As easy as 'ABC'?

The ABC strategy and preventing HIV/AIDS among vulnerable children

A study carried out for

UCRNN
UGANDA CHILD RIGHTS NGO NETWORK

by **Dorothy Nang'wale Oulanyah** (Child Rights and Social Policy Specialist)
Country Programme Manager, Hope for African Children Initiative – Uganda

July 2006

Table of Contents

List of Acronyms

ABC	Abstinence, Be faithful, Condom use
ACP	AIDS Control Programme
AIDS	Acquired Immuno Deficiency Syndrome
CAFORD	Catholic Agency For Overseas Development
CWD	Children with Disabilities
FY	Financial Year
HBHCT	Home Based HIV Counselling and Testing
HC	Health Centre
HIV	Human Immuno-deficiency Virus
IEC	Information, Education and Communication
MFPED	Ministry of Finance Planning and Economic Development
MGLSD	Ministry of Gender, labour and Social Development
MOH	Ministry of Health
MTCT	Mother to Child Transmission
NGO	Non-Governmental Organisations
NHP	National HIV Policy
NOP	National OVC Policy
NSF	National Strategic Framework
NSPPI	National Strategic programme Plan of Interventions
OVC	Orphans and other Vulnerable Children
PMTCT	Prevention of Mother to Child Transmission
PWD	People with Disabilities
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UAC	Uganda AIDS Commission
UCRNN	Uganda Child Rights NGO Network
UNCRC	United Nations Convention on the Rights of the Child
UPDF	Uganda People's Defence Forces
US	United States
USDC	Uganda Society for Disabled Children
VCT	Voluntary Counselling and Testing

1

INTRODUCTION

Uganda is at a crossroads of sorts; after 7 years of a declining HIV/AIDS prevalence rate from 18% in 1993 to 6% in 2000, Uganda is experiencing stagnation with prevalence currently being at 6.4% among men and women aged 15 – 49 years (UHSBS). This stagnation calls all actors in the HIV/AIDS arena to re-evaluate Uganda's HIV/AIDS prevention strategy. Uganda has so far championed the 'ABC' strategy as the fundamental factor leading to a decline in the HIV/AIDS prevalence rate. Has the time come to rethink the centrality of the ABC strategy in preventing the spread of the HIV/AIDS epidemic? Is the ABC strategy still relevant? Does it only have to be complemented by other strategies to maintain a continued drop in prevalence? Should Uganda turn to some other strategies altogether to champion the fight against HIV/AIDS? This report presents the debate on Uganda's prevention strategy from a vulnerable child's perspective. It is hoped that this report will inform the current process of drawing Uganda's roadmap towards Universal Access to HIV Prevention and the revision of the National HIV/AIDS Strategic Framework due to be completed in 2007.

Uganda Child Rights NGO Network (UCRNN) is a coalition of child-focused organisations in Uganda. UCRNN was established in 1997 and has since then been at the forefront of advocating for the observance of child rights in Uganda. It has, through its work, actively participated in the establishment of frameworks that would guide implementation of programmes for children. Hope for African Children Initiative (HACI – Uganda) is a partnership that works to improve the well-being of orphans and vulnerable children. HACI – Uganda collaborates with UCRNN, taking the lead in the network's HIV/AIDS working group.

UCRNN believes that it is time for Uganda to move the marginalised and vulnerable groups from the periphery of the national response to prevention of HIV/AIDS to the centre of this response. UCRNN contends that the stagnation in the fall of HIV/AIDS prevalence rates points to the need for a more fundamental development-related approach to fighting the HIV/AIDS epidemic as opposed or in addition to employing specific 'silver bullet' programme strategies. These approaches may include more long-term measures like education, fighting gender discrimination, women/girl empowerment, establishing and funding protection systems for the vulnerable and marginalised etc. These long-term approaches may not be viewed by quick-fix activists as directly impacting on HIV/AIDS prevalence as does the ABC strategy but their time to contribute to the fall in prevalence rates may have come; it may be time for the prevention component in the national response to the HIV/AIDS pandemic to give long-term social and contex-

tual interventions that address fundamental vulnerability to HIV/AIDS equal footing with the risk reduction strategies concerned with immediate protection (like ABC). UCRNN contends that these should not be referred to as non-AIDS strategies.

In this paper, UCRNN takes a closer look at how the highly commended ABC strategy relates to vulnerable children. Many question whether children are such a central figure in the fight against AIDS given that a majority of them are not sexually active and that much o the HIV/AIDS in children is acquired though Mother To Child Transmission. More than 50% of Uganda's population is composed of those under 18years - children. For the year 2002, the estimate of new infections of HIV/AIDS in Uganda stood at 15,630 for children less than 15 years (STD/ACP – MOH, 2003) – this number would be higher if the age bracket is increased to 18 years.

It is the vulnerable children who grow up to be vulnerable adults with a high risk of acquiring HIV/AIDS through high-risk sex. In focussing on the children and their vulnerability, one would be nipping the problem in the bud. The hidden face of Uganda's future HIV/AIDS pandemic is a child's. Besides this, fundamental human rights values that form the crux of UCRNN's function attach equal importance to every life; the life of one child is as equally important as the lives of millions of other people. It is this and the gravity of the impact of HIV/AIDS on the life of a vulnerable person (more so a child) that should, in equal measure with the numbers, drive any process aimed at improving humanity; each person, however few of his/her kind are, is valuable – even those in need of protection who are definitely more at risk.

UCRNN strongly urges key actors, political and opinion leaders, policy and decision makers who have all been credited for contributing to the fall in HIV/AIDS prevalence rates, to switch the prevention spotlight to analysing the fundamental question of vulnerability as an underlying cause of the persistence of the prevalence of HIV/AIDS. If the question of vulnerability as it relates to prevention of the spread of HIV/AIDS is left on the periphery of the national response to the pandemic, Uganda runs the risk of letting HIV/AIDS become endemic among its most vulnerable groups and yet these form a great percentage of the Ugandan population.

2

THE 'ABC' STRATEGY

2.1 WHAT IS 'ABC'?

ABC is basically an HIV/AIDS prevention strategy. ABC stands for

Abstinence: this involves encouraging unmarried individuals to abstain from sexual activity as a way to protect themselves from the exposure to HIV and other sexually transmitted infections. 'A' also applies to 'secondary abstinence' – returning to abstinence for those that have been active sexually.

Be faithful: This involves encouraging individuals to practice fidelity in marriage, promoting monogamous relationships and reducing the number of sexual partners among sexually active unmarried persons as a way of reducing risk of exposure to HIV

Correct and consistent condom use: this involves supporting the provision of full and accurate information about correct and consistent condom use. C also incorporates in itself supporting access to condoms for those most at risk for HIV transmission.

The ABC strategy provides guidelines within which 'various stakeholders develop and implement prevention programmes hinging on any or all of the components of this strategy within their respective capacities and mandates and guided by the targeted populations' (UAC 2005). Uganda championed the acclaimed ABC approach in the late 1980s and has as a result been globally credited for the drop in HIV/AIDS prevalence rates.

2.2 WHY THE 'ABC' STRATEGY FOR UGANDA

In Uganda, sexual activity is the main defining risk factor for variation in incidence and prevalence of the HIV/AIDS. In Uganda, HIV/AIDS is mainly transmitted through heterosexual contact, which accounts for 80% of all new infections (NSF 2004). Mother-to-child transmission, which accounts for 15 – 25% of the new infections, is also linked to heterosexual contact. Heterosexual contact is a behavioural phenomenon. To change presentation of heterosexual contact, one has to target sexual behavioural change.

The ABC strategy does just this; it targets, encourages and supports heterosexual behavioural change as a strategy of preventing the spread of and risk of acquiring HIV/AIDS.

2.3 KEY FACETS OF THE ABC STRATEGY

The ABC strategy is characterised by the following facets:

2.3.1 Infusion into prevention programmes
ABC is not meant to be a separate stand-alone programme. It is meant to be infused into prevention programmes. The prevention programmes that are attuned to the ABC approach include programmes that promote
1. Condom use
2. Prevention of mother-to-child transmission
3. Prevention and treatment of STIs
4. Development of skills for practicing abstinence, sustaining marital fidelity
5. Delaying sexual debut
6. HIV testing and counselling of couples
7. Social and community norms supportive of A & B and denounce cross-generational and transactional sex, rape, incest and other forced sexual activity.
8. The importance of risk reduction etc

FOOD FOR THOUGHT

One cannot but help to note that these programmes normally referred to as 'HIV prevention programmes' are concerned with immediate protection, denying the breadth and complexity of response that is needed if HIV prevention is to be effective. Increasingly, risk reduction strategies like those outlined in the 8 points above have become the core and almost sole components of prevention programmes. This is clearly evident in the selection of national prevention indicators outlined in the NSF and subsequently annually reported on in the Uganda HIV/AIDS status reports.

sn	Indicator	ABC component
1.	Knowledge of prevention transmission	Abstinence
2.	Delay of sexual debut	Abstinence
3.	Sex with non-marital or non-cohabiting partner	Be faithful
4.	Use of condom	Condom use
5.	Ratio of condoms available	Condom use
6.	VCT Counsellor in every HC 1	Prelude to ABC and mitigation
7.	Life skills	ABC
8.	Treating STIs	Condom use
9.	PMTCT	-

From the above table, one can see that Uganda's strategy is to reduce risk through immediate protection without necessarily focusing on addressing vulnerability as a prevention mechanism. In focusing on ABC as presented, it reduces the understanding of HIV prevention to being wholly concerned with sexual transmission of the disease at the expense of other critically important factors that tend to be the underlying causes. The country runs the risk therefore of treating the symptoms rather than the cause of the disease – metaphorically speaking. HIV prevention to be effective needs to address the question of vulnerability.

2.3.2 Population- Specific: Targets Circumstances People Face

The ABC approach targets specific populations and employs population specific interventions.

A - Abstinence targets youth and other unmarried persons
B - Targets sexually active adults
C - Targets those whose behaviour places them at risk for transmitting or becoming infected with HIV.

Abstinence is the component of ABC that addresses those found in unmarried situations. It encourages the delay the first sexual encounter in order to impact on the progress of the epidemic. Most people who find themselves in circumstances that require abstinence are 15 – 24 year old age group who though potentially sexually active, can choose to remain inactive until 'the right time' (usually, when they get into a stable relationship e.g. through marriage). For those who are already sexually active, they do have a choice to 'revert' to abstinence – thus coinage of the terms 'secondary abstinence' and 'secondary virginity'.

Be faithful targets sexually active persons found in committed relationships, encouraging them to practice fidelity in marriage and other sexual relationships. This component of the strategy targets those who have one or more casual partners. This particular component was seen to reduce the adult HIV prevalence in Uganda from 15% in the early 1990s to 4 percent today (Smith 2005).

Consistent condom use targets those who find themselves in high-risk situations that could lead to them infecting or being infected by others. Examples of those who find themselves in such circumstances include sex workers, their clients and people living with AIDS. 'C' also targets people who are faces with circumstances involving casual sex.

FOOD FOR THOUGHT

CARE – Uganda's approach to HIV/AIDS notes that in Uganda (and many African countries), the HIV/AIDS epidemic is more generalised (not confined to specific high risk group) and therefore requires an appropriate mix of approaches' (CARE 2005). CARE argues that the differences in coping mechanisms that different groups have when exposed to adversity, shocks or stress affects the way people make choices – there is no standard homogeneity. This difference in risk, response, susceptibility and vulnerability requires that interventions be targeted to respond to differences between and among target groups. A population specific approach may therefore leave out critical sections of the population that are not captured in the specific populations targeted by the strategy.

2.3.3 Targets Sexual Behaviours for Change

ABC refers to individual behaviours and the programme approach and content designed to lead to those behaviours. ABC encourages people to change their sexual behaviours to reduce the risk or prevent themselves from acquiring HIV/AIDS. ABC encourages people not to have sex at young ages, reduce the number of sexual partners, use condoms. This principle therefore drives the nature of 'prevention' programmes implemented to prevent the spread of HIV/AIDS. The ABC approach to behaviour change has been hailed for reducing the HIV rates between the 1980's and mid 1990s; fewer Ugandan's were having sex at an early age, levels of monogamy increased and condom use rose steeply among unmarried sexually active men and women (The Guttmacher Report, 2003).

FOOD FOR THOUGHT

The ABC strategy reduces prevention to assume that individuals are capable of making free choices, are autonomous and empowered individuals. ABC's targeted approach results in a strategy that helps individuals personalise risk and develop tools to avoid risky behaviour under their control. That all individuals can personalise risk, develop tools and have control over their risky behaviour are killer assumptions that undermine the 'silver bullet' over simplification strategy of ABC – especially for the populations that are more at risk like children in need of special protection.

2.3.4 Communication and Knowledge

At the heart of the ABC strategy are information, education and communication. As noted by Smith et al, IEC programmes help to provide accurate factual information that increases people's understanding, and gives them the confidence in the message that is being communicated. In so doing, IEC is valuable in reducing stigma and discrimination associated with HIV and in enabling people to identify the factors in their personal or professional lives that put them at risk of infection' (Smith et al, 2005). ABC is premised on communication of information to the individual and communities, the individual receiving correct information about the three options therefore enhancing his knowledge and thereafter making the decision/choosing which component of ABC suits their circumstances and making the decision to use it. IEC is therefore crucial to ABC; even the indicators outlined in the NSF are premised on this: knowledge and choice based on knowledge acquired through IEC.

This basis makes the channels and methods of communication used to communicate prevention messages an important aspect of HIV/AIDS prevention. In Uganda, messages on ABC are communicated through billboards, posters, written materials, schools, radios, music, dance, drama, counselling and one-to-one discussions with service providers.

FOOD FOR THOUGHT

ABC challenge makes the assumption that communication, information and knowledge lead to behaviour change. This may not hold true for a majority of the population that are more at risk. Behaviour change for vulnerable groups is not usually left to them because they do not have the total ability to govern their own lives. Behaviour is influenced by circumstances and context. To effectively change behaviour one has to invest in going further than IEC to supporting strategies that change the context in which these vulnerable people lives. The context one lives in that impacts on behaviour change irrespective of how much IEC is thrown in their face may include; poverty, gender issues, sexual violence and exploitation, social norms, culture, stigma, peer pressure etc. 'IEC initiatives cannot affect these deeper roots heightening people's vulnerability…[and] should not be regarded as HIV prevention programmes' (Smith et al 2005). These issues need to be part and parcel of the prevention package of the national response and not accorded parallel or secondary consideration. The 'silver bullet' would be challenged on this front.

Messages may be relevant, but the methodologies used to deliver them may be flawed, undermining a potential good impact. For vulnerable groups this could not more true. How do blind people read posters? Are they available in Braille? How do deaf people hear radio mes-

sages? How do the deaf and dumb communicate with health care and information providers who do not know sign language? How do the people with disabilities make it to community meetings and public rallies talking about HIV prevention? How do children with disabilities who remain locked up at home due to socio-cultural myths and traditions access IEC regarding HIV/AIDS? How do women whose husbands travel to work with the family radio access information? How do child prostitutes who work at night and sleep during the day attend youth meetings/rallies? How do we reach the hard-to-reach with IEC? Relying on ABC as a prevention strategy means leaving out the powerless and vulnerable members of society who are more prone to acquiring HIV/AIDS.

2.4 MEASURING THE SUCCESS OF THE 'ABC' STRATEGY

Discussion about progress in dealing with the HIV/AIDS pandemic is largely founded on epidemiological trends underpinned by prevalence figures and rates. Stagnation in prevalence rates and their increasing or decreasing trends are a central focus of agencies tasked with dealing with the epidemic.

2.5 THE DEBATE

Uganda AIDS Commission notes that since 2004, stimulated by the stagnating prevalence rates, there has been a debate about the merits and demerits of the ABC strategy in responding to sexual transmission of HIV. The tendency has been to consider ABC a 'silver bullet' – a panacea to HIV/AIDS prevention thus tailoring programmes and channelling resources towards single or a combination of components of the strategy. This has ultimately boiled down to the debate about the pros and cons of each component of the ABC but in most cases pitting A and B against C. In Uganda this debate is further stimulated by the search for new approaches to deal with the stagnation of the drop in HIV/AIDS prevalence rate. UCRNN, with its focus on children and in this particular case, vulnerable children contends that this narrow perspective blinds one from the complex range of issues driving the pandemic, leaving out population groups for whom the ABC approach may be inadequate or dare to say, irrelevant.

UCRNN believes that protection and prevention from HIV/AIDS is a human right. Viewed from a rights perspective, interventions in the fight against the pandemic should and will, for the children, address protection, prevention, development and survival rights – all which HIV/AIDS removes from them. Children's rights are indivisible, interdependent and none is more important than the other. The framework of child rights entreats those developing national HIV/AIDS prevention responses not to ignore the fundamental causes of children's vulnerability, which exposes them to acquiring HIV/AIDS. Rights based principles of participation, accountability, good governance practices involving duty bearers and rights holders etc lend credence to the need to broaden and further analyse the fundamental causes of vulnerability to HIV/AIDS. The principles also proffer guidance as to the scope and depth proposed strategies have to have to deal with the complex range of issues driving the HIV/AIDS pandemic in Uganda.

3

CHILDHOOD, VULNERABILITY & HIV/AIDS

3.1 CHILDHOOD

In Uganda the law defines anyone below the age of 18 years as a child. Society and different cultures have varied definitions depending on coming-of-age rites & ceremonies (like circumcision, building a house, marriage, childbirth etc), responsibilities or biological developments. In spite of these differences, some common characteristics underlie childhood.

Childhood is a period of dependency. Children depend on adults for their well being and for the observance of their rights. Needless to say as they transit to adulthood they slowly take on more responsibility for their actions and gradually learn to fight for their rights.

Childhood is a time when one's cognitive development has not fully matured; when one's thinking and reasoning is largely determined by the physical and biological development. The UN Convention on the rights of the Child recognises this as it outlines children's participation according to their age and understanding. Childhood is therefore a time when a person requires guidance and advice (a right enshrined in the UNCRC)

Dependence by it very nature is characterised by vulnerability. Vulnerability exposes one to the risk of abuse, exploitation and neglect. The National Orphans and Other Vulnerable Children (OVC) Policy defines vulnerability as a state of being or the likelihood of being in a risky situation; it is being in a situation where a person is likely to suffer significant physical, emotional or mental harm that may result in their human rights not being fulfilled (NOVP, 2004). A statistical definition of poverty is currently being developed to enable vulnerable children to be counted.

3.2 VULNERABLE CHILDREN

Given the characteristics of childhood, children by nature need protection, amongst other things, if they are to grow to their full potential. Though all children are vulnerable, some children are more vulnerable than others. The increase in vulnerability is caused by the circumstances they find themselves in that increases their risk to suffering significant harm. These circumstances include disability, conflict, situations

of sexual exploitation and abuse (e.g. child prostitution, child labour), lack of adult care e.g. for children living on the street, children in child headed households etc. These children lack the social structures (e.g. caring family, required resources, culture etc) that would ordinarily provide them protection from abuse, exploitation and other forms of significant harm. This category of children require special protection measures from their families, communities and or state in order for them to have the opportunity to develop to their full potential. These are children commonly defined as 'in need of special protection measures', 'in need of care and protection', 'vulnerable children', etc. UCRNN has opted to use the term vulnerable children to encompass the range of children exposed to various circumstances that put them at more risk than other children.

Many ask why vulnerable children should be a focus in the fight against HIV/AIDS? This question is answered under various sections of this paper, but can be summarised in the following:

- Addressing the needs and concerns of vulnerable children also benefits all other children and other vulnerable groups as well. Experience has shown that targeting vulnerable children from a rights based perspective benefits their families and communities as a whole. These strategies tend to be all encompassing and non-exclusive.
- UCRNN contends that vulnerability is the fundamental cause of the prevalence of HIV/AIDS. Amongst the most vulnerable people in society are the women ad children – and more so the children. Any prevention strategy would be incomplete if it ignored the most vulnerable in its society.
- Children form more than 50% of Uganda's population. In 2002, 62% of people living in poverty where children. The percentage of people living in poverty rose to 38% in 2004. Children living in poverty are more exposed to risk that causes significant harm. Uganda cannot afford to ignore them – they are today's citizens and leaders of tomorrow and future taxpayers. They simply cannot wait. The first call is for children.
- The challenge is real: the NSPPI states that "Vulnerability broadly encompasses almost all children in Uganda. Vulnerable children include an estimated 10,000 street children living in the municipalities of Uganda, poverty stricken children, the 10 - 15,000 children living in camps in northern districts as a result of conflict. Furthermore, there are increasing vulnerability among children as a result of the break-up of marriages and partnerships and domestic violence. There are children who have endured unimaginable abuses; children with disability related vulnerabilities; and children in institutional or other forms of foster care that are often unstable" – NSPPI 2004
- The fight against HIV/AIDS cannot only target the larger categories of 'perpetrators' and 'victims'; this removes the rights of those violated by 'minority perpetrators' and those whose rights are violated but unfortunately are not part of the targeted majority population. Though fewer in number than 'young people' or adults actively engaged in sex, the children who are deserve to be recognised and helped.
- Children and more so vulnerable children tend to 'get lost' in the process of translating policy into practice. The clearest example is the standard data collection age range of that starts counting populations related to HIV/AIDs from the age of 15 years onwards. What happens to all those children below 15 who are engaged in high-risk sex? With no information about them, no plans are made and ultimately no resources are allocated towards addressing their plight.
- Vulnerability breeds vulnerability. It is the vulnerable children who grow up to be vulnerable adults with a high risk of acquiring HIV/AIDS. In focussing on the needs of children vulnerable to acquiring HIV/AIDS one nips the problem in the bud.
- Every human being is born equal. No life is less valuable than another. This fundamental human rights principle negates the numbers and magnitude argument. The reason one engages in the fight against HIV/AIDS is to save lives, not some lives of those privileged to be a major cause of the problem, but all lives. UCRNN believes that the gravity of the circumstances sometimes overrides the numerical magnitude of the problem.

'The hidden face of Uganda's future HIV/AIDS pandemic is a child's'.

3.3 VULNERABLE CHILDREN AND HIV/AIDS

Vulnerable children include but are not limited to:
1. Children with disabilities
2. Child prostitutes
3. Children engaged in child labour
4. Children living on the street
5. Children affected by conflict Children

Whereas in this paper UCRNN uses the above categorisations to present the case for vulnerable children, it is conscious that these are not the only categories of vulnerable children. UCRNN is consciously aware of the fact that in a majority of cases, the categorisations are artificial as most categories tend to apply to one child. For example a girl child living in a conflict area my be living on the street and is engaged in child prostitution to earn a living (child labour); a child with disabilities is likely to be living on the street due to rejection and may be engaged in child labour to earn a living etc. None-the-less, the categorisations are used in this paper to elucidate how circumstances of vulnerability do or do not relate to ABC as a central tine of an HIV prevention strategy for vulnerable children.

3.3.1 Children with Disabilities (CWD)

There are about 800,000 children with disabilities (CWD) in Uganda (UBOS 2004). People with disabilities (PWDs) in Uganda have and continue to advocate for effective inclusion in the country's national response to the HIV/AIDS pandemic, arguing that very little attention has so far been put on the impact of HIV/AIDS on PWDs. It is even worse for CWD who are even more obscure than their adult counterparts. HIV/AIDS worsens the already vulnerable situation that CWD find themselves as all risk factors associated with HIV are increased when an individual has a disability' (USDC 2005).

Disability takes on many forms, which include physical handicap, visual impairment, hearing impairment, mental disability and in a combination – multiple disability. The resources, opportunities and equipment available to help PWD live as normal a life as possible, family and societal attitude usually determine the effect of disability on the life of the PWD. In the absence of this support framework, PWD including children, tend to suffer low self-esteem and exclusion. In many societies in Uganda CWD are considered a curse/misfortune with several myths and misconceptions surrounding them. Many parents do not know how to communicate with let alone support their CWD live a full life. The weak and ill-resourced government support structures further compound this problem. This situation presents a gross violation of the rights of CWD and predisposes them to abuse and exploitation. This grave situation is made worse when viewed through the lenses of vulnerability to HIV/AIDS.

Because of their disability, CWD are prone to sexual abuse for a variety of reasons: inability to consent or not to consent to having sex: faced with an abuser, a disabled child has little to do with saying 'yes' or 'no'. Abstinence, faithfulness and consistent use of condoms have no place in the context of sexual abuse and exploitation. This vulnerability to abuse is further compounded by the myths and misconceptions by certain sections of society who believe that PWD do not have the HIV virus or that one can be cleansed of the virus if one has sexual intercourse with an individual with a child with disability. This has exposed CWDs especially young girls to sexual abuse, exploitation and even rape (USDC 2005). Because of their disabilities it is difficult for these children to ask or seek help – even from their parents who either find it hard to communicate with their children or are already stigmatised by the circumstances of their child.

Sexual exploitation of CWD also finds breeding ground among older children who in their puberty have sexual urges and aware of the limitations disability imposes on them, are vulnerable to being taking ad-

vantage of in sexual relationships that they have no control over. Others are powerless physically, emotionally and mentally to resist the abuse. Abusers take advantage of this knowing that these children lack representations and they (abusers) can therefore get away with the abuse. In addition most PWDs, more so children, are unaware of their reproductive health rights and therefore have limited choices for instance in condom use (USDC 2005).

Children with disabilities are often not viewed as useful members of society and kept in isolation either in their homes or special care homes deterring them from getting access to information on ABC. How does a blind child for example see what a condom looks like and understand its use. Conferences, seminars, posters on walls and adverts unless tailor-made to suit these children do not serve their purpose where these children are concerned. In addition when it comes to accessing services, providers may not think that disabled children require safe sex services as they are assumed to be sexually inactive. VCT services are made inaccessible because they are not offered in sign language nor are there interpreters at the centres. 'The limited access to HIV/AIDS information is influenced by the nature, location of facilities and attitude of service providers' (USDC 2005)

USDC argues that most interventions around HIV/AIDS prevention care and support and mitigation were designed without targeting PWD as a special category making most available services inaccessible. Exclusion of disability from the mainstream interventions has put CWD at a higher risk of infection.

3.3.2 Child Labourers

Article 32 of the Convention on the Rights of the Child states that: "State parties shall recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child' education, or to be harmful to the child's health or physical, mental, spiritual, moral and social development".

An estimated 246 million children between ages of five to seventeen are engaged in child labour according to the latest estimates from International Labour Organization. Of these nearly 70 percent were working in hazardous conditions. Of these some are less than 10 yeas old and are exposed to work related injuries. But it is not only injury, sickness and even death that children risk when involved in hazardous labour. They also often miss out on education that would provide the foundation for future employment as an adult in a less dangerous occupation. (The State Of the World's Children)

Although young people have a right to employment without discrimination, many do not have sufficient skills to access gainful employment. The lack of marketable skills puts young people in a very vulnerable position and as such, they are prone to exploitation. Many young people get involved in different forms of child labour: e.g. petty trade, house girls, waiters and waitresses, casual labourers, etc – all of which increase their vulnerability to sexual abuse and HIV/AIDS.

Family environment and child labour

Families have the primary responsibility for caring for and protecting their children. But for numerous reasons the loss of parents, separation related to displacement domestic violence and abuse, extreme poverty among others many children are deprived of a loving caring family environment. When for whatever reason family protection for children breaks down, states parties are obliged under Articles 20 and 22 of the Convention on Rights of the Child to provide them with special protection and assistance. For all too many children this assistance is not forthcoming. Instead, they have to fend for themselves and their siblings in the adult world. It is no surprise, then, that they often find themselves at risk of exclusion from essential services and of being exploited. (UNICEF 2005)

Orphan hood and child labour

Increasing number of children are forced by the death of one or both parents to assume responsibility, not only for their own lives, but also for those of their younger siblings, often with tragic consequences for their rights and development. At the end of 2003, there were an estimated 143 million orphans under the age of 18 in 93 developing countries. More than 26 million children were orphaned in 2003 alone. Education is often among the first causalities for an orphan. Children may drop out of school because the domestic burdens upon them become too great or because new caretakers within their community or extended family are unprepared to meet the costs attached to education. If that happens, they also become exposed to exclusion from other services including vital information about health, nutrition and life skills. Assessments by the International Labour Organization (ILO) have found that orphaned children are much more likely than non-orphans to be working in commercial agriculture, as street vendors, in domestic service and in the sex trade.

Child prostitutes

Child sex workers reportedly have an average of 3-4 men a night, who pay between Ug.Shs.1000 – 5000 for a 'short period' and between Ug.Shs.5000 and 10,000 for a 'long period'. The amount paid to the children depended on among others: the negotiation capacity, physical attributes and level of education of these children (Katono, Kakooza, et al 2003 in UNICEF 2005). The nature of work children engage in usually exposes them to sexual abuse. Young girls especially take on jobs as waitresses exposing them to sexual abuse from their bosses or customers. Children forced into the sex trade or work as domestic workers do not have a voice. They are rarely heard and have limited exposure to information yet majority are sexually active and continually exposed to the risk of contracting HIV/AIDS.

The concept of ABC may not have a strong appeal to a child burdened at an early age with a family to care for or the need to work for their survival. The need to depend on someone else will arise usually in exchange for sex especially for the girls. Studies show that half of sexually active primary school girls reported being forced to have intercourse and with transaction sex being an important part where 22% of older girls anticipated receiving money or gifts in exchange.

Condoms may be the last thing on a meagre budget where food, clothing etc need to come first. The issue of choice also comes into play. A girl giving sexual favours in exchange for say school fees or food rarely has a say on whether to use a condom or not.

Working children are poor usually. They cannot afford to go to school so learning about ABC in school is almost impossibility. They cannot read posters, may never own a television or radio making such means of communicating the strategy ineffective for them. Children working as domestic workers for example may be banned from attending classes or may never have the time to attend school as they are subject to every whim of the family. In addition children in domestic service are especially susceptible to sexual abuse.

3.3.3 Children living on the street

It is relatively well known that the healthy emotional, cognitive and physical development of young people requires that they have at least one consistent and loving caregiver with whom they form a bond. The need to ensure that family based care is available for young people is obvious and immediate (UNICEF/UNAIDS 2004). Children living outside stable family structures lack positive role models and are at greater risk of feeling powerless and disaffected, resorting to crime to survive (Wakhweya et al 2002).

Life on the street usually means a life of invisibility especially so for children born on the street. Though physically visible, street children are often shunned, ignored and excluded. Many street children are not orphans. Many are still in contact with their families and work in the streets to augment the household income. Many others have run away from home often, often in response to psychological, physical or sexual

abuse. The majority are male, as girls seem to endure abusive or exploitative situations at home longer. (The State Of the World's Children 2006)

Once on the street, children become vulnerable to all forms of exploitation and abuse and their daily lives are likely to be far removed from the ideal childhood envisioned in the convention on the Rights of the Child. In some cases those who are entrusted to protect them become the perpetuators of crimes against them. Street children lack an adult or mentor to tell them right or wrong and are therefore prone to drugs and substance abuse to ease the worry they have about their problems. Engaging in casual, unprotected sex is the norm. A constant state of being 'high' makes it impossible for them to make right choices on protection. In a drugged state abstinence may not be in one's power, condom use let alone faithfulness.

Children living on streets are not always pleasant to look at. Living on the streets means being dirty, naked or sometimes ill. As a result, these children are usually shunned and stigmatised meaning that the various initiatives meant to target the out-of-school children and youth do not draw the participation of street children. Whereas there are organisations that work to support street children, the attendant heath services to serve as referrals are not known to be receptive of street children. Many a time when street children seek counselling and health services they are turned away as rogues. Essentially this fails the idea of VCT, HIV/AIDS prevention information and ultimately access to ARV treatment. Street children become indifferent where their health is concerned. Condom use and information about it then is not really a priority within their environment.

3.3.4 Children affected by conflict

A major factor in Uganda today affecting the protection and realization of the rights of children and women is insecurity. Understanding insecurity is also important in that it fuels other causes of vulnerability in Uganda such as poverty and HIV/AIDS. For example, poverty has been reportedly higher in those areas affected by insecurity. Equally, the conflict-ridden parts of Uganda have the highest incidence of HIV/AIDS. Conflict and insecurity have generated humanitarian situations in Northern and Eastern Regions. About 1.6 million people (5% of the population of Uganda) are reportedly displaced because of insecurity and conflict (MFPED, 2004:115).

Children's rights to family and family care and support, education, health and physical safety have all been severely eroded. The loss of family protection, inadequate resources to address the needs and challenges that refugee and internally displaced people face, can leave them at significant risk of military recruitment by armed groups and forces, abuse and sexual exploitation. Girls are especially at risk of abduction, trafficking and sexual violence, including rape used as a weapon of war. Hundreds of thousands of children are caught up in armed conflicts as combatants, messengers, porters, cooks and sex slaves for armed forces and groups. Some are abducted or forcefully recruited; others are driven to join by poverty, abuse and discrimination, or by the desire to seek revenge for violence enacted against them and their families. While under the control of the armed groups, these children are excluded from essential services and protection.

Abduction, displacement, sexual abuse, engagement in direct conflict, inaccessibility to health, education, hygiene and sanitation facilities and the psychosocial effects of the conflicts are some the violations experienced by these children. Many are killed or maimed in the fighting. Others are subjected to brutalizing treatment, including gross physical and sexual abuse, in order to make them submit to authority.

The displacement, poverty and lack of employment options drive girls into sex for money with camp residents, local defence personnel and Ugandan government soldiers. Whilst there are cases of rape and sexual assault in IDP camps, much more common is survival sex; sex exchanged for food or money. Soldiers have money and are away from their families for a long time, pay girls for sex. ABC are irrelevant messages in this context.

Night commuting: the night commuters spend time unsupervised and face a high risk of sexual exploitation and assault in addition to engaging in sex with other children. Girls commonly engage in survival sex. A survey conducted in 2003 reported that 13% of night commuters were aware of on involuntary sexual activity and 7% said they felt under threat of sexual abuse (of which 27% feeling under threat were boys). Sexual coercion, violence and exploitation and heightened sexual activity among boys and girls in a situation of conflict, where access to health services is extremely limited requires a more systematic programming than the ABC strategy. It is irrelevant for them.

In most camps, there are no established child (and women's) protection agencies or networks and making it difficult for victims to confidentially report for medical treatment or counselling. The lack of such networks makes children and women's vulnerability worse as Sexual Gender Based Violence (SGBV) is outcome of imbalances in power relations between the parties involved. Service delivery has been disrupted in many of the affected districts resulting into the closures of schools, health facilities and wanton destruction and decay of infrastructure. The cost of service delivery has risen, as local authorities have to provide security for service providers thus claiming extra resources.

Internally displaced persons are not protected by specific international conventions but only by a set of guiding principles that are morally, not legally binding. The international community and UNHCR have developed a wealth of international policies and guidelines to improve the protection and care of refugee women and children. In practice however there is still a gap in their application and implementation due to resource constraints. (The Status Of the World's Children)) . Yet displaced children continue to be exposed to sexual exploitation increasing risk of being infected with sexually transmitted disease.

4

VULNERABLE CHILDREN & THE 'ABC' STRATEGY

When childhood and HIV/AIDS prevention come together, a number of factors relating to the prevention strategy need to be taken into consideration. These factors should address the following fundamental question; given the circumstances vulnerable children find themselves, how effective is the ABC strategy in preventing them from acquiring HIV/AIDS? Applying the different facets of the ABC strategy to the circumstances of vulnerable children outlined above, presents a scenario that challenges the prevention component of Uganda's national response to the HIV/AIDS pandemic and merits further discussion and debate.

4.1 A NARROW POPULATION SPECIFIC STRATEGY

Whereas the ABC approach is a population-specific strategy (abstinence for youth and other unmarried couple, including delay of sexual debut; mutual faithfulness and partner reduction strategy for sexually active adults and correct and consistent use of condoms by those whose behaviour places them at risk for transmitting or becoming infected with HIV) it is far too narrow a formula for HIV prevention – especially for vulnerable children. Vulnerable children find themselves in circumstances where their coping mechanisms expose them to HIV/AIDS. Theirs is a clear example of a difference in risk, response, susceptibility and vulnerability from the rest of the general population. ABC as a population specific strategy targeting groups to whom ABC are irrelevant falls far short of reaching vulnerable children. These children require prevention interventions that target their vulnerabilities and the ABC population specific approach does not do this.

4.2 TARGETING SEXUAL BEHAVIOURS FOR CHANGE

4.2.1 The ability to choose

The preliminary results of the 2003/4 sere surveys suggest a shift of the HIV/AIDS epidemic from young people 15 to 25 years demonstrating the ability of these young people to adopt safer sexual practices. The key word here is 'ability'. The crux of the ABC strategy is premised on one's ability more especially the ability to choose their actions; the ability to choose to abstain, the ability to choose to be faithful and the

ability to choose to use condoms. Furthermore, the ABC strategy helps individuals personalise risk and develop tools to avoid risky behaviours under their control. This ability to choose is pre-supposed and yet herein lies he greatest challenge to the strategy within the context of the vulnerable; women, girls, children and more so children in need of special protection. Do their cultures, gender, age and social economic status allow them the luxury of choice or do these circumstances reduce or in many instances completely deny them this luxury, thus making them more vulnerable to HIV? Women and children, especially vulnerable children are not viewed and treated as individuals; society does not allow them the space, circumstances or environment to 'personalise risk'; or 'develop tools' and their behaviour is largely not 'under their control'.

4.2.2 Individual risk reduction Vs. contextual challenges

Risk reduction strategies alone will not be sufficient to effectively prevent HIV among vulnerable children and other vulnerable groups. Smith et al contend that the ABC risk reduction strategies hinging on IEC for delivery are concerned with immediate protection, and this does not in anyway address the circumstances that make children in need of protection vulnerable to HIV/AIDS. For these children, HIV prevention cannot afford to be wholly concerned with sexual transmission of the disease it needs to address the question of vulnerability.

The personal strategies of vulnerable children are conditioned by their social context. ABC heavily focuses on individual behavioural change with limited consideration of the environments that shape or determine this behaviour. Several factors compound prevention efforts and these are no different for children in need of special protection. These factors are culture, age-group, gender disparities and socio-economic circumstances. Many times, these factors interrelate making the equation of dealing with them more complicated. A key feature common here is that the root problem arises from and generates imbalances of power between individuals and communities and this curtails the behaviour choices of those who are disempowered and make them more vulnerable to HIV. HIV/AIDS prevention strategies need therefore to take these factors into consideration.

Is there a recognised and much promoted policy that recognises this shortfall and address it as systematically? Does Uganda's main prevention policy leave the choice of life or death for these vulnerable children in the hands of others? What needs to be done to protect these children and give them the ability to choose life over death? UCRNN argues that prevention programmes, especially those that focus on behaviour change, must be directed at both risk reduction and vulnerability if vulnerable children are to be reached

4.3 IEC

The channel through which the ABC strategy is employed is communication of the choices available in the belief that provision of information alone will result in behaviour changes required to prevent infection with HIV. CAFORD argues that IEC materials in themselves cannot affect the deeper roots heightening people's vulnerability.; information does not bring about sustained behavioural change. For vulnerable children the assumption that communication, information and knowledge will lead to behaviour change does not hold. They do not have the total ability to govern their own lives as their behaviour is influenced by circumstances and context and these are what HIV/AIDS prevention strategies out to be targeting if they are to reach those more at risk. Vulnerable children are most affected by the method through which ABC messages are sent. They are the hard-to-reach and for them IEC cannot afford to be an end in itself because it leaves out the powerless and vulnerable members of society who are more prone to acquiring HIV/AIDS. IEC should be viewed as a preparatory step, leading to initiatives that provide skills, resources and contextual changes required for effective prevention programmes to be established.

4.4 EPIDEMIOLOGICAL TRENDS: SEEING THE FOREST FOR THE TREES

Discussion about progress in dealing with the HIV/AIDS pandemic is largely founded on epidemiological trends underpinned by prevalence figures and rates. Stagnation in prevalence rates and their increasing or decreasing trends are a central focus of agencies tasked with dealing with the epidemic. Whereas this is not a bad thing, one cannot see the trees for the forest. In the population to whom these analyses are applied consist of other categorisations that are forgotten as a result. Some argue that dealing with the overall problem is fundamental before focusing on 'smaller' populations. This argument goes against the very grain of human rights because 1 life is as important as 1,600,000 lives. Besides, given the case of vulnerable children the gravity of the circumstances may heavily outweigh the magnitude (numbers of people affected) of the problem. Its not all about numbers and percentages – it is also about lives.

5

THE POLICY FRAMEWORK: HOPE FOR VULNERABLE CHILDREN?

In spite of the limitations the current ABC prevention strategy pose for VULNERABLE CHILDREN, there is hope in the policy frameworks. Most of these frameworks identify vulnerability and propose actions for their inclusion in practice.

5.1 GLOBAL FRAMEWORKS

The Declaration of Commitment on HIV/AIDS adopted by the UN General Assembly Special Session on HIV/AIDS Art. 62 states that all countries should have in their strategies, policies and programmes that identify and begin to address those factors that make individuals particularly vulnerable to HIV infection, including underdevelopment, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, all types of sexual exploitation of women, girls and boys, including for commercial reasons;'. The article further states that such strategies, policies and programmes should address the gender dimension of the epidemic, **specify the action** that will be taken to address vulnerability and **set targets** for achievements'.

Among the 4 key strategies outlined in the Global Framework for protection, care and support of OVC living in a world of HIV/AIDS is ensuring that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to families and communities and raise awareness at all levels through advocacy and social mobilisation to create a supportive environment for children and families affected by HIV/AIDS.

5.2 THE NATIONAL HIV/AIDS STRATEGIC FRAMEWORK (NSF)

The NSF in its opening sections recognises vulnerability and takes cognisance of the impact of the HIV/AIDS epidemic on children generally and street children in particular. It identifies the disproportionate

risk caused to women by socio-cultural and economic factors. The NSF also recognises the effect of civil strife and conflict in relation to HIV/AIDS. Unfortunately all this recognition is not followed through in the prevention component of the strategy. The objective of the prevention component of the strategy focuses on safe sexual behaviour only. In addressing the emerging issues and way forward for prevention and behaviour change, no mention is made about addressing the vulnerabilities alluded to.

Specific interventions for children in the NSF take the form of care and treatment of paediatric AIDS. Protection and human rights are to mitigate the effects of HIV/AIDS not prevention. Whilst many hold the view that every thing to do with children and HIV/AIDS is addressed in the Orphans and vulnerable children policy and strategic plan of interventions, the NSF notes that limited progress has been made/attained in the promotion of care and support of OVC.

This presentation of vulnerability and VULNERABLE CHILDREN means that they are not provided for in resource discussions that take place within this frame work and are not provided for in the monitoring and evaluation framework either. This leads into a continuous cycle of omission and exclusion that does the vulnerable groups a great disservice.

5.3 THE NATIONAL HIV/AIDS POLICY (NHP)

The Uganda AIDS Commission realised the need for an overarching HIV/AIDS policy that would guide the promotion and introduction of new initiatives. The NHP therefore provides a broad framework in which sector and population specific policies could be developed. The policy identifies as weakness in the national response the lack of adequate especially among the youth and other vulnerable groups.

The NHP identifies the prevention policy objective as " to prevent the transmission of HIV from person to person" and outlines the following as preventive policy measures:

- IEC
- Condom use
- VCT, pre and en marital counselling and counselling for HIV positive men and omen
- Safe blood transfusion and use of blood substitutes
- Community AIDS control programmes
- Appropriate care practices by care givers
- Empowering women in safeguarding against sex
- AIDS control programmes for youth in and out of school
- Behaviour change for increased prevention
- STI control programme
- PMTCT
- HIV/AIDS education programmes for prison inmates and staff and students in boarding schools
- (Legislative measures include legislation to curb the sexual abuse of minors).

The NHP realises the need to broaden the messages to the communities to be more comprehensive (accompanying and supplementing the ABC message). Though commendable, it is evident in reading the above that vulnerable children still slip through the prevention safety net created by the NHP policy measures.

However, the NHP recognises the need for special focus to be given to questions of gender, the situation of special groups (children, orphans, young people, the army, PWDs, commercial sex workers and prisoners) and communities (fishing villages, market vendors, displaced communities, migrant workers, nomadic

communities, drug users and at-risk married couples). The challenge lies in translating these policies into coordinated, well-resourced practice.

5.4 NATIONAL POLICY GUIDELINES FOR HIV COUNSELLING AND TESTING

5.4.1 Voluntary Counselling and Testing

Before one can 'apply' the ABC strategy effectively, one has to know his/her status. Voluntary Counselling and Testing (VCT) 'has been and remains the primary approach for the delivery of HIV Counselling and testing services in Uganda. VCT is client-initiated...' this primary approach for HCT marginalizes children especially the vulnerable ones. . As argued above, these children have limited ability, if any at all to initiate VCT. Home Based HIV Counselling and Testing (HBHCT) that is a modified model of VCT allows greater opportunity for them to access VCT, if it works to the advantage of their care-givers, guardians or parents. A child prostitute for example would most likely still not benefit from HBHCT for it may not be in the interest of their pimps for them to do so.

5.4.2 Routine Testing and Counselling

Routine Testing and Counselling (RTC) is a new protocol that is being field tested for introduction. It is provider initiated shifting the burden of seeking services from the individual to the service provider. In theory, RTC is meant to facilitate access to care and follow-up services. Though not mandatory, this protocol provides the best hope for vulnerable children who are able to access services. These children get the opportunity to get to know their sero-status because they need some other form of medical treatment and the burden is shifted away from their carers/guardians to the service provider to ensure this. This provides hope and opportunity to child prostitutes, children who have been sexually and otherwise abused, street children etc. The challenge is to make these services accessible to them. Availability is different from accessibility. Health workers need to know and have the facilities to provide child-friendly services. Child counselling skills, at what level and how to involve the care givers, ability to follow-up etc all need to be considered. The unclear question of paediatric HIV/AIDS treatment also has to be concretely clarified/resolved.

5.4.3 HCT for special groups

The HCT guidelines make elaborate provision for testing and counselling children including those who have been sexually abused. It also makes provision for HCT for PWDs acknowledging the variations in the way different disabilities affect different people.

Whereas the policies do recognise that vulnerability does dispose one to HIV/AIDS, little is done to put this recognition into functional practice. The global framework recommends specify the action that will be taken to address vulnerability and set targets for achievements'. This is yet to be done. UCRNN contends that for Uganda to be able to bring down prevalence rates further, addressing vulnerability as recognised in a majority of the policy frameworks would be one necessary step forward.

5.5 THE OVC POLICY (NOP) AND NATIONAL STRATEGIC PROGRAMME PLAN OF INTERVENTIONS (NSPPI)

The OVC policy and NSPPI fully concern themselves with vulnerability of children. The NSPPI notes that

"Vulnerability broadly encompasses almost all children in Uganda. Vulnerable children include an estimated 10,000 street children living in the municipalities of Uganda, poverty stricken children, the

10 - 15,000 children living in camps in northern districts as a result of conflict. Furthermore, there are increasing vulnerability among children as a result of the break-up of marriages and partnerships and domestic violence. There are children who have endured unimaginable abuses; children with disability related vulnerabilities; and children in institutional or other forms of foster care that are often unstable" – NSPPI 2004

The NOP and NSPPI both identify vulnerable children and vulnerable households. Among the guiding principles of the NOP and the NSPPI are: 'focusing on the most vulnerable children and households', 'reducing vulnerability', and 'ensuring the social inclusion of marginalized groups'.

Where as the NSPPI deals with fundamental causes of vulnerability for children in need of special protection, these are not reflected as preventive strategies in core national HIV/AIDS frameworks and plans as such. This leads many to view the NOP and NSPPI as parallel initiatives, which are not a key concern for those involved in the 'mainstream' fight against the HIV/AIDS pandemic. Uganda has adopted the UNAIDS 3ones approach (One coordination authority; One national framework for Action and One monitoring and evaluation framework) provides suitable opportunity to include addressing vulnerability as stipulated in the NOP and NSPPI as a core prevention strategy detailed, resourced, monitored and evaluated within the national HIV/AIDS strategic framework and consequently other national health and development plans. This will avoid what CAFORD refers to as 'a disjointed "parallel track" approach which fails to make the connection in practical terms between HIV risks and the vulnerability factors augmenting those risks' (CAFORD 2005).

5.6 THE CHALLENGE: TURNING POLICY INTO PRACTICE

It is clear that Uganda is not oblivious to the fact that vulnerability is an underlying factor when one wishes to prevent the spread of HIV/AIDS. On the whole, policies do realise the role that it plays in perpetuating the pandemic. However, the challenge lies in facing this fact and focussing attention and resources on it as a core component of the national prevention strategy. Uganda needs to take a step forward from recognising this need in policy to practically and bravely addressing it.

The global framework challenges all countries to '… specify the action that will be taken to address vulnerability and set targets for achievements'. This is Uganda's challenge.

6

CONCLUSION & RECOMMENDATIONS

Policy analysis is about asking what should be done? What is it that one needs to know to make a wise choice amongst alternatives? Interventions may work, but what is the impact of the intervention? The ABC approach may have worked but has its impact been on vulnerable children? It is time to ask whether the ABC approach does in fact lead to having healthier people 'under a broad variety of field conditions'.

6.1 SOCIAL CHANGE VS. INDIVIDUAL CHANGE

Uganda is currently challenged by the stagnation in the fall of the HIV prevalence rate. It may be time to turn our attention to the 'forgotten' categories whose ability to combat the pandemic is limited by more systemic, social and environmental circumstances rather than individual choice. The HIV prevention strategy must include initiatives that redress the imbalances of power that exist at personal and societal levels. To date, even where the influence of these factors is recognised, HIV strategies are still too often interpreted as being solely concerned with immediate risk reduction.
National policy and strategy to fight heterosexual transmission of HIV must as a priority address the question of social change over individual change. The society in Uganda largely consists of a population disempowered by culture, lack of adequate education, poverty; women form over 50% of Uganda's population, as do children. The greater part of Uganda's population does not have the ability to make decisions that affect them by virtue of the factors stated above. The ABC policy is heavily reliant on men who are more empowered by culture, gender disposition, access to education and information and control of resources leaving the women and children at their mercy. Because these social/environmental factors are difficult for individuals to confront alone, the government must as a matter of priority, deliberately tailor its prevention messages to address these obstacles rather than consign them to completely separate response strategies. This will make the connection in practical terms between HIV risks and vulnerability factors augmenting those risks. This would work for vulnerable children.

6.2 SOCIAL IMPACT EVALUATION

The need for a thorough social impact evaluation of the ABC strategy that is based on a comprehensive analysis of policies and public actions is imperative. This recommendation is founded on the understanding that a social impact evaluation will assess the consequences of the ABC strategy on vulnerable chil-

dren and other categories of the 'forgotten populations' – the poor and vulnerable. The evaluation should focus on the distributional impact of the ABC strategy across vulnerable social groups based. Limiting impact analysis on generalised groups and generalised indicators leave the vulnerable out of the picture. For example looking at the core indicators and making them more specific to vulnerable categories;

- % of young (15 – 24 years old) women and men in need of special protection measures, who can correctly identify ways of preventing transmission of HIV
- % of young women and men in need of special protection who have had sex before the age of 15
- % of young women and men in need of special protection reporting the use of condoms during sex with non-regular partners

No doubt the statistics would be way above the national averages.

6.3 DATA ON VULNERABLE CHILDREN

UCRNN is not blind to the fact that a key challenge in responding to the needs of vulnerable children is the lack of data for monitoring and evaluation. Having information that is reliable and consistent is essential for planning and monitoring policies and programmes and making decisions about the support to be provided to families and communities and providing focus for the different sectors and actors. However, no data is no excuse for no action. Available information gives good pointers to the challenges and these can be further studied and explored for appropriate action to be taken. Advantage should be taken of the conducive policy environment to integrate vulnerability in the frameworks and resourced action plans as a core component of HIV prevention strategies whilst a statistical definition of vulnerability is being finalised.

6.4 KEEPING VULNERABILITY ON THE AGENDA

Needless to say, the ABC strategy has worked well for Uganda; but it has done so because it worked in tandem with other factors (like political will, leadership, strategy of openness etc). Other factors have now come into play; normalisation of the epidemic, availability of treatment etc. The challenge that Uganda now faces is to analyse what would work best for children. Development-based long-term approaches that are necessary to address the fundamental causes of vulnerability to HIV/AIDS are 'hard to sell' as AIDS-driven intervention; the practice is to describe them as non-AIDS driven interventions. ABC on the other hand is 'sexy' – easy to sell and activities can quickly be accounted for. Is it therefore that for vulnerability as a key target for HIV prevention activities to be addressed, it would best be done by linking it to or piggy banking it onto the ABC strategy? This consonance is hard to find. However, stakeholders who recognise the role vulnerability plays in HIV prevention can continue to e ensure that it stays on the HIV agenda; working with key actors to design AIDS-driven interventions to address it. There maybe no need to make a total paradigm shift away from ABC.

6.5 SPECIFIC RECOMMENDATIONS

6.5.1 Not ABC but 'DEF & G'?

ABC may not be wholly, partially or altogether relevant for vulnerable children as an HIV/AIDS prevention strategy. To target contextual and societal factors that dispose these children to HIV vulnerability the answer may be in DEF &G:

D - Discrimination:

Effort needs to be made to fight discrimination against vulnerable children by their families, communities, service providers and other state actors.

E - Education and access to information:
Getting information out to vulnerable children continues to be a challenge requiring innovative ways of reaching them; the contemporary methods are greatly challenged in this regard. Besides the messages in the education and information provided need not be generic but tailor made to address the challenges they face. Education also encompasses in itself, the need to ensure that vulnerable children can access education – that they are able to go to school, learn and have a future to hope for.

F - Fight poverty:
Poverty is a key factor in causing and perpetuating vulnerability. The vulnerable households identified in the NSPPI need to be effectively supported to break the cycle of poverty or at a very minimum to provide the essential requirements to give their vulnerable children an opportunity to live to their full potential.

G - Gender sensitivity:
Social norms and culture prescribe different roles and responsibilities to bys and girls and unfortunately this comes along with negative cultural practices and attitudes. The need to take into consideration gender related factors and how they dispose vulnerable boys and girls to HIV/AIDS infection need to be identified and addressed. These are factors, which, as individuals, one is unable to tackle, and therefore requiring the State, given its commitment to Human and child rights, to undertake.

The question to be asked of these proposals is 'how far is the government willing to go beyond ABC? ABC succeeded because of among other things, political will. Would there be the same political will to more beyond ABC to vulnerability?

6.5.2 A New 'ABC'
CAFORD proposes a new 'ABC' strategy that could be considered for vulnerable children:

A - Advocate for changes to legislation, culture, attitudes or practices that promote imbalances of power

B - Break the silence that colludes with situations of denial, stigmatisation, isolation or discrimination

C - Challenge specific instances of discrimination and injustice that occur in legislation, cultures, attitudes.

Education of the whole community to assume responsibility for safeguarding children's rights and to encourage the communities to adopt social mechanisms for detecting and dealing with those households who, out of dire poverty, will conveniently turn a blind eye to a girl child's prostitution.

6.5.3 Linkages Rather than Diversion of Resources
Is UCRNN asking for a diversion of resources away from ABC to vulnerability? Given the realisation that long-term development-based responses are expensive (and the resource basket is limited), the importance of linkages and the 'wrap around' approach cannot be under-estimated. The challenge however lies in having specifying the actions outlined, resources found for their implementation and clear targets for their achievements set. Without this, linkages and wrap around methodologies will continue to be used as terms that can mean anything and everything. There is need for focus and measurability if tangible outcomes are to be achieved.

6.5.4 Strengthening Protection Services
There is a dire need to strengthen protection services as a first rather than last line of offence against the HIV/AIDS pandemic for vulnerable children. Protection programmes for vulnerable children should take centre stage in resource allocation for HIV/AIDS programmes. Needless to say, setting up function-

ing protection services and systems is costly. To this UCRNN urges the adoption of Art. 87 of the UN-GASS on HIV/AIDS Declaration of Commitment which urges HIPC countries to use the debt service savings to finance poverty eradication programmes particularly for the households from which vulnerable children come from. UCRNN strongly recommends the inclusion of a child protection component in HIV/AIDS awareness pre-deployment and refresher training given to defence personnel, local, UPDF and others.

6.5.5 Targeted as Opposed to General Interventions

The differences in risk, susceptibility and vulnerability require that interventions are targeted to respond to differences among target groups. HIV/AIDS programmes need to disaggregate the 'people affected' into their relevant categories, whilst recognising that for children, they will need support to personalise risk and develop tools to avoid risky behaviour that is not under their control. A sector approach in identifying and setting targets would support and supplement indicators included in the NSF and reduce the burden of information overload on one agency. A good place to start for vulnerable children, is to include the NSPPI into the NSF.

Uganda AIDS Commission should work with key actors and interested stakeholders to systematically pilot strategies specifically targeting the vulnerability of women and children to HIV/AIDS and use the lessons learnt to inform policy and practice. One of the pilots could focus on the use of a rights based approach to HIV prevention amongst vulnerable groups.

6.5.6 From PMTCT to PPTCT

Given that only 30% of expectant mother deliver in a health facility, 70% of expectant mother therefore do not have access to PMTCT services. This unfortunate scenario needs to be adjusted. The PMTCT approach need to be rethought to find creative ways of delivering the service to the communities outside the health centre setting. Can Traditional Birth Attendants be used to reach mothers in the communities? A good start would be to adopt or adapt Plan – Uganda's approach and its attendant implications. Plan Uganda recognises the fathers play in transmitting HIV/AIDS to their unborn children and therefore refer to support provided in this regard as PPTCT – prevention of Parent to Child Transmission. The involvement of men/fathers in this process may help increase the number of mother choosing to deliver in health centres is a possible consideration.

7

AREAS FOR FURTHER RESEARCH

1. How legislation has taken into account vulnerability of children, especially those in need of special protection, to HIV/AIDS.

2. What are the coping strategies of HIV infected children in various difficult circumstances

3. Good practice: what has worked where and what has not; what can we learn from other experience of addressing vulnerability as an HIV prevention strategy

References

MGLSD (2004) **The National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children**; FY 2005/6 – 2009/10, MGLSD, Kampala, Uganda.

MOH (2005) **Uganda National Policy Guidelines for HIV Counselling and Testing**, Kampala, Uganda.

Smith, A. et al (2005?) **HIV Prevention from the Perspective of a Faith-Based Development Agency**, CAFORD, London, England.

The Alan Guttimacher Institute (2003) **"The ABC Approach to HIV Prevention: A Policy Analysis :"** A selection of Articles on A, Band C from the Guttmacher Report on Public Policy, New York & Washington, USA.

UAC (2004) **The Revised National Strategic Framework for HIV/AIDS Activities in Uganda 2003/4 – 2005/6**, Kampala, Uganda.

UAC (2004) **Uganda National HIV and AIDS Policy**, Kampala, Uganda.

UAC (2005) **"Is the ABC message still relevant in contemporary Uganda?"** Background note to the 3rd session of the Uganda Think Tank on AIDS (UTTA).

UAC (2005) **National HIV/AIDS Mapping Report**, Kampala, Uganda.

UAC (2005) **The Uganda HIV/AIDS Status Report** (June 2004 – June 2005)

UNICEF (2005) **The State of the World's Children 2006: Excluded and Invisible**, UNICEF, New York.

United Nations et al (2004) **The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS.**

United Nations; (2001) **'Global Crisis – Global Action': Declaration of Commitment on HIV/AIDS adopted by the General Assembly Special Session on HIV/AIDS**, http://www.un.org/ga/aids/coverage/Final DeclarationHIVAIDS.html

USDC 2005 **"Ability: bringing out the potential in children with disabilities"**, Vol. 3 No. 4 October 2005.

US Global AIDS Coordinator, office of, (?) Final Guidance to United States Government In-Country and Implementing Partners Applying the ABC approach to preventing sexually-transmitted HIV Infections within the President's Emergency Plan for AIDS relief, PEPFAR.