriculum reform is ongoing in South Africa's education systems. Every indication suggests that reforms will include topics on children's rights and prevention of sexual abuse. Already, the South Africa Democratic Teachers' Union has focused some attention on these topics in its teacher-training programmes.

Lessons learned

- Oversight and advocacy by civil society organizations play important roles in shaping and monitoring implementation of national policies.

- It is widely accepted that local communities – whether rural or urban – and extended family structures have insufficient capacity to meet the needs of children affected by HIV/AIDS. Both formal and informal fostering and guardianship options are being explored.

Elements of good practice

- The Office of the Rights of the Children recognizes the need to identify and assist children in HIV/AIDS households before these children become orphaned. That is, the office stresses the need to consider children vulnerable to HIV/AIDS while they may be in care-giving roles, and to recognize that, where HIV/AIDS affects household members, economic conditions change. This perspective is valuable and deserves wider consideration.

- Likewise, the Department of Social Welfare's "Draft national strategic framework for children infected and affected by HIV/AIDS" represents a broad, multi-sectoral statement of needs and areas of assistance for children. It recognizes the importance of a continuum of care and support for children, their families, and the communities within which they live.

- Several research and advocacy groups (e.g. the Health Systems Trust and the Centre for Child Policy) regularly monitor progress in the implementation of national policies and programmes. These are valuable exercises in assessing progress and providing feedback to stakeholders. Monitoring appears to be sustainable within the South African context.

- Molo Songololo has vigorously disseminated its report findings regarding child trafficking and sexual abuse to the media, legislators, the South Africa Law Commission, and others. In doing so, they have managed to inform and influence laws and policies where reports of a similar nature are instead often not consulted. Molo Songololo's experience in establishing and maintaining a high profile for child sexual abuse issues are worthy of emulation by other organizations and networks.

Programme responses

Findings

- HIV/AIDS programming has devoted insufficient attention to rural and small-town conditions. As obvious as it may sound, children in rural and urban areas experience distinctly different situations. Programme and policy implementation guidelines, often drafted by urban elites, need to be sensitive to these differences. It is important to strengthen provincial, district, and local systems, at the same time providing authorities at all levels with the flexibility to adapt programmes to local realities and needs.

- Many organizations are adding HIV/AIDS responses to their programmes. Only a small portion of these responses have been documented, limiting the opportunities for replication or for drawing lessons for advocacy purposes.

- Inter-sectoral coordination is generally functioning at the national level, less so at the provincial and district levels.

- A national child labour network exists on paper, but lacks the resources to play a proactive role on issues.

- Currently, government grants are provided to families with children under 7 years of age and families where, because of illness, an adult is unable to work. Accessing these grants is often difficult. Efforts to streamline the application process are underway, including proposals for a grant for all children and/or all households.

Lessons learned

- Volunteers play a crucial role in the operation of many service agencies at the community level. (Childline, for example, has 100 volunteers, many of them well qualified. In part, this is due to the prevailing high rate of unemployment.) Volunteers are a tangible asset to many organizations that otherwise are stretched to provide services within limited budgets.

Lessons on engaging communities

It is often said that local communities have only limited ability to intervene and assist in meeting the needs of children affected by or vulnerable to HIV/AIDS or sexual exploitation. The Nelson Mandela Children's Fund notes, however, that the skills and resources of local communities cannot be overlooked in the overall response to the pandemic. "There are indications," it suggests, "that, although the capacity of communities and extended family structures to cope with the AIDS orphan phenomenon is under stress, goodwill and positive energy still exists. ... It is ... important for these structures to be re-energized and capacitated. Some form of financial assistance would go a long way to assist caregivers within the community and extended family structures."

Source: Nelson Mandela Children's Fund, "Report: A study into the situation and special needs of children in child-headed households", 2001.

- Documenting programme and project experiences, including pilot activities, offers valuable information and lessons for the design and implementation of subsequent activities. NGOs need to incorporate such documentation more adequately into their programmes, however. A 2000 Save the Children report concluded that "There are a number of excellent projects for children in South Africa: however, very few of these have been well documented and it is thus difficult to extract useful lessons from them either for other projects or as guidelines for the national strategy." [34] For example, there is a growing bank of experiences in reaching children with leadership development, life skills education, service delivery, and public awareness. These need to be documented and the findings actively disseminated to all stakeholders.

Elements of good practice

- The Nelson Mandela Children's Fund has a pilot programme examining options for care of children affected by HIV/AIDS. This is replicable in other areas, further identifying effective models or mechanisms to deal with the impact of HIV/AIDS.

- One way to accelerate effective responses involves learning from the experiences of programmes in other African countries where the epidemic is further advanced. A good example is the Masoyi Project, which uses the FACT framework from Zimbabwe for working with community volunteers. Good practices from elsewhere in southern Africa worthy of South African attention and testing include these:

[34] Save the Children, *Children living with HIV/AIDS in South Africa*, op. cit, p. 68.

- The Chikankata Community Response approach uses a facilitation process to engage communities in identifying problems and developing and coordinating resources to address those problems. This approach, evolved over a decade of practice, has attracted much attention in Zambia and internationally.

- Oxfam Great Britain has developed a process for engaging communities in Malawi and Zambia to identify and find solutions for problems arising from HIV/AIDS. The emphasis on processes for change is relevant in South Africa.

■ Childline has developed a manual on children's rights designed to improve the skills of prosecutors who deal with child-sexual and other abuse cases during the gathering of evidence and, where appropriate, in court.

Concluding observations

ILO-IPEC's involvement with the business and union sectors in South Africa offers an opportunity to incorporate awareness-raising and behavioural change programmes for men regarding the legal, moral, and health dimensions of the sexual coercion and manipulation of girls and boys. Existing ILO support for the National African Federated Chamber of Commerce and Industry can be complemented with new educational and behavioural change components to reach tens of thousands of small business people, their customers, and suppliers. Since many of the businesses associated with the organization are situated within or close to residential communities, furthermore, a well-designed outreach and mobilization programme regarding children's rights and male sexual responsibility can have a major impact.

ILO support for HIV/AIDS prevention among trucking companies offers another opportunity to ensure that issues relating to male sexual demand are part of the design of company policies and programmes.

Programmes have not yet fully incorporated effective responses to the multi-dimensional impact of HIV/AIDS, especially with regard to the welfare of rural children and young women. The ILO, in collaboration with other international organizations, can play a facilitating role in generating new action-oriented information concerning the changing nature of rural conditions in the context of HIV/AIDS. Ongoing collaboration between the ILO and the United Nations Development Fund for Women (UNIFEM) on the impact of HIV/AIDS on women in the informal labour market, for example, can be adapted to ensure that children's roles are also considered. Differences between rural and urban situations are noted in the ILO-IPEC Rapid Assessment on the links between HIV/AIDS and child labour. This initial finding can be followed up with more in-depth analysis focusing specifically on the economic and social responses of rural residents to the pandemic.

In turn, such analyses can aid the Government and NGOs – as they have in Zimbabwe and other neighbouring countries – in more directly and effectively assisting households, including female-headed households, collaborating in mutual care and support. The Government acknowledges the financial pressures it faces in responding to the multiple demands and expectations of its citizens. Formal fostering arrangements may assist some children, but these are expensive. Far cheaper are changes in policies and regulations that allow various forms of guardian and fostering arrangements to exist and gain assistance.

IV. HIV/AIDS and child labour in the United Republic of Tanzania

The HIV/AIDS pandemic emerged in the United Republic of Tanzania, as elsewhere in Africa, at a time when national economic conditions were worsening. Public policy reforms, at the same time, were shifting greater responsibility for accessing many services to consumers. In the 1980s and 1990s, these factors together exacerbated vulnerability to both HIV/AIDS and child labour. Efforts are underway at a variety of levels to reverse these trends, but the process is slow, and substantive change will require mutually reinforcing linkages across sectors.

The HIV/AIDS pandemic has steadily grown across the United Republic of Tanzania during the 1990s, and the trend appears set to continue into the first decade of the twenty-first century. Some areas, especially in the north west of the country, have been directly affected; others are just beginning to feel the impact. At the household and community levels, however, little related information is available to assist in programme planning. In addition, the country has been slow to mount effective responses. While awareness of HIV/AIDS is widespread, prevention, care and support, and mitigation interventions remain fragmented, generally uncoordinated, and lacking in adequate data to guide planners and policy-makers. [1]

The implications for the worst forms of child labour are direct and extensive. Numerous informants have noted that the difficult conditions of orphaned children and the extent of child labour are relative new phenomena in the United Republic of Tanzania. These pressures are deeply testing social institutions such as the extended family, and demand innovative responses.

National issues relating to HIV/AIDS, child labour and child welfare

HIV/AIDS and sexuality: As of the end of 1999, an estimated 1.3 million adult Tanzanians – i.e. 10 per cent of adults – were HIV-infected; and it is suspected that this is an underestimate.

Wide variations in prevalence were apparent between surveillance sites. In 2000, the range was 4.2 per cent to 32.1 per cent. [2] In 2000, prevalence among females presenting themselves at antenatal clinics in the 14-24-year age group varied between 11.7 per cent in Mbeya Rural and 20.2 per cent along the border with Zambia. Prevalence among blood donors aged 15-24 from Mbeya Region was 17 per cent. A high frequency of HIV-AIDS infection among girls is apparent in all age groups and in all regions of the United

[1] This conclusion echoes that of the UNDP in its 2001 country progress report on the United Republic of Tanzania for the International/Millennium Declaration Development Goals.

[2] United Republic of The United Republic of Tanzania, Ministry of Health: *National AIDS control programme, HIV/AIDS/STI surveillance report, Jan.-Dec. 2000*. Report No. 15 (Dar es Salaam, nd [2000]), p. 1.

Republic of Tanzania except Kagera. [3] Adolescents, including children, account for 60 per cent of new HIV infections.

Interestingly, in Kagera Region, one of the areas where HIV/AIDS was first recorded in the country, the prevalence of HIV has tended, over several years, to decline. It may be that, as it has in parts of Uganda and Zambia, sexual behaviour among young people has tended to change as the illnesses and death of parents, other relatives, and friends alert them to the dangers of the epidemic. Children and youth who have cared for and lost parents recognize the impact of HIV/AIDS, and tend to adopt preventive sexual behaviour.

Awareness of HIV/AIDS is widespread across age groups, including children. However, misconceptions continue to exist about modes of transmission and means of prevention. Condom use is low, especially among women and girls with little or no education.

The age of sexual initiation tends to be low, generally in the early teens. For girls, early sexual experience has often been coerced. Multiple sexual partners for sexually active children is common, in part reflecting a social norm that boys become men through sexual experimentation. Girls, especially in urban areas, engage in sex in return for financial or material rewards to meet their basic needs. [4] Some of the literature tends to emphasize the likelihood of street children becoming engaged in prostitution. A study in Mwanza, however, found only a small percentage of street children involved in overt prostitution. Other forms of sexual interaction and sexual violence were far more common among the children interviewed. [5]

Analyses of the impact of HIV/AIDS are few and tend to be out of date. [6] Thus, it is primarily small or anecdotal reports, including newspaper accounts, which shape planning efforts to mitigate the situation. There is little solid evidence, for example, regarding the number and situation of orphaned children.

Child labour: The United Republic of Tanzania, primarily because of ILO-IPEC collaboration in the country, has some of the best data among African countries concerning child labour. The 2000 United Republic of Tanzania Labour Force Survey indicated that 40 per cent of children aged 5-17 engaged in economic work. Some 80 per cent of domestic workers were younger than 17 years of age. [7] There were no significant differences in proportions of boys and girls. However, marked differences were apparent between children working in rural and urban areas. It also appeared that work that places children at risk of sexual exploitation and HIV infection – i.e. domestic service, informal sector activities, and children in prostitution – was more common in urban areas. Hours

[3] United Republic of The United Republic of Tanzania and UNICEF: *Situation analysis of children in The United Republic of Tanzania, 2001* (Dar es Salaam, 2001).

[4] ibid., p. 90.

[5] R. Rajani and M. Kudrati: *The variety of sexual experience of street children in Mwanza and their implications for sex education/HIV prevention programs* (Mwanza: Kuleana Center for Children's Rights, 1994).

[6] In-depth studies on specific sectors or regions do not exist. The most recent summary is now three years old. See Lori Bollinger, John Stover, and Peter Riwa, *The economic impact of AIDS in The United Republic of Tanzania* (Washington, DC: The Futures Group/Policy Project, 1999).

[7] ILO, Gender Promotion Programme: *National report for promoting the linkages between womens [sic] employment and the reduction of child labour* (Dar es Salaam, ILO, 2001), p. 33.

were long, the work was often difficult if not hazardous, the income low, and school attendance problematic for these children.

Table 1. Age at which children start paid work, by sector (per cent)

Age (years)	Commercial sex	Informal	Textile manufacturing	Agriculture	Domestic service
10 or below	1.5	7.8	3.2	6.0	3.0
11-17	42.4	22.9	20.2	23.9	79.0

Surveys have found that children migrate from rural homes to towns and cities at an early age, before or as soon as they complete their basic education. The deep and pervasive poverty of many households, whether rural or urban, is a major factor underlying child labour. Abuse and boredom at home are among the other reasons cited. Trafficking does occur, especially in the form of recruiting girls for domestic service or prostitution. [8] Furthermore, children, like other migrant workers, move from locale to locale. Overall, the movement tends to be towards large cities such as Dar es Salaam and Mwanza.

Economic reforms and privatization have resulted in widespread retrenchment of workers. Women have been the most affected, and, to survive, many have moved into the informal sector. Some children are first introduced to work as they accompany or assist their mothers. In fact, an estimated 50,000 children younger than 15 work in the informal sector. [9]

Domestic workers are almost always girls and young women. Nearly half of all domestic workers are children, [10] and the majority are from rural areas or small towns. For most girls, domestic employment presents one of the few ways of earning an income. Wages are low (US$15-25 per month in Dar es Salaam; in small towns they are as low as US$2 per month), hours are long, and social isolation is common. Many of the employers are women needing assistance with childcare and regular household tasks. Where a male employer, male friends, or older male relatives are present in the household, the girl domestic workers may face sexual harassment, including forced sex. In one survey, more than 22 per cent of children working in domestic service reported forms of sexual abuse. [11] Access to medical care for sexually transmitted infections, pregnancy, and basic health care is difficult. Some girls move from domestic service into prostitution.

Evidence indicates that 4.5 per cent of people sexually exploited for commercial gain are children ranging in age from 10-17 years. [12] Available data are vague, however, regarding children sexually exploited in types of work that would not normally be

[8] ILO, Gender Promotion Programme, *National report for promoting the linkages*, op. cit., p. 19.

[9] C. Kadonya, M. Madihi, and S. Mtwana. *The United Republic of Tanzania, child labour in the informal sector*: A rapid assessment (Geneva, ILO, IPEC, 2002). This estimate, based on available data, seems low, especially given the great variations in definitions of "informal sector" and estimates of the number of people involved in this sector. (Figures range from just above 2 million to more than 6 million.) In addition, changes in economic conditions over the past decade have brought more people, including more children, into the sector.

[10] ILO, Gender Promotion Programme, *National report for promoting the linkages*, op. cit., p. 25.

[11] ibid.

[12] ibid., p. 25.

considered prostitution. Nor do the data account for children who engage in survival sex in return for small financial or material gains or protection. Both of these situations – children in prostitution and children who survive by exchanging sex for immediate needs – carry a high risk of HIV/AIDS and STI. Surveys from the mid-1990s showed nearly half of all "barmaids" in Dar es Salaam were HIV-positive.

Child welfare: An estimated 11 per cent of the United Republic of Tanzanian children under the age of 15 are orphaned, their number having steadily increased since the early 1990s. Of these children, an estimated 960,000 have lost their fathers, 525,000 their mothers, and another 165,000 children have lost both parents. [13] Most of the parents, it is assumed, died of HIV/AIDS and related causes. In Kagera Region, one of the first and most deeply affected regions of the country by HIV/AIDS, an estimated 200,000 children have been orphaned as a result of the pandemic. [14]

Fostering is common. By the end of the 1990s, more than one-fifth of households in the United Republic of Tanzania held foster children. These arrangements are with members of the extended family, particularly with grandparents and aunts and uncles. It is widely reported that the willingness and ability of the extended family to care for foster children has changed dramatically over the past two decades. This has been especially true as overall economic conditions have worsened and migration to urban areas has increased, leaving older adults and young children disproportionately represented in rural households. This assumption of change in extended family structures is widely held, but – since other reports suggest that the change may not be as far-reaching or deep as is commonly assumed – it needs to be tested in a number of communities. [15]

There is little doubt, however, that the stress of coping with many orphaned children, together with deep poverty, is placing new demands on long-established social systems. The extent and degree to which households and extended families care for orphaned children and others vulnerable to exploitative work situations requires further study. Added to the changes in family structures are the opportunity costs of coping. [16] As families affected by HIV/AIDS shift spending from education, food, and other needs to medical care, children are being withdrawn from school and then expected or required to work.

Two broad types of fostering are noted: fostering within extended families and clans; and social fostering, where the wider community may assume some responsibility for a child. Given the strong pressures and expectations that orphans will be cared for by family members, social fostering is resisted. The result for many children – and their caregivers – are situations of grave deprivation and vulnerability to malnutrition, ill-health, school withdrawal (if this has not happened earlier), and exploitation. In these circumstances, many children are either encouraged to seek work or else take the initiative themselves.

Local studies supported by UNICEF have produced useful information regarding conditions among the "most vulnerable" orphaned children. These children were not

[13] United Republic of The United Republic of Tanzania and UNICEF: *Situation analysis of children in The United Republic of Tanzania*, 2001 (Dar es Salaam, 2001), pp. 30-31.

[14] G. Mpehongwa: "The plight of orphans in Kagera", *The Guardian* [The United Republic of Tanzania], 30 Apr. 2002.

[15] M. Urassa, et al. : "Orphanhood, child fostering and the AIDS epidemic in rural The United Republic of Tanzania", Health Transition Review, Supplement 2 to Vol. 7 (1997).

[16] Thanks to Gabriel Rugalema for this insight. His research on the impact of HIV/AIDS on rural societies is among the best that exists.

attending school, even where eligible, primarily because they lacked the necessary money. In one village, many of these children sold fruit and other items at the nearby TAZARA railway station or worked in charcoal processing. The extent of orphanhood in the villages was an entirely new situation, as was the fact that extended families were unable to provide adequate care for orphaned children. For these reasons, according to villagers, collection and community responses for supplemental care and support did not exist.[17] The acknowledgement was coming to prevail that community-based responses to assisting orphaned children and their caregivers were needed. But most village groups felt they were too poor to provide that support.

Child-headed households are relatively few in the United Republic of Tanzania. Far more significant are female-headed households. It is estimated that 30 per cent of all households in the United Republic of Tanzania are headed by women.[18]

Education: Fewer than 60 per cent of school-age children are in school. Given that children start school later than the recommended beginning age of 7 years, or re-enter school at later ages, the gross enrolment rate is close to 80 per cent. What remains clear, whatever measure is used, is that rural enrolment is significantly lower than that of urban. On average, over 40 per cent of school-age rural children are not enrolled in school; in some rural districts, this rate is even higher. At least one-third of children who begin primary school do not complete Standard 7 (seventh grade, primary school). Children from low-income households are more likely to drop out than are those from more financially secure families. Overall, an estimated 2.5 to 3 million children are not in school.[19]

Because of the economic impact of HIV/AIDS on household well-being, children orphaned by the disease are less likely to be in school. Even before a parent dies, the loss of income because of withdrawal from work and the increased expenses for medical care can result in the withdrawal of children from school or in irregular school attendance. Surveys show that economic need is the main reason that children enter domestic service and that children and women are led into prostitution.

Disruptions to classroom learning due to the absence of teachers afflicted by HIV/AIDS-related illness are inadequately documented. Such disruptions do occur elsewhere, however, and the same is likely true in the United Republic of Tanzania.

Life skills education is embedded in the school curriculum, with HIV/AIDS issues being explicitly addressed within various subject areas from Grade 4 onwards. The Ministry of Education is reinforcing this measure with additional training for school inspectors and school teachers. Training of trainers to prepare counsellors for primary schools is being provided in the Southern Highlands and Lake education zones, but only at an initial stage. A number of regional and pilot initiatives to improve the capacity of schools to offer quality education are in place. Most of these are run by NGOs or depend upon the support of international donors. A pilot effort in Tanga District, for example, has provided some teachers with added training in HIV/AIDS issues.

One approach to addressing child labour in the United Republic of Tanzania is to keep current students in the educational system while returning drop-outs to schools. A

[17] E. J. Kamote, M. A. Challangwe: "A report on the identification of the most vulnerable orphans done in Mitengwe Village, Mzenga Ward, Kisarawe District, Pwani Region, The United Republic of Tanzania", unpublished report (Dar es Salaam, UNICEF, 2000).

[18] ILO, Gender Promotion Programme: *National report for promoting the linkages*, op. cit., p. 15.

[19] *Situation analysis of children in The United Republic of Tanzania*, 2001, op. cit., Chapter 3.

related measure has been the government decision to abolish school fees for basic education. Another means is the provision of non-formal education for out-of-school youth, whatever their reason for being out of school. A notable programme in that area is Complementary Basic Education in the United Republic of Tanzania (COBET), which uses both trained teachers and para-professionals to assist children in the transition back into the formal education system. Active community involvement is encouraged. So far, however, the campaign has reached only a limited number of children.

Health: Nearly half of children under the age of 5 in rural areas are stunted, and nearly one-third are underweight for their age. For all children, but girls in particular, malnutrition has long-term implications for vulnerability to other infections, including STI and HIV. Health-care services for women, including diagnosis and treatment of STI, are limited. Other than basic information about prevention of HIV transmission, few health services are available for sexually active children and youth. One informant noted that messages about abstinence and postponing sexual initiation could not be heard over vociferous promotion of condom use for safe sex. While a balanced mix of messages for young people is ideal, variations in funding and access to mass media outlets can lead to skewed delivery of those messages.

National policies and responses

The United Republic of Tanzania has adopted the United Nations Convention of the Rights of the Child and is signatory to the ILO Worst Forms of Child Labour Convention, 1999 (No. 182) and the ILO Minimum Age Convention, 1973 (No. 138), both of which apply to children under the age of 18. In 2000, the United Republic of Tanzania also committed itself to a ten-year action programme to eliminate the worst forms of child labour. The ILO-IPEC is supporting government efforts to significantly reduce the worst forms of child labour through the ILO's Time Bound Programme. This scheme presents a multi-dimensional, action-oriented approach in line with other national development efforts. Programme initiatives link with the national poverty reduction strategy, education expansion initiatives, and other reforms in a synergy that promises to reduce significantly the worst forms of child labour across the country.

The Child Labour Unit, part of the Ministry of Labour and Youth Development, has played a central role in soliciting and shaping stakeholder input on the draft national child labour policy. The Unit will play a coordinating role during implementation.

The Law Reform Commission has addressed child labour in its recommendations to the Ministry of Labour, which has incorporated these proposals into a draft policy on child labour. Approval by all authorities concerned is expected in the latter half of 2002. Law Reform Commission recommendations include these:

- Prohibiting employment of girls in places that sell alcohol;
- Making it illegal for parents to prevent children from attending school; and
- Expanding the role of local authorities in preventing child labour.

The national reproductive and child health policy, adopted in 1998, is a part of ongoing health sector reforms in the country.

National responses to HIV/AIDS, children affected by HIV/AIDS, and child labour primarily take the form of policy formulation and coordination across ministries and other stakeholders. In 2000, the United Republic of Tanzania Commission for AIDS (TACAIDS) was established within the Prime Minister's Office. It is gradually assuming

responsibility for guiding and coordinating national responses from the National AIDS Control Programme, within the Ministry of Health, and is becoming more associated with surveillance surveys and specific interventions. TACAIDS is finding that strategic planning within ministries and within some districts remains a challenge.

Impact analyses and donor support

International donors play an important role in both child labour and HIV/AIDS programmes in the three countries under review. One area where that role can be enhanced even further is in coordinating input into community-level HIV/AIDS impact analyses. In the United Republic of Tanzania, for example, the ILO, UNDP, and UNICEF have related interests in assessing the impact of the pandemic on working conditions, including those in which children may be engaged or those which force children into exploitative work situations. Each of these agencies also includes a focus on community-level issues, an especially central element of the ILO's Time Bound Programme. Thus, HIV/AIDS-impact survey design and analyses offer an opportunity to address overlapping and cross-cutting issues relevant to the programmes of each of the agencies, as well as to various government departments and some bilateral agencies. The process will not only build on related research interests, but strengthen synergies for programme implementation.

In addition, individual ministries provide guidance, training, and budgets for region, district, and ward responses. Actual programme implementation in these areas is the responsibility of district and municipal councils, NGOs, and faith-based groups. Several informants noted that an inventory of NGOs, community-based organizations, and faith-based groups is needed to better assure effective coordination at all levels.

A history of suspicion and disengagement between the two sides has hampered collaboration between government authorities and NGOs at district and sub-district levels. Experience should help to overcome these working difficulties, however, especially as the central Government makes it clear that partners must engage in planning and implementation at these levels.

Funding for HIV/AIDS programmes comes from three main sources: the central Government, international donor agencies and, through their tax-raising authority, local councils. The central Government has increased its budgetary allocations for HIV/AIDS in recent years, and, given the United Republic of Tanzania's involvement in the development of debt relief programmes, additional funding should be available in future. Local councils have yet to provide substantial sums of money for HIV/AIDS grants. Most international donor agencies provide some funding for HIV/AIDS prevention, care and support, and mitigation (overall, in 1999, nearly US$16 million). The United Republic of Tanzania will access additional funding through the Global Fund on AIDS.

Often overlooked in the funding picture are the tremendous investments made by communities, faith-based groups, volunteers, and smaller NGOs. These contributions remain difficult to quantify, but, with the thousands of volunteers involved and numerous small but locally significant contributions from within communities, it is likely that they equal or exceed in value the formally recognized financial support to HIV/AIDS initiatives.

Small-scale credit is offered to small and medium businesses and prospective business owners. Little information is available concerning its effectiveness, either for immediate recipients or the wider community. There also remains a need to develop effective, fully functioning mechanisms for providing and monitoring micro-loans, particularly loans that assist groups.

The trade union movement has also been involved in child labour issues. The United Republic of Tanzania Plantation and Agricultural Workers Union (TPAWU) and the United Republic of Tanzania Mining and Construction Union (TAMICO) have organized anti-child labour campaigns. Few children work in the formal sector, however, so they fall

outside the scope of most union interest or activities. One exception is the Conservation, Hotels, Domestic, and Allied Workers Union, which has played an active role in raising awareness about child labour and in withdrawing children from such work. It has run projects in a variety of urban settings, all of them designed to reduce the vulnerability of children and youth, among others, to HIV/AIDS and sexual exploitation. A new organization, the Vibindo Society, represents informal sector businesses. Still in its early stages, its capacity remains limited to dealing with members on child labour issues.

The national media gives regular attention to the impact of HIV/AIDS, including its impact on children and caregivers. The government Information Services Department has conducted training for journalists to expand coverage of child labour issues.

Religious groups have been active in counselling and testing, education for prevention, and care and support to affected households, including children. Most of these activities by faith organizations have been undertaken by individual churches or mosques. Several large denominations, however, the Lutherans and Anglicans among them, have nationally supported programmes, including the maintenance of health facilities. A March 2002 workshop brought together senior representatives from national spiritual groups to discuss responses to HIV/AIDS they felt their organizations could support.

Several informants noted the value of existing national policies. At the same time, concern was raised that implementation strategies and coordination both vertically and across sectors leaves room for significant improvement. Especially at the district level, it was suggested, numerous gaps were apparent even between functional plans and fulfilment of expected duties by specific officers.

Programme and project responses

On the NGO side, many of the programmes and projects are relatively new, have yet to be evaluated or assessed, and are implemented by many organizations scattered across the country. On the government side, interaction with NGOs and private sector service organizations is a relatively new situation – mechanisms for establishing mutual confidence, communication, and coordination are only slowly emerging. In some cases, furthermore, NGO projects are much better funded than government programmes, which can lead to tensions.

Greater coordination is needed between organizations working directly with HIV/AIDS prevention and care programmes for children, on the one hand, and with central government policy-makers and planners on the other. The grass roots experiences of HIV/AIDS and child labour must more surely make their way from frontline organizations to senior decision-makers.

Lack of focused leadership for mitigation and prevention efforts may be attributed to the gap in understanding the impact of HIV/AIDS, particularly on children. In addition, those organizations running projects function without effective coordination. In some districts, committed individuals in the Government and NGOs have been able to stimulate more focused multi-sectoral planning and coordination. These instances remain localized, however.

Several informants confirmed what others have previously observed: community-directed responses to HIV/AIDS have been relatively neglected. As one authority has noted, “Influences exercised by families, communities, societal factors and culture on the behaviour of individuals and population groups are important and therefore need to be

addressed by HIV/AIDS interventions." [20] As we will see below, such initiatives can generate positive responses.

Government service delivery, especially in social programmes such as education, health, and social welfare, is commonly described as weak. This situation may well be changing, however. Education budgets have improved significantly since the early 1990s, and the country has recently decided to abolish school fees (although other costs of attending school, such as uniforms and supplies, remain a responsibility of school-goers or their families/guardians). Primary school enrolments in 2002 exceeded the government target, an indication of greater public confidence in the school system and of improved capacity to provide places for children.

The Ministry of Education feels that both its efforts and those of various NGOs have led, at all levels, to significantly greater sensitization concerning both HIV/AIDS vulnerability and child labour. Some of this has been achieved in the classroom; some of it is due to greater public openness to discussions of vulnerability to and prevention of HIV/AIDS. Awareness is also growing, according to informants, of the value of education for children among parents and the wider community.

Unlike in South Africa, where sexual abuse of children by teachers is reportedly common, in the United Republic of Tanzania a strictly enforced teacher code of conduct and oversight by parents and community members are said to keep such cases to a minimum.

The Child Labour Unit in the Ministry of Labour, Youth Development and Sports is the lead government agency for addressing child labour issues. ILO-IPEC has provided substantial support for this agency as well as technical assistance for the government Time Bound Programme to reduce the worst forms of child labour in the country by 2010. The Child Labour Unit has drafted and organized comment on the draft national Child Development Policy, and anticipates cabinet-level adoption of the policy in mid-2002.

Like other ministries, the Child Labour Unit stresses the role of the family in providing for the needs of children and reducing children's vulnerability to exploitative labour situations. To this end, it relies primarily on NGOs to implement prevention programmes. There remains a need to create an inventory of organizations involved in child labour issues as a part of the increased coordination of national and district responses.

Capacity building, it is commonly said, is needed if district and local authorities are to better deliver services. That may be true, but the proposal needs qualification. A UNICEF report cites cases where local authority leaders have allocated funds for their own operations (transport, for example) rather than for school materials. [21] Such situations have little to do with "capacity building" in planning or budgeting per se – the authorities referred to in the report are quite capable of addressing their priorities. What is important is establishing accountability, transparency, and public engagement within the overall processes of governance. It should be noted that village leaders have asked that support

[20] E. Tarimo, "Intensifying district response to HIV/AIDS in all districts in Tanzania", unpublished report for UNAIDS (Dar es Salaam/Geneva, 2000).

[21] Unite Republic of Tanzania and UNICEF, *Situation analysis of children in Tanzania, 2001*, op. cit., p. 65.

funds or material assistance provided by outside agencies go directly to village authorities. [22]

UNICEF reports that the growing number of street children in the late 1980s and early 1990s drew sufficient public attention to stimulate some programme responses. As with many programmes across the country, most of the initiatives to assist street children accommodated only a small fraction of the total number of children involved. [23]

Pilot initiatives dealing with aspects of problems faced by orphaned children included the following:

- Terre des Hommes (Switzerland), offering psychosocial support for children orphaned by HIV/AIDS in Kagera Region, works with two target groups: the children themselves, and caregivers and community members. With the children, the project begins with the "assumption is that the orphans are not passive victims, but active and competent 'survival artists' who can show initiative and already have some of the knowledge, abilities, and experiences they need. The first steps, therefore, involve getting the children to show their own potential, and strengthening their self-confidence."

- World Vision is conducting an income generation project in Kagera Region. Designed to assist some 25,000 children (perhaps one-tenth of the total number of orphaned children in the region) and widows with basic working equipment and training, the project works through groups of children, thereby seeking to have a wider impact through their combined efforts.

- WAMATA's 60 branches throughout the country provide counselling, medical services, school and legal assistance, and other services to orphans and families caring for them. The organization has registered over 30,000 orphaned children.

Other efforts include these:

- The Society for Women and AIDS in the United Republic of Tanzania (SWAA-T) supports village women who have joined together to assist orphaned children in their communities. Efforts are made to complement these volunteer efforts with local resource generation for longer-term care.

- KIWOHEDE, with support from ILO-IPEC, runs three centres in Dar es Salaam and others in Mbeya, Ruvuma, and Iringa that provide counselling and a range of services to vulnerable children, including girls in prostitution. The centres provide a residential haven for girls who have been withdrawn from prostitution, and offers counselling, opportunities for school, and skill building for other work once the children return to mainstream society. Rather than relying on its own structures, KIWOHEDE facilitates community-based groups in preventing children from entering commercially exploitative work, in negotiating places in schools for girls removed from commercially exploitative work, and in contacting parents of girls who are at risk. Resource mobilization is a standard activity for these community groups.

[22] Donald M. Charwe and levina K. apolinary, "Report on the identification of the most vulnerable orphans done in Lamadi Village, Kalemela War, Magu District, Mwanza Region", unpublished report (Dar es Salaam, UNICEF, 2000) p. 13.

[23] United Republic of Tanzania and UNICEF, *Situation analysis of children in Tanzania, 2001*, op.cit., p. 95

KIWOHEDE's legitimacy is embedded in its direct presence in communities and its engagement with community groups.

- KWETU, another NGO, runs a counselling centre in Dar es Salaam. It also reaches into local neighbourhoods to stimulate awareness about child prostitution and to identify and withdraw children in prostitution.

Costs of assisting households affected by HIV/AIDS

The cost of addressing households affected by HIV/AIDS is little understood. Until both government and NGO projects are fully evaluated, only indicators or potential cost ranges are possible. The following table suggests the annual costs of interventions for households affected by HIV/AIDS in Kagera, United Republic of Tanzania. The estimates date from 1992.

Subsequent experience with home-based care programmes, the availability of inexpensive kits ($10/month), and use of volunteers is likely to result in lower costs than those cited here.

Type of programme	Annual cost (US$)
Home care for people with AIDS	$ 227 per patient
Orphanage care	1,063 per child
Foster care	185 per child
Feeding post	69 per child
Basic needs support	47 per household
Educational support	13 per child

Source: Lori Bollinger, John Stover, and Peter Riwa, The economic impact of AIDS in the United Republic of Tanzania (Washington, DC: The Futures Group/Policy Project, 1999).

- The United Republic of Tanzania Netherlands Support for AIDS (TANESA) Project focuses on increasing the awareness of girls, women, boys, and men regarding specific HIV/AIDS risk situations in their communities. Groups of men, women, and youth are asked to draw maps of their communities and to indicate the places where they feel they are at risk or may practise risky sexual behaviour, such as bars, hotels, waterholes, or schools. These places and the question of why they present a high risk are discussed within the community. The process not only allows vulnerability and abuse issues to be raised for public review and sensitization, but leads to practical actions to control and reduce these problems. Prevention responses are developed and implemented. The mapping process is seen as effective by local communities, and has generated extensive international attention.

  TANESA has also provided support to schools in Mwanza Region for a primary-schoolgirl guardian programme. The programme has sought to create a more protective environment for girls against sexual harassment and exploitation from teachers, other students, and community members.

- AMREF, drawing upon experiences from Uganda, is another model project designed to keep children with families. Their approach recognizes that caregivers, child-headed households, and extended families need assistance to increase their productive assets and activities – whether farming, fishing, or trade. Given the deep disinvestment and drawing-down of assets due to HIV/AIDS and economic conditions, AMREF makes targeted re-investments with both families and communities in a pilot programme in Iringa District. AMREF may contribute to the building of a new school room, for example, thereby increasing enrolment possibilities not only for vulnerable children but all children in the village. The organization has found that communities are willing to make investments of their own, but often need facilitation to identify problems and prioritize responses.

- AMREF has been running several HIV/AIDS voluntary counselling and testing (VCT) centres across Dar es Salaam. Demand for these services has exceeded all expectations. Many of the people using the service are older children, most of who are out of school. The service has been shown over the past decade to be an important component in overall HIV/AIDS prevention efforts.

Advocacy and children's rights: The Kuleana Centre for Children's Rights in Mwanza conducts advocacy for child labour and child rights issues. It has also drafted a code of conduct for employers of domestic workers. Provisions include hiring only people who have completed their schooling and paying domestic workers the official minimum wage (currently 40,000 Tanzanian shillings per month, or about US$42). Kuleana is working with district councils to have provisions of the code adopted as bylaws, thereby making them enforceable.

The United Republic of Tanzania Media Women's Association (TAMWA) has conducted effective advocacy leading, in part, to the enactment of the Sexual Offence Special Provision Act in 1998. This legislation is designed to provide enforcement powers for stopping child molestation and sodomy. Following adoption of the Act, TAMWA used radio broadcasts to inform the public of the specifics of the law and of related child labour issues. TAMWA has been employing its skills to raise public awareness and to promote legal changes for protection of child domestic workers. Both English and KiSwahili newspapers and radio programmes are used to convey messages about the issue.

Community mobilization: Long-term, in-depth engagement with communities regarding HIV/AIDS and child labour issues is just beginning in the United Republic of Tanzania. Consequently, there is limited experience with various models and limited promotion of approaches to engage communities in the shaping and sustaining of interventions. Several NGOs and the government Social Welfare Department have initiated activities that hold promise as useful models for others.

KIWOHEDE's several years of work in Mbeya, Iringa, and Ruvuma regions have helped to raise the awareness of local communities regarding child labour issues and in generating community involvement in problem-solving responses. Community task forces, for example, have been established. Members include bar and guesthouse owners, brew-shop owners, representatives from the police force, health and education providers, local politicians, and others representing stakeholders and influential authorities. The task forces develop action plans and monitoring mechanisms. Useful outcomes have been observed:

- At Igawilo ward in Mbeya Region, the task force enacted a by-law which prohibits landlords from renting one room to more than one tenant, after discovering that groups of young businessmen and youth notorious for sexually exploiting young girls are those who share rented rooms.

- The task force in Iyunga Ward initiated a census through secret ballot whereby community members were asked to name men who sexually exploit young girls.

Local organizing resembles the Thailand model, where all key stakeholders – not just concerned groups – are brought together as a way of negotiating widespread condom use in sex establishments with brothel owners, police, public health officials, and others. It is noteworthy that the mapping and response process facilitated by the TANESA Project (above) has similar features.

The Social Welfare Department, with UNICEF support, has pilot-tested in seven districts a community-based programme designed to have community members identify the children most vulnerable to exploitative forms of labour, to HIV infection, and to deep neglect. Common criteria identified for selecting the most vulnerable orphans included

access to food, clothing and its care, involvement in school, disabilities, age, and marital status of caretakers. The programme is designed to raise awareness regarding children's rights to education, health care, and social support and guidance, and to help engaged communities to provide forms of care-giving to the children. Communities are encouraged to look to their own resources in assisting children, with additional financial or material aid from wards and districts. In fact, in the pilot stage, communities did make financial contributions. In one pilot district, income-generation activities are designed to raise money for children who would otherwise be unable to attend school.

District teams provide training to ward teams who, in turn, reach into villages. Teams are multi-sectoral, drawing upon individuals committed to problem-solving. Villagers are encouraged to adopt criteria that are relevant to their own communities in identifying "the most vulnerable children". A strong emphasis on the problem-solving process enhances local ownership.

Direct service delivery. The Conservation, Hotels, Domestic, and Allied Workers Union has facilitated the formation of local-level task forces to better identify sexually abused girls in domestic service, report incidences of abuse, and deliver services to those girls.

An aspect of service delivery is direct interventions with parents and guardians of potentially vulnerable children, encouraging the children's continued education and thereby preventing or at least delaying the movement of children into exploitative situations. Programmes exist to assist orphaned children and other vulnerable children with school fees, uniforms and supplies, negotiating with individual schools for placement of out-of-school/abused children, providing drop-in centres and counselling for young people, and a range of services for girls withdrawn from commercial sexual exploitation or sexually abusive domestic service. KWETU staff, for example, visit areas where street children live and those notorious for their risk to children, providing condoms, counselling, and STI medical services. A small number of girls who have been withdrawn from commercial sexual exploitation have been placed in vocational training programmes. Other organizations seeking to withdraw children from exploitative forms of labour include the DogoDogo Centre Street Children Trust and Child in the Sun, both of which work in and around Dar es Salaam. The former provides a range of services including basic food and shelter, access to education, vocational training, and entertainment for boys who live on, or have been withdrawn from, the street.

WAMATA runs a multifaceted programme of services for people living with HIV/AIDS and for affected households and children. Applying a curriculum of its own design, the organization now has in place in the community over 550 volunteers, para-professional counsellors, and home-care providers. Another set of teenage community volunteers act as peer educators.

Various versions of micro-credit programmes have been offered to families to cover school fees, to individuals for income-generating activities, and to pairs of girls for small business purposes. Most of these initiatives are small, focused on individuals, and encounter the problems common to running any small business where competition for a limited amount of consumer cash is intense.

Lessons learned and elements of good practice

Data and analysis

The United Republic of Tanzania is well supplied with data and qualitative information on child labour. It is far less well served on HIV/AIDS, particularly regarding the impact of the pandemic on households and children.

Findings

- Good data are available on child labour in several sectors. Much of this information, does not address how work conditions contribute to the vulnerability of children to various forms of sexual abuse and exploitation, and thus to HIV infection. Most instances of sexual abuse and exploitation of children do not occur among children in prostitution. The high-risk cases instead include survival sex, sexual exchanges for protection or security, and sexual coercion and manipulation – circumstances not captured by existing survey instruments.

- Child labour data have yet to fully register the growing impact of HIV/AIDS on households – an impact that exposes a growing number of children to exploitative work situations.

- The findings from the Rapid Assessment on child labour and HIV/AIDS will prove valuable, grounding in solid data and analysis what has been only an assumed and poorly articulated connection between the two problems.

- To better guide programme planners, analyses are needed of the impact of HIV/AIDS on households and on children's access to education and other social services.

- Analyses of the impact of HIV/AIDS on the teaching service and on health care providers are needed to anticipate disruptions in classroom activities and health service delivery and to plan for their minimization. The United Republic of Tanzania Commission for AIDS considers such analyses critical for the coordinating role it is expected to play in coming years. The ILO and UNDP are both assisting the Government with impact analyses.

Lessons learned

- It is expected that expansion and improvement of the education system will reduce the vulnerability of children to exploitative work situations. This assumption needs to be tested against current and future changes in the system due to teacher/administrator illnesses and death due to HIV/AIDS.

- NGOs have valuable experience in working with HIV/AIDS and child labour issues. By including a proactive goal of documenting and disseminating such experience within their programmes, they can function still more effectively.

- The United Republic of Tanzanian policy-makers and programme planners will be well served with additional quantitative and qualitative data on the impact of HIV/AIDS on household systems and local communities. Existing data and newly generated impact analyses need to be carefully shaped and presented for application within the context of the economic and political realities faced by decision-makers. A scenario planning methodology, developed by the author, is one approach to applying data to local conditions.

Elements of good practice

- The data collection instrument used by the rapid assessment team is reliable and replicable from locale to locale. The findings it yields are credible and directly applicable to the intersecting issues of child labour and HIV/AIDS.

- UNICEF-the United Republic of Tanzania and the Department of Social Welfare developed the methodology – including a semi-structured guide/checklist for group and individual interviews, with open-ended questions and numeration tools – to be used with communities in identifying their most vulnerable orphans. This approach is applicable elsewhere. Adapted for local use, the methodology can be employed in gathering information on children vulnerable to sexual abuse, and on migration to towns or sites where sexual abuse might occur. The data are fed back to the community within days, so that, in conjunction with sensitization on related issues, the planning process can begin.

National and programme responses

Findings

- A number of programmes and projects nationwide deal with child labour or HIV/AIDS. Each in its own way, most of these address the needs of some affected children. But these efforts to reduce the vulnerability of affected children reach only a small portion of those in need. The programmes, moreover, are too loosely connected with others to form either a continuum or synergy of prevention, care, and support for affected children and their families and communities.

- HIV/AIDS prevention is a part of the primary school curriculum. The quality of teaching is being reinforced with added training for school inspectors and teachers.

- The Ministry of Education is seeking to expand its initial training of in-school HIV/AIDS counsellors.

An example of good practice: Using volunteers

The role of volunteers is often overlooked in programme design and implementation. WAMATA and other organizations in the United Republic of Tanzania and other African countries have demonstrated that volunteers can and do play a major role in community-based care and assistance for HIV/AIDS-affected households and children. The volunteers provide a regular source of feedback and new information to WAMATA's staff and to one another, thereby contributing to a growing organization always learning from its experience.

Lessons learned

- The United Republic of Tanzania's leadership regularly addresses HIV/AIDS issues, demonstrating public concern that encourages other sectors to respond directly to the pandemic. The recently formed United Republic of Tanzania Commission for AIDS is an example of government commitment to addressing the pandemic fully and directly. Funding for the national responses is expanding. For one thing, a portion of savings from a debt relief plan are expected to flow into the national programme.

- Micro-finance for income-generation activities is a small part of some NGO programmes for children affected by HIV/AIDS. Little is known about the coverage or effectiveness of such initiatives. FINCA, with operations in the United Republic of Tanzania, is an organization with several decades of experience with community-oriented lending elsewhere in the world. Its lending in the United Republic of

Tanzania and elsewhere may offer useful lessons for expanding community-based income-generation programmes.

- It is widely reported that both the willingness and ability of the extended family to take in and care for foster children – especially as overall economic conditions have worsened and migration to urban areas has increased – has changed significantly over the past two decades. This assumption needs to be tested in various communities to better understand which families are most affected by the prevailing social, economic and health pressures, including HIV/AIDS. In turn, household and community responses to these changes need to be more fully understood to assess how they affect children's opportunities for schooling, training, and security.

Elements of good practice

- A new willingness by leaders at all levels to speak out on HIV/AIDS prevention has changed attitudes and opened new avenues of communication on the pandemic throughout the country, including to some degree among ministry staff at district levels.

- The strictly enforced and monitored teacher code of conduct keeps teacher-child sexual abuse to a minimum.

- The TANESA-supported initiative of a low-cost and effective programme of guardians for schoolgirls complements enforcement of the teacher code of conduct, reducing the chances of sexual abuse and harassment within the school.

- The manual developed by Terre des Hommes Switzerland for training community members in psychosocial counselling for children orphaned by HIV/AIDS presents a practical tool for assisting children to deal with grief, stress, communication, and life skills preparation. It accepts that orphaned children are severely traumatized, but also that they have developed a set of skills to cope with their situations. In turn, those skills can be used by children to lead productive lives.

- The TANESA Project's mapping process allows communities to identify and address local conditions and situations for HIV/STI infection and sexual violence. The project reports that the methodology is easily replicable, and limited use of specialized staff keeps costs low.

Coordination and networking

Findings

- An inventory of NGOs, CBOs, and faith-based groups dealing with child labour and child rights is needed to assure effective coordination at all levels. This will be important for the Child Labour Unit of the Ministry of Labour as it seeks to coordinate implementation of the forthcoming Child Development Policy.

- Similarly, an inventory of organizations involved with HIV/AIDS, especially programmes and projects targeting children and caregivers will assist the new the United Republic of Tanzania Commission on AIDS and others in minimizing duplication and assuring effective coverage. Such an inventory can also contribute to networking among NGOs, especially at regional and district levels.

- The effective identification, prioritising, and advocacy for issues of common concern require a coordinating group or steering committee. A secretariat is needed to focus activities and provide quick and easy sharing of experiences among organizations.

Several NGOs report that they engage in advocacy, but apparently cannot demonstrate that they represent a large NGO constituency – a requisite for any really effective advocacy effort. An NGO policy-advocacy secretariat deals primarily with poverty and HIPC issues, but HIV/AIDS or child labour is not currently on its agenda.

- Policy statements note the need for partnerships to address children affected by HIV/AIDS and vulnerable to the worst forms of child labour. However, NGO-government interaction at district levels has been, and in many instances continues to be, hindered by tensions and lack of communication and cooperation. Apparently that is changing to some degree, but effective planning and service delivery relies on strengthening cooperation among all partners.

Community engagement

Findings

- Several important initiatives are engaging and mobilizing communities to respond to the issues. Given the widely noted changes in extended family willingness and ability to respond to orphaned children, these initiatives deserve close attention. A national-level workshop on the theme of community mobilization may be an option for generating awareness of and wider adoption of effective interventions.

- Although the Government emphasizes the lead role of households and communities in providing for the needs of orphans, there is little recent experience in engaging and working with communities to re-invest in local infrastructure and extended family support systems. Existing models and experiments, as practised in the United Republic of Tanzania and neighbouring countries, need more attention.

Lessons learned

- Rural households and communities, it is commonly believed, have changed significantly in recent decades, making it difficult for extended families to fully care for the growing number of orphaned children.

- At the same time, initiatives to engage local communities in problem-solving have found receptive audiences, including a local willingness to invest resources in addressing identified problems.

- The contrasts between popular perceptions and local realities are not unusual, but seem to inhibit many urban-based organizations from more fully engaging local communities.

Elements of good practice

- KIWOHEDE's approach to facilitating task forces of local stakeholders, involving them directly in child labour and child sexual exploitation cases, is worthy of fuller documentation. Some task forces have been instrumental in enacting enforceable measures to reduce child sexual exploitation and in expanding community awareness. They have also been important in identifying the central role of men in sexual exploitation.

- The mapping processes adopted by TANESA and other NGOs as a means of engaging communities in the identification of sources of and solutions to HIV/AIDS risk are worthy of wider testing and use.

Concluding observations

As it does elsewhere, HIV/AIDS in the United Republic of Tanzania adds a new dimension to efforts to eradicate the worst forms of child labour. Sexual vulnerability and abuse of children, especially girls, present life-threatening situations in and out of work. As tens of thousands of children are affected by HIV/AIDS, furthermore, the likelihood of their having to work increases, while competition among them for a little cash adds to the urgency of survival needs. Their very presence on the street makes them vulnerable to sexual harassment, manipulation, and coercion. Aside from girls forced into prostitution, children at heightened risk of abuse and HIV infection include all those placed in situations where, to survive, they must submit to sexual exploitation. It is important to focus on this wider group of vulnerable girls who are coerced and manipulated into sexually exploitative conditions, as well as those who are in overt prostitution. This is an area where the country's Time Bound Programme can facilitate new awareness and action.

In the current climate of greatly increased vulnerability, the environment within which children live is increasingly important. This environment is:

- A product of the social, economic, and cultural pressures of male demand for sexual domination and satisfaction;
- Shaped by a child's home and community; and
- Determined by a child's living conditions.

To date, the United Republic of Tanzania's response to the HIV/AIDS pandemic is largely based on the assumption that individuals, when provided with accurate information, will adopt safe sex practices. Information is certainly part of prevention, but it is not enough. There remains a major disjunction between existing national initiatives and the wider reality in which HIV/AIDS thrives. Therefore, as a follow-up of this study, more in-depth reviews looking into good practices and the elements that compose it shall be extremely useful for policy-makers, community leaders, civil society organizations and children themselves, in sub-Saharan Africa.

Of the many challenges presented in reducing exploitative child labour and children's vulnerability to HIV/AIDS, moving toward a more comprehensive response to the pandemic is perhaps the greatest.

Appendix 1: Organizations contacted

Zambia

Anglican Children Project
Community Youth Concern
ILO-IPEC
Kenneth Kaunda Foundation
Ministry of Labour and Social Security, Child Labour Unit
Ministry of Sport, Youth and Child Development, Child Affairs Department
National HIV/AIDS Council
SCOPE-OVC
University of Zambia, ILO-IPEC Rapid Assessment of HIV/AIDS and Child Labour Team
Zambia Children's Education Fund
Zambia Integrated Health Programme

South Africa

Centre for the Study of AIDS, University of Pretoria
Child Welfare Society
Childline
Children in Need Network
Department of Labour
Health Systems Trust
ILO-IPEC
Molo Songololo
National African Federated Chamber of Commerce and Industry
Nelson Mandela Children's Fund
Network against Child Labour
Office of the Rights of the Child, The Presidency, Republic of South Africa
Oxfam-GB
South Africa Democratic Teacher's Union
UNDP Regional Office
University of Natal, ILO-IPEC Rapid Assessment of HIV/AIDS and Child Labour Team

The United Republic of Tanzania

African Medical and Research Foundation (AMREF)
CARE-the United Republic of Tanzania, Voluntary Sector Health Programme
Dogo Dogo Centre for Street Children
ILO-IPEC
KIWOHEDE
Ministry of Education, Basic Education Unit
Ministry of Labour, Youth Development and Sports, Child Labour Unit
Social Welfare Department
United Republic of Tanzania Commission for AIDS
UNDP/UNAIDS
University of Dar es Salaam, ILO-IPEC Rapid Assessment of HIV/AIDS and Child Labour Team
WAMATA

Appendix 2: Documents seen

Perrin, B., *Good practices: Identification, review structuring, dissemination and application*, (draft) Geneva, ILO-IPEC, 2001

Zambia

Banda, H. 2001. "Report on the mission to the Copperbelt by an International Labour Organization team, 13-16 August 2001" (Lusaka, ILO).

Central Board of Health and WHO. 2001. Participatory learning activities for teachers and adults to reduce their risk for HIV infection (Lusaka).

Central Statistical Office, Ministry of Health, Project Concern International, and Measure Evaluation. 1999. *Zambia sexual behaviour survey* (Lusaka).

Henriot, Peter. 1998. "The challenge of poverty eradication in Africa and its relationship to population and development: The Zambian case study". Jesuit Centre for Theological Reflection (Lusaka).

—. 2000. "Zambia's current socio-economic situation, update: March 2000". Jesuit Centre for Theological Reflection (Lusaka).

Hunter, Susan; Williamson, John. 1999. Children on the brink: Strategies to support children isolated by HIV/AIDS (Washington, DC, USAID).

ILO-IPEC. 2002. "Study on good practice interventions against commercial sex exploitation of children in Zambia". Draft report prepared by Chalo Environment and Sustainable Development Consultants (Zambia, 3 March 2002).

—; Central Statistical Office, Republic of Zambia. Nd (2002). *Zambia, 1999: Child Labour Survey* (Lusaka).

ILO; UNDP. 2000. "Investment for poverty reducing employment report: Strategies and options" (Lusaka, November 2000).

Integrated Health Programme. 2002. "Background to the HEART campaign" and "Campaign strategy: The HEART campaign" (Lusaka).

Macwan'gi, Mubiana; Sichone, Moses; Kamanga, Particia Nalufu. 1994. "Women and AIDS in Zambia: Situation analysis and options for HIV/AIDS survival assistance". Unpublished report commissioned by the National AIDS Prevention and Control Programme (Lusaka).

Matoka, Windu C. nd, (c. 2001). "Draft evaluation report on the entrepreneurship for people living with HIV/AIDS project at institutional level". Prepared for the Ministry of Community Development and Social Services.

McCulloch, Neil; Baulch, Bob; Cherel-Robson, Milasoa. "Poverty, inequality and growth in Zambia during the 1990s". Paper prepared for the 26th General Conference of the International Association for Research in Income and Wealth, Cracow, Poland, 27 Aug. to 2 Sep. 2000. Available at www.ids.ac.uk.

Ministry of Education. 2001. "HIV/AIDS education strategic plan". Draft (Lusaka).

Mushingeh, A.C. S. 2001. Voluntary counselling and testing (VCT) in Zambia: Findings based on focus group discussions and in-depth interviews in Lusaka and Livingstone. Study conducted for the Society for Family Health.

Mwewa, Louis. 2000. “The potential of networks of child-focused organizations: The experience of Zambia’s Children in Need Network”. Orphan Alert, pp. 24-25.

National AIDS Council. 2001. “National AIDS policy”. Draft (Lusaka).

Participatory Assessment Group. 1999. Situation analysis of orphans In Zambia: The community response (Aug. 1999).

Sakala, Ezara. 2000. “HIV/AIDS and the world of work: The case of Zambia”. Unpublished report. (Lusaka, ILO).

Salmi, Anne. 2000. “HIV/AIDS prevention and the Ministry of Education: A review of ongoing HIV/AIDS activities in schools and among youths” (Lusaka, Ministry of Education).

The SCOPE News. 2002. Vol. 1, No. 1 (Mar./Apr.).

UNICEF and others. 1999. Situation analysis of orphans and vulnerable children in Zambia, 6 vols. (Lusaka).

UNICEF. 1998. “Orphan programming in Zambia: Developing a strategy for very young children in Zambia”. Draft report (Lusaka).

South Africa

Beall, Jo; Crankshaw, Owen; Parnell, Susan. 2000. “Local government, poverty reduction and inequality in Johannesburg”, *Environment & Urbanization*, Vol. 12, No. 1 (Apr. 2000), pp. 107- 122.

Gilson, Lucy; el al. 1999. “The dynamics of policy change - Health care financing in South Africa 1994-1999”. Briefing paper, Centre for Health Policy, University of the Witwatersrand.

Harber, Mary. nd (c.1999). “Developing a community-based AIDS orphan project: A South African case study”. Unpublished report for Children in Distress Network.

Hunter, Mark. 2001. “The sexual economy: Poverty, sex and survival”. *South Africa Labour Bulletin*, Vol. 25, No. 6 (Dec.), pp. 26-28.

Jones, Tim Trengove. 2001. *Who cares? AIDS review 2001* (Pretoria, Centre for the Study of AIDS, University of Pretoria).

Kelly, Kevin; Parker, Warren. 2000. *Communities of practice: Contextual mediators of youth response to HIV/AIDS* (Pretoria, Beyond Awareness Campaign).

—; —; Oyosi, Salome. 2001. *Pathways to action: HIV/AIDS prevention, children and young people in South Africa* (Johannesburg, Centre for AIDS Development, Research and Evaluation).

Kenyon, Chris; Heywood, Mark; Conway, Shaun. 2001. “Mainstreaming HIV/AIDS: Progress and challenges”. *South Africa Health Review 2001* (Durban, Health Systems Trust).

McKay, Veronica; et al. 2001. “Knowledge, attitude and behaviour of long distance truck drivers in Southern Africa”. Unpublished report (Pretoria, EU/GTZ).

Marais, Hein. 2000. *To the edge: AIDS review 2000* (Pretoria, Centre for the Study of AIDS, University of Pretoria).

Marcus, Tessa. 1999. “*Wo! zaphela izingane* – It is destroying the children – Living and dying with AIDS” (Pietermaritzburg, Children in Distress Network).

Molo Songololo. 2000. The trafficking of children for purposes of sexual exploitation – South Africa (Cape Town, Molo Songololo).

Nelson Mandela Children's Fund. 2001. "Report: A study into the situation and special needs of children in child-headed households" (Johannesburg).

Parker, Warren; et al. 2000. *The Economic impact of HIV/AIDS on South Africa and its implications for governance* (Johannesburg, Centre for AIDS Development, Research and Evaluation).

Russell, Michele; Schneider, Helen. 2000. "A Rapid Assessment of community based HIV/AIDS Care and support programmes in South Africa" Unpublished report (Johannesburg, Centre for Health Policy, University of Witwatersrand).

Save the Children. nd (c. 2000).Children living with HIV/AIDS in South Africa – A Rapid Appraisal (Npl [Johannesburg]).

Department of Education (South Africa). 2000a. *The HIV/AIDS emergency: Guidelines for educators* (Pretoria).

—. Nd (2000)b. HIV/AIDS & STD: Strategic plan for South Africa, 2000-05 (Pretoria).

—. 2000c. "National HIV and syphilis sero-prevalence survey of women attending public antenatal clinics in South Africa 2000" http://196.36.153.56/doh/docs/reports/2000/hivreport.html.

Swartz, Leon. 2000. "Report on a survey of adolescent reproductive health and rights HIV/AIDS preventative services with special reference to non-governmental organisations (NGOs) and other community-based organisations (CBOs) services". Paper presented at the Joint Population Conference, Port Elizabeth, 2-6 Oct.

Statistics South Africa. 2000. Child labour in South Africa: Survey of activities of young people, 1999 (Pretoria).

UNDP. 1998. HIV/AIDS & human development, South Africa 1998 (Npl [Pretoria]).

University of Natal, Health Economics and HIV/AIDS Research Division. 2001. *The impact of HIV/AIDS on planning issues in KwaZulu-Natal*. Update of 1995 report (Pietermaritzburg, Town and Regional Planning Commission).

Valentine, Sue. 2002. "Hope & optimism affect safer sex choices" (http://www.health-e.org.za/view.php3?id=20020302).

The United Republic of Tanzania

Ainsworth, Martha; Semali, Innocent. 2000. "The impact of adult deaths on children's health in the northwestern United Republic of Tanzania" (Washington, DC: USAID and World Bank).

Bollinger, Lori; Stover, John; Riwa, Peter. 1999. *The Economic impact of AIDS in the United Republic of Tanzania* (Washington, DC, The Futures Group/Policy Project).

Charwe, Donald M.; Apolinary, Levina K. 2000. "Report on the identification of the most vulnerable orphans done in Lamadi Village, Kalemela War, Magu District, Mwanza Region". Unpublished report (Dar es Salaam, UNICEF).

Forum for African Women Educationalists. 2001. "Progress implementation report, January-June 2001". Submitted to ILO-IPEC-United Republic of Tanzania.

ILO, Gender Promotion Programme. 2001. National report for promoting the linkages between women's [sic] employment and the reduction of child labour (Dar es Salaam, ILO).

—; IPEC. 2001. "Time Bound Programme on the worst forms of child labour in the United Republic of Tanzania: Summary report on the national round table" (Dar es Salaam).

Kadonya, C.; Madihi, M.; Mtwana, S. 2002. *The United Republic of Tanzania, child labour in the informal sector: A Rapid Assessment* (Geneva, ILO, IPEC).

Kamala, E.; et al. 2001. *The United Republic of Tanzania: children in prostitution: A rapid assessment* (Geneva, ILO, IPEC).

Kamote, Eveline J.; Challangwe, Mariam A. 2000. "A report on the identification of the most vulnerable orphans done in Mitengwe Village, Mzenga Ward, Kisarawe District, Pwani Region, United Republic of Tanzania". Unpublished report (Dar es Salaam, UNICEF).

Madörin, Kurt. nd (c. 2001). "When parents die of AIDS: The children of Kagera, United Republic of Tanzania". Report prepared for Terre des Hommes Switzerland (Basle, http://www.foundation.novartis.com).

Mwamasika, Rosemary Mwakitwange. Nd. "Study on good practice interventions against the commercial sexual exploitation of children: The experience of the United Republic of Tanzania". Unpublished report (ILO-IPEC).

Mwankusye, P.; Masunzu, D.S. 2000. "Identification of most vulnerable children in Kakangalawe Village, Makete District, United Republic of Tanzania". Unpublished report (Dar es Salaam, UNICEF).

Rajani, R.; Kudrati, M. 1994. The variety of sexual experience of street children in Mwanza and their implications on sex education/HIV prevention programs (Mwanza, Kuleana Center for Children's Rights).

Tarimo, E. 2000. "Intensifying district response to HIV/AIDS in all districts in the United Republic of Tanzania". Unpublished report for UNAIDS (Dar es Salaam/Geneva).

UNDP. 2000. *The United Republic of Tanzania Human Development Report, 1999* (Dar es Salaam).

—; IDT/MDG Progress. 2001. *The United Republic of Tanzania* (New York).

Ministry of Health (United Republic of Tanzania). nd (2000). *National AIDS Control programme, HIV/AIDS/STI surveillance report, Jan.-Dec. 2000*. Report No. 15 (Dar es Salaam).

Prime Minister's Office (United Republic of Tanzania). 2001. *National policy on HIV/AIDS* (Dadoma).

United Republic of Tanzania and UNICEF. 2001. *Situation analysis of children in the United Republic of Tanzania, 2001* (Dar es Salaam).

Urassa, Mark; et al. 1997. "Orphanhood, child fostering and the AIDS epidemic in rural United Republic of Tanzania". *Health Transition Review*, Supplement 2 to Vol. 7, pp. 141-153.