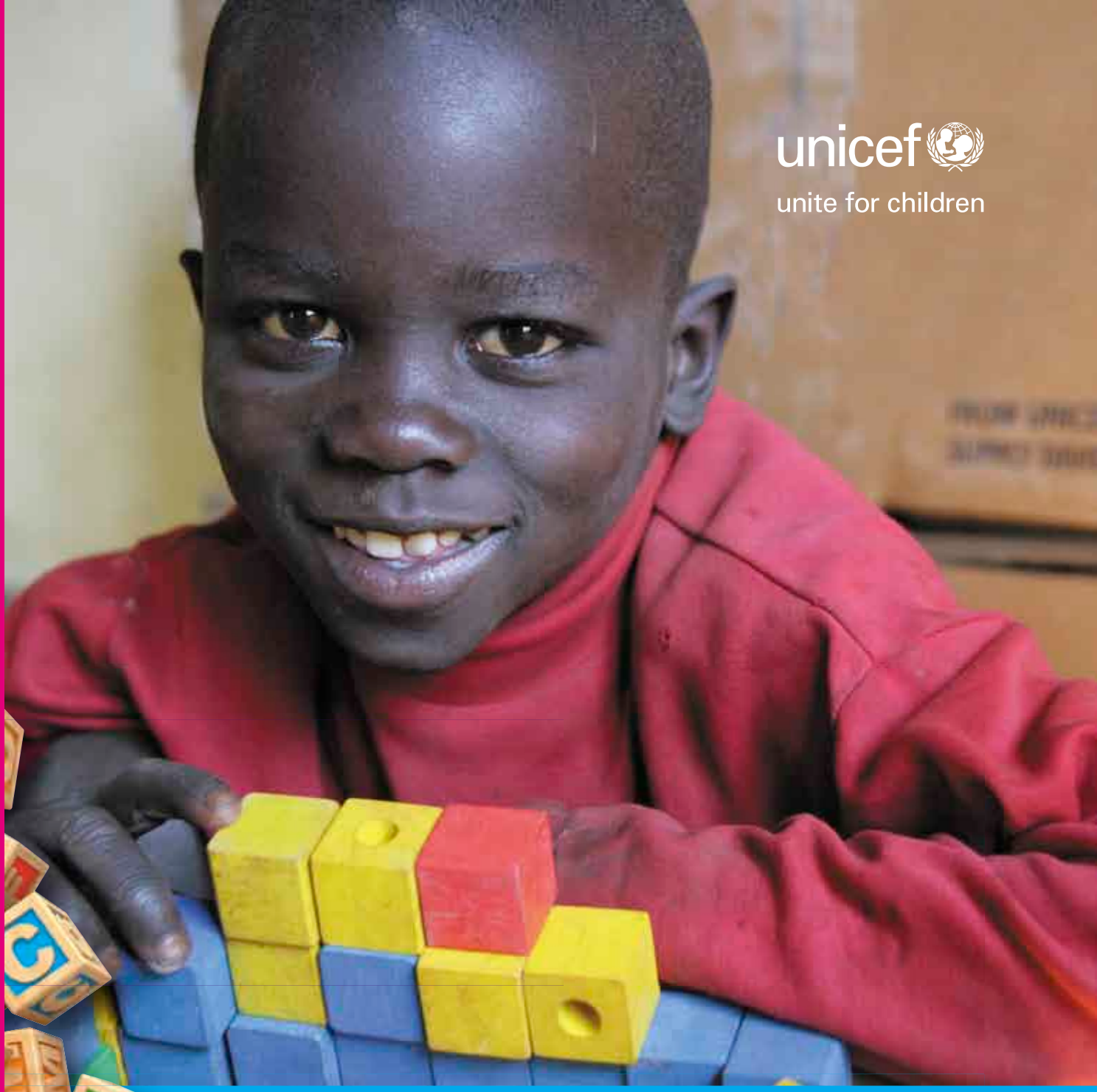

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Building a HIV-sensitive National Child Protection System

Malawi

CONTENTS

Acknowledgements

The United Nations System in Malawi invited advisors from UNICEF regional office and Headquarters in New York to review how the United Nations could strengthen its support to national efforts to protect the rights of children affected by HIV and AIDS. The technical review team comprised specialists on HIV and AIDS, orphans and vulnerable children, social protection and child protection. The members were Rachel Yates, Thomas Fenn, Cornelius Williams, Nankali Maksud, Bruce Grant, Jacqueline Kabambe and Juliet Attenborough. The review team conducted three missions between November 2010 and May 2011 to gather information, carry out assessments and analysis, and formulate strategic action plans. One of the critical questions identified by the review team was the degree to which the emerging national child protection system could effectively meet the needs of children affected by HIV and AIDS. This paper attempts to answer that question. Thanks go to Juliet Attenborough for writing the paper and to Bruce Grant for editorial guidance and moving it forward to publication.

The report of the review, *Vulnerability & child protection in the face of HIV in Malawi* is available online at www.unicef.org/Malawi.

1.0 Purpose

Malawi's high HIV burden means that one in six children are highly vulnerable and one in ten adults are living with HIV.[1] In this context, designing a national child protection system presents particular challenges. In summary, a child protection system is a coordinated and systematic effort to improve the protection of children vulnerable to violence, abuse, exploitation and neglect. This paper looks at the key issues confronting children affected by AIDS, and the degree to which these issues can be met by a well-designed, HIV-sensitive child protection system. It documents the emerging child protection system and the situation of children affected by AIDS in Malawi. It then examines coverage and gaps for children affected by AIDS against the national child protection system currently being developed. The paper demonstrates that with an HIV-sensitive approach, it is possible to establish a system that protects children from violence, abuse, exploitation and neglect while mitigating the impact of HIV. HIV-specific health services and livelihood support are the biggest gaps in terms of meeting the holistic needs of children affected by AIDS through the child protection system. The paper reinforces the need for strong coordination between the child protection system and health, education and social protection sectors to ensure comprehensive impact mitigation for children affected by AIDS.

1 UNICEF Malawi (2011) *Vulnerability & Child Protection in the face of HIV*

2.0 Introduction

The Government of Malawi is at a critical point in child protection programming. The Government is finalising its next National Growth and Development Strategy to inform its future development vision. At the same time, the Ministry of Gender, Children and Community Development is seeking to enhance its efficiency to meet a number of mandates. These include orphans and vulnerable children and child protection. The United Nations system has just finalised planning for the next five-year country programme, including a review of its response for children affected by AIDS. The establishment of a national child protection system is a priority in all of these key plans.

This paper seeks to contribute to the strategic planning of both the Government and the United Nations. It suggests that many of the issues faced by children affected by AIDS can be addressed through a child protection system, even though some core elements of a national response for such children will invariably fall outside it. It provides an initial road map to strengthen the protection, care and support for children affected by AIDS using the national child protection system as the primary delivery mechanism.

This paper has two components. The first describes the country situation, vulnerable children, children affected by AIDS, and the child protection system. The second analyses the protection systems for children affected by AIDS, mapping coverage and noting where they fail to meet these children's needs.

3.0 Country overview

Investment from the Government

2009
National Registration Act

2010
Child Care, Protection & Justice Act

2011
Wills and Inheritance Act

300 Community Child Protection Workers on Government Payroll

Mapping of Child Protection System

Division of Child Protection created in Ministry of Gender to lead response

2012
500 additional Community Child Protection Workers to be recruited

2012-2016
Child Protection System a priority in the Malawi Growth and Development Strategy

Malawi is one of the world's Least Developed Countries, with a gross national income per capita of USD 290.[1] An estimated 85 per cent of the population rely on subsistence farming for their livelihoods, with 39 per cent living on less than one US dollar a day. Approximately 15 per cent of Malawians are extremely poor, living on less than USD 0.33 per day.[2] Of the total population of 14.4 million, 8.5 million are children.[3] Malawi's human development challenges are reflected in its ranking of 153 out of 169 countries the Human Development Index.[4] HIV prevalence among adults aged 15- is 10.6 per cent.[5] This translates into one in ten people living with HIV.

Nearly 13 per cent of children have lost one or both parents, half of them to HIV-related illness, while a further 6 per cent live in households with a sick parent or other sick adult.[6] Many of Malawi's 1 million orphaned children live in poor communities that struggle to provide optimal care and protection, leaving the children vulnerable to neglect, abuse and exploitation.[7] Only 53 per cent of children possess three minimum material needs (a blanket, one pair of shoes and more than one set of clothing). This drops to 41 per cent for orphans and vulnerable children.[8]

1 World Bank (2009) *Malawi*, WB, Washington
2 Government of Malawi (2008) *Welfare Monitoring Survey*
3 Government of Malawi (2008) *Population and Housing Survey*
4 United National Development Programme (2010) *Human Development Index*, New York
5 Government of Malawi (2011) *Demographic and Health Survey 2010*
6 Ibid.
7 UNICEF (2010) *Fifth Stocktaking Report* UNICEF, New York
8 Government of Malawi (2011) *Demographic and Health Survey 2010*

The figure drops further to 29 per cent (non-orphans) and 18 per cent (orphans) for children in the lowest quintile. Property grabbing continues to be a major protection violation - 36 per cent of widowed women are dispossessed of their property but fewer than one in five women receive legal support or assistance in response.[9]

While there have been significant advances in mitigating the impact of HIV on children, major challenges remain.[10] The majority of vulnerable children are still not being reached by impact mitigation services and those with the highest needs are unlikely to be service recipients.[11] There are currently 12,000 children living in child-headed households and 6,000 children living in institutional care. Eleven per cent of children do not live with their parents even though both parents are living.[12] Sixty-eight per cent of girls and 62 per cent of boys either do not enrol in school or exit the education system before the age of twelve.[13] There is little data to support an evidence-based understanding of the cultural value of children, social norms, and community and household dynamics involving children.

9 Ibid.
10 UNICEF Malawi (2011) Vulnerability & Child Protection in the face of HIV
11 Fowler, D. (2011) *Assessment of results achieved through Global Fund Round 5* UNICEF Malawi
12 Government of Malawi (2011) *Demographic and Household Survey 2010*
13 Government of Malawi (2010) *Education Country Status Report*

4.0 Vulnerable children in Malawi

The concept of vulnerability is complex, with various policy sectors understanding it differently. A useful definition is that it refers to *'exposure to contingencies and stress, and difficulty in coping with them.'*[14] Understanding the vulnerability of children is not only central to child protection as a sector but is also fundamental in applying an equity lens to development – without understanding who are the most vulnerable, it is impossible to fast-track delivery of services and support to them.

Children's vulnerability is best understood through an ecological model that looks at the child in the context of the family and the wider community. Such a model recognises that a child's development path is determined not only by their parents or internal factors such as personality, but by the wider social environment, including families, neighbourhood and society as a whole.[15] The internal factors in a child's life interact with the broader environment to either increase their resilience to individual risk, or to increase their vulnerability to rights violations.

It is important to understand the idea of vulnerability in the context of a high-prevalence generalised HIV epidemic such as exists in Malawi. Vulnerability in terms of HIV stems from ecological factors that restrict the capacity of individuals and communities to avoid exposure to HIV.[16] These factors increase vulnerability *to becoming infected by* HIV infection as well as vulnerability *stemming from* HIV infection, both directly and indirectly:

- For example, a child who is unable to access schooling may be coerced to engage in commercial sexual exploitation, placing them at high risk of contracting HIV. Equally, a child orphaned by AIDS may no longer be able to attend school due to the economic and social toll of HIV in their life. In both cases, HIV and AIDS *directly* compound the vulnerabilities inherent in a child's environment.

14 Chambers (1989), cited in UNICEF (2011) *Taking Forward the Framework: Guidance of the Protection, Care and Support of Orphan and Vulnerable Children Living in a World with HIV and AIDS* (in draft) New York

15 Dawe, S., Harnett, P. & Frye, S. (2008) *Improving outcomes for children living in families with parental substance misuse: What do we know and what should we do* Child Abuse Prevention Issues, 29. Accessed 16 October 2010: http://www.aifs.gov.au/nch/pubs/issues/issues29/issues29.html

16 UNICEF (2009), cited in UNICEF (2011) *Taking Forward the Framework: Guidance of the Protection, Care and Support of Orphan and Vulnerable Children Living in a World with HIV and AIDS* (in draft) New York

– In a generalised epidemic, the impact of HIV on community and institutional capacity also increases children's vulnerability in *indirect* ways. For instance, children may have reduced access to a range of essential services because service-providers are themselves short-staffed because of illness and death.[17]

There is a wealth of evidence that children separated from both parents are more vulnerable to child protection rights violations such as violence and abuse. And evidence is emerging that children orphaned due to AIDS may experience higher levels of abuse than children orphaned for other reasons.

A critical challenge for child protection and HIV practitioners is to identify what specific factors – or determinants – influence children's vulnerability the most. Based on a recent meta-analysis, there are four primary determinants: low household wealth; low educational level of adults in the household; the household head being neither a parent nor a grandparent; and parents missing from the household. Wealth and education level are the two most significant determinants.[18] In studies that examined the relationship between orphanhood and vulnerability in more detail, maternal orphans seem to be more susceptible to risks and shocks than paternal orphans, reinforcing the double dividend for future generations of maternal survival.[19]

Orphanhood remains a core indicator of vulnerability from a child protection perspective. When a child loses his or her caregivers, the child protection system must reach out to that child and identify and formalise appropriate care arrangements. This is the case even where the child does not require any further child protection services at that stage.

17 UNICEF (2011) *Taking Forward the Framework: Guidance of the Protection, Care and Support of Orphan and Vulnerable Children Living in a World with HIV and AIDS* (in draft) New York

18 Knight, R. (2011) *Determinants of Child Vulnerability* UNICEF (in draft)

19 Beegle, K., De Weerdt, J., & Dercon, S. (2010) *Orphanhood and human capital destruction: Is there persistence into adulthood?* Demography, 47 (1), 163 – 180

5.0 Children affected by AIDS

The extended National Plan of Action for Orphans and Other Vulnerable Children in Malawi 2010-2011 notes that, "The Government of Malawi defines an orphan as: *'a child who has lost one or both parents and is under the age of 18 years';* and a vulnerable child as *'one who has no able parents or guardians, staying alone or with elderly grandparents or lives in a sibling headed household or has no fixed place of abode and lacks access to health care, material and psychological care, education and has no shelter'.*"[20] According to Section 77(1) of the new Child Care, Protection and Justice Act (2010), 'children affected by AIDS' refers to children who are*: 'infected by HIV; orphaned by AIDS; vulnerable to HIV infection; or from infected families and facing increased financial, physical and emotional burdens*'. This operational definition is well aligned to global interpretations of children affected by AIDS, which usually refer to '*children living with HIV as well as those whose well-being or development is threatened by HIV*'.[21] While Malawi's legislative definition is more focused, the definition of orphans and other vulnerable children in the extended National Plan of Action is sufficiently broad to include the indirect effects of HIV, just as the global definition does.

Strengthening child protection systems is important for children affected by AIDS for a number of reasons:

1. When HIV touches children's lives, they often become more vulnerable to protection issues.
2. At the same time, children's vulnerability to HIV is invariably linked with their broader economic and social vulnerability, and these broader vulnerabilities in turn exacerbate the risk of protection violations.
3. The child protection system is a core component of any system for children affected by AIDS. For example, alternative care (a standard function of the child protection system) is essential for a systemic response for children affected by AIDS.

20 Government of Malawi (2010) *Extended national Action Plan for Orphans and other Vulnerable Children*
21 UNICEF (2011) *Taking Forward the Framework: Guidance of the Protection, Care and Support of Orphan and Vulnerable Children Living in a World with HIV and AIDS* (in draft) New York

According to recent (unpublished) UNAIDS estimates, 171,000 children aged 0-14 were living with HIV in Malawi in 2010. Of these, 38 per cent were aged 0-4. It is estimated that there are 837,000 orphans in Malawi.[22] Over half of Malawi's orphans (an estimated 63 per cent) have lost one or both parents to the AIDS epidemic.[23] Projections anticipate a reduction in the number of children affected by AIDS over the next five years, with declines expected both in the number of children living with HIV and also in the number of children orphaned because of AIDS. However, there is no room for complacency, as the figures in the next paragraph show.

The estimates for 2015 indicate that about 155,000 children aged 0-14 will be living with HIV. Increasing access to quality treatment that reduces mother-to-child transmission and helps keep children exposed to HIV through birth to survive beyond their second birthday should reduce the proportion of children aged 0-4 living with HIV to 30 per cent (down 8 per cent) by 2015. Despite this improvement, Malawi can expect approximately 476,000 children to be orphaned from AIDS-related causes by 2015. While this is a substantial reduction from the 2010 estimate (606,000), it is still a large number of children. There is clearly a need to strengthen HIV-sensitive protection, care and support, including alternative care and case management.

These estimates suggest that Malawi will in future be contending with an aging child population living with HIV, with reduced mother-to-child transmission and reduced under-five mortality from AIDS-related causes. This projection highlights the need for improved child protection and social welfare systems to complement treatment efforts for children who will require support to manage their HIV status throughout their childhood. HIV-specific services will need to be increasingly sensitive to the age-related needs of children affected by AIDS, while other child protection services will need to improve their HIV-sensitivity. The estimates above also provide a timely and sombre reminder that HIV will continue to affect children in a number of ways for a long time to come.

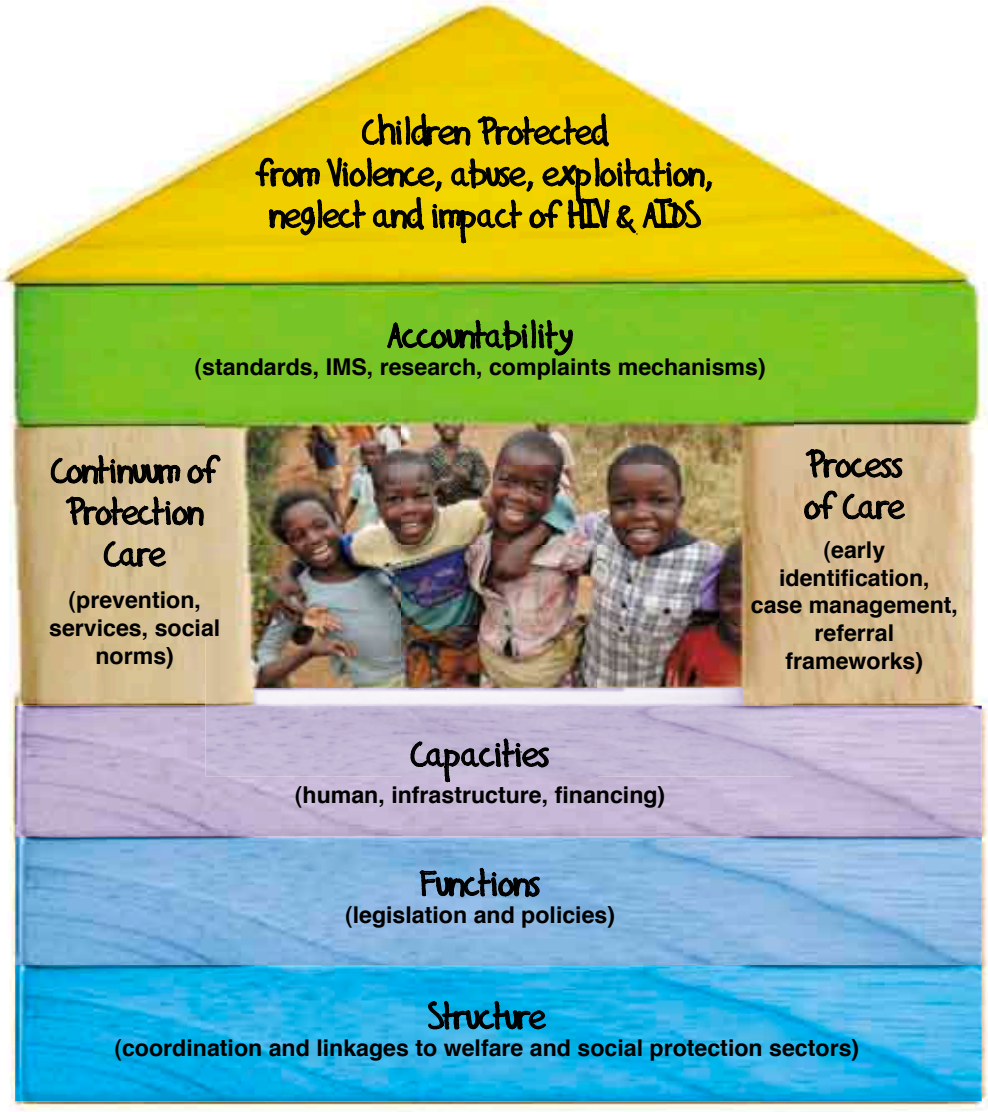
In meeting the needs of children affected by AIDS, the most significant achievements to date have been in the education sector. Malawi has now achieved near parity in education enrolment between orphans and non-orphans, with a current ratio of 97 per cent. Unfortunately, Malawi's 2004 and 2010 Demographic and Health Surveys indicated that only 18 per cent of households caring for children affected by AIDS receive external care and support. A slightly more positive note is sounded by programme data on some children's services, which suggest that this figure is very modest.

22 Government of Malawi (2008) *Population and Housing Survey*
23 UNAIDS (unpublished)

6.0 Child protection systems

Awareness is growing, both globally and locally, of the importance of developing national child protection systems. UNICEF globally has identified six primary components of a child protection system: structures; functions; capacities; continuum of care; process of care; and accountability.[24]

The Malawi Child Protection System



24 Wulczyn, F. et al. (2010) *Adapting a Systems Approach to Child Protection: Key Concepts and Considerations* UNICEF working paper

A child protection system is a coordinated, harmonised and systematic approach to protecting children from violence, abuse, exploitation and neglect. In countries like Malawi, with a high HIV disease burden, a child protection system must also help mitigate the impact of HIV on children. A strong child protection system is guided by legislation and policy, and has the capacity (human resources, financing and infrastructure) to prevent and respond to children suffering harm. The starting point for a child protection system is community child-rearing practices, and the processes of care required to support children who are less valued by their communities.

The child protection system should be accountable, rights-based, and child and family friendly. Such a system is the foundation of social welfare and transformative social protection. It can facilitate improved outcomes from social cash transfers such as legislation, services, case management and the skills of the social welfare workforce.

7.0 Children affected by AIDS: a child protection systems analysis

This analysis explores the extent to which the needs of children affected by AIDS are met by each component of the emerging child protection system. The six key components of the system, as defined by the Government of Malawi, are:

1. Legal and regulatory frameworks
2. Institutional coordination
3. Human resource, infrastructure and financial institutional capacity
4. Protective continuum of care, including promotive, preventive and responsive interventions
5. Early identification, case management and referral systems
6. Information management system and accountability mechanism

Legal and regulatory frameworks

Children affected by AIDS require a number of key legal and regulatory structures to ensure their protection, care and support. Malawi's new Child Care, Protection and Justice Act (2010) provides a comprehensive framework for this. Children affected by AIDS are recognised as a vulnerable group under the Act, which contains provisions to protect children from discrimination and exclusion from essential services (including social and health services) on the basis of their HIV status. Alternative care is particularly important for children orphaned due to AIDS, and the legislation provides the framework for this. Birth registration ensures a child's right to a name and identity, and the Act makes the local government authority responsible for maintaining a register of children's births and deaths. Birth registration is also critical for asserting children's right to inheritance by demonstrating their relationship to deceased parents. And it is increasingly important for access to social protection programmes that support households caring for children affected by AIDS and other vulnerable children. The Child Care, Protection and Justice Act (2010) also makes provision for the best interests of the child by including a guiding principle that '*the welfare of the child shall be of the paramount consideration*'. Other important pieces of legislation include the Wills and Inheritance Act (2011) and the National Registration Act (2009).

Many of the excellent child protection legal and regulatory initiatives taking place in Malawi have not yet been translated into results for children. Implementation is a key challenge that must be addressed. However, the new legislation is rights-based and HIV-sensitive, providing scope to ensure full coverage of the needs of children affected by AIDS.

Institutional coordination

Institutional coordination and sectoral linkages in the context of children affected by AIDS is primarily about ensuring that there is recognition of – and frameworks to meet – an agreed duty-of-care obligation to children affected by AIDS. This duty of care is carried by actors across the health, education, child labour, justice, disability, social welfare and child protection systems. The Child Care, Protection and Justice Act (2010) highlights the need for an interagency approach to child protection, and emphasises the importance of meeting the holistic needs of a child, including education and health. Accountability among partners working with children within the child protection system is essential for institutional coordination. In the context of HIV, this means that HIV services are held accountable for their interaction with children, including when they come into contact with a child in need of protection. For example, if a 10-year-old girl were to test positive to HIV, clinics must recognise that the child should be referred as potential child protection case. HIV services need to participate in child protection activities wherever necessary. While interagency coordination is an inherent component of a child protection system, particular attention is required to ensure that these mechanisms are HIV-sensitive. HIV services should be trained to act as referral entry points into the child protection system. They must also accept referrals from child protection actors to address the HIV-related needs of vulnerable children.

For children affected by AIDS, links with the social welfare and social protection sectors are particularly important. Social welfare in Malawi is here understood to include community development initiatives and broad-based social mobilization efforts. It thus includes mechanisms for HIV prevention and life-skills training for at-risk young people, both of which are essential to meeting the needs of children affected by AIDS. Given that social welfare programmes already explicitly address issues relating to HIV and AIDS in Malawi, sectoral linkages to child protection will strengthen coverage for children affected by AIDS. Without these links, however, there will be a programming gap for such children.

The extent to which links between child protection and social protection will help meet the needs of children affected by AIDS depends largely on how social protection is defined. The Government has adopted a focused definition of social protection, termed 'social support', which includes social transfers but not essential services. In contrast, the United Nations Social Protection Floor Initiative, which sets out a minimum package of social protection, sees both essential services and essential social transfers as the building blocks of a social protection floor. (Services in this case include education, health, protection and livelihood services.[25])

Livelihood development is an important support for children affected by AIDS and the households that care for them, particularly given the economic burden HIV places on affected households. It has been demonstrated that poverty is a significant determinant of child vulnerability, including in the context of HIV. For example, poverty is associated with certain forms of high-risk behaviour among children and young people, including transactional sex. Consequently, livelihood development is a valuable HIV prevention tool. It complements the flexibility of social transfers by giving vulnerable adults and young people the skills and confidence to generate sustainable incomes through productive livelihoods.

This component of the child protection system can deliver adequate coverage of the needs of children affected by AIDS, but only if the social protection (or other) linkages include mechanisms to tap into livelihood development opportunities.

Human resource, infrastructure and financial institutional capacity

To ensure that Malawi's child protection system can fulfil its protection mandate to all children, including children affected by AIDS, the Ministry of Gender, Children and Community Development must have the capacity to coordinate all the relevant stakeholders. All actors and agencies that form part of the system will also have high needs in terms of capacity. Significant gains have been made in building the Ministry's capacity, although it remains notably under-resourced. Having conducted a capacity analysis and developed a capacity-building plan for the Ministry, the priority is now to implement the plan. Committed investment to ensure the Ministry has the capacity to carry out child protection programmes and coordinate the national child protection system is critical.

25 International Labour Organization and World Health Organization (2009) *Social Protection Floor Initiative: Manual and Strategic Framework for Joint UN Country Operations*

Non-government organizations are coordinated and capacitated to meet the needs of children affected by AIDS through the Network for Orphans and Vulnerable Children. There is not yet a similar mechanism for child protection partners but most relevant partners are registered with the Network. Investment in the Network could therefore be structured to ensure that capacity among non-government organizations extends to implementing non-HIV-specific child protection services. Sufficient budget and capacity is also required in all relevant ministries (health, education, national registration and child labour) to ensure that child protection initiatives are funded and implemented. To meet the needs of children affected by AIDS, it is critical that each sector be capacitated to make their child protection interventions HIV-sensitive. For example, schools need to understand how to protect their students from harassment due to their HIV status and to support HIV-affected children to continue their studies safely and inclusively. Furthermore, the Ministry of Gender, Children and Community Development needs to extend its reach in terms of coordination and leadership to embrace HIV partners as part of the child protection response. Finally, the HIV sector needs to be able to identify child protection risks not only through their engagement with children, but also with adults. For instance, it is important to recognise that a sex worker or injecting drug user may also be the parent or carer of a child who may vulnerable: HIV support services must be equipped to manage the many 'roles' that clients have, including those relevant to children and their protection. This will again require child protection training for HIV-specific services.

Protective continuum of care, including promotive, preventive and responsive interventions

There are a number of services in Malawi that deliver a continuum of care in the child protection context, including District Social Welfare Offices; Community Victim Support Units; Police Victim Support Units; Community-Based Childcare Centres; Children's Corners; and One-stop Centres for survivors of violence. Each of these reaches out to support children affected by AIDS. However, some important HIV-specific services fall outside of the scope of Malawi's child protection response. These include counselling and testing services, and ensuring that children living with HIV (and their carers) have access to health services for drug treatment. These services are not best supported as part of a child protection system, but linkages will be essential to ensure that these interventions are promoted and that they remain child-friendly.

It is also important to promote an HIV-sensitive and holistic continuum of care. The manner in which HIV interacts with a child's life changes over time and according to circumstance. A child living with an ill parent may lose this parent and, depending on the level of support they receive, losing parental care may place them at high risk of HIV infection. An HIV-sensitive lens must be integrated into all guidelines and protocols to guide a continuum of care service-delivery model. Sensitivity to a child's knowledge of HIV, and awareness of behaviours that may put a child at risk of infection, must also be part of any care process.

Early identification, case management and referral systems

Case management is an integral component of a child protection system, and it is increasingly important to identify viable models of case management that are HIV-sensitive. A number of social protection and HIV-targeted programmes use case management approaches, so it is important to avoid duplicate systems and inefficient overlaps.

An on-going challenge for any child protection system is finding and nurturing viable entry points for locating and responding to the needs of children in need of protection. Formal services are essential but limited: without community mobilization children are often only identified after a critical incident has occurred. Case management requires mechanisms for the early identification of children at risk of violence, abuse and exploitation which can effectively refer children to appropriate formal agencies as needed. For children affected by AIDS, these mechanisms need to be HIV-sensitive when identifying vulnerable children and delivering protection, care and support.

Malawi is ahead of many other countries in the region in conceptualising a context-specific case management system. The country already has a comprehensive database for orphans and vulnerable children, as well as a network of 800 community child protection workers, even though there was no organised way to respond to individual children in need of protection. It was recognised that the two components – the database and the network of volunteers – could together form the basis of a case management system. Critically, the case management review began by assuming that case management was already taking place in the country, even though it was not recognised as such. This assumption proved to be correct: a mapping of possible case management structures, including from other sectors such as health, uncovered a range of case management approaches from which to learn. In fact, many components of a case management system were found to

be operational, if not systematically, including case files, care plans, identification and informal referrals.

By bringing together stakeholders with experience in case management, and in line with global thinking, two compatible models have been identified that can progress the establishment of a standardised, functional case management system for Malawi:

- Community-based model, where the goal is to strengthen community and family support systems to identify and deal with child protection cases. Structurally, this approach makes provision for local child protection committees to be active within communities. Networks of community members conduct primary interventions for minor cases and refer serious cases to the formal child protection system.

- Interagency model, where the goal is to strengthen the capacity of Government and civil society agencies to identify and respond to child protection cases, including critical cases. It frames the relationship between different agencies, and their respective roles and responsibilities. The new Child Care, Protection and Justice Act (2010) will help delineate these roles.

The real challenge will be for the emerging case management approach to deliver comprehensive coverage for children affected by AIDS. To ensure effective case management of such children, implementers will require technical support and resources to help them to operate in an HIV-sensitive and HIV-inclusive manner. For instance, care plans for children living with HIV need to bring together health and child protection services in close partnership. Strong cooperation and collaboration between the health and child protection sectors is essential, so this working partnership will need to be nurtured and institutionalised.

Information management system and accountability mechanism

To ensure information management and accountability for systems interacting with children affected by AIDS, the primary requirement is harmonisation and alignment with other child protection mechanisms. As noted above, Malawi has a relatively comprehensive database on orphans and vulnerable children. If this were linked to the existing social transfer database, it could also monitor the provision of external support to children affected by AIDS. Given that cash transfer volunteers say that they encounter child protection issues on occasions, the social transfer database needs to be expanded to collect child protection data. A case-management-oriented child protection database will also need to be developed as part of the implementation of the Child Care, Protection and Justice Act (2010). This in turn can be designed to harmonise with the orphans and vulnerable children database. The upcoming review of the social transfer information management system will provide an opportunity to find out how far the ability of these three systems to 'talk' to each other can be improved with the broader goal of simplification and harmonization.

To understand and monitor the broader trends that have impacts on children affected by AIDS, it is imperative that indicators pertaining to orphans and vulnerable children continue to be monitored through the orphans and vulnerable children database. This should be done in conjunction with HIV surveillance and estimates of HIV prevalence.

A significant data gap is the lack of HIV- and child-sensitive monitoring and evaluation. This means that the impact of social protection and social welfare interventions on HIV and child protection is not being properly tracked at present. Advocacy and capacity building within the social protection and social welfare sectors is needed to remedy the situation. With carefully designed monitoring, it will be possible to see how children affected by AIDS interact with the protection and welfare systems, and to assess the degree to which they deliver protection, care and support to vulnerable children, including those affected by AIDS.

Finally, mechanisms need to be developed to ensure that the national child protection system is accountable for its role in impact mitigation for children affected by AIDS. These will include oversight mechanisms for the child protection system, which must collate data on children affected by AIDS and on the extent to which the child protection system is meeting their needs. Children affected by AIDS must be recognised as a distinct group of rights holders and be represented in consultations, analysis and policy and legal reforms. And the child protection system must report regularly to the National AIDS Commission on the situation of children affected by AIDS and the services provided to them through the child protection system.

8.0 Final observation

Although Malawi's emerging child protection system includes the provisions needed to deliver protection, care and support for children affected by AIDS, coverage is not guaranteed in practice. The system needs to be explicitly HIV-sensitive so that it can better meet the needs of these children. It might be noted in passing that the system needs to be more explicitly sensitive to other groups too, such as children living with a disability, and refugee and migrant children.

The gaps of coverage are quite subtle, and can only be addressed through HIV-sensitive programming. Coordination and linkages between priority sectors is critical, and existing coordination mechanisms are not necessarily effective. For instance, the HIV focal points in a number of departments are different from the child protection focal points. Systems-building discussions (covering coordination, case management and continuums of care, for example) need to include both representatives. Dialogue is needed to foster internal and external analysis of how each sector can ensure that child protection linkages are HIV-sensitive in practice (as well as in theory) across the system. For children affected by AIDS, the two service-delivery gaps most likely to arise are access to HIV-specific health services and access to livelihood support.

One particularly noteworthy gap is that of data - there is little evidence to guide programming for children affected by AIDS. This lack is compounded by the fact that child protection has similar data gaps. Building the capacity of social protection and social welfare sectors to monitor their interaction with – and impact on – children affected by AIDS and other children in need of protection is therefore a priority. The large-scale situation analysis of children affected by AIDS planned for 2012 will be a critical tool to develop a strong evidence-base to inform future programming.

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