

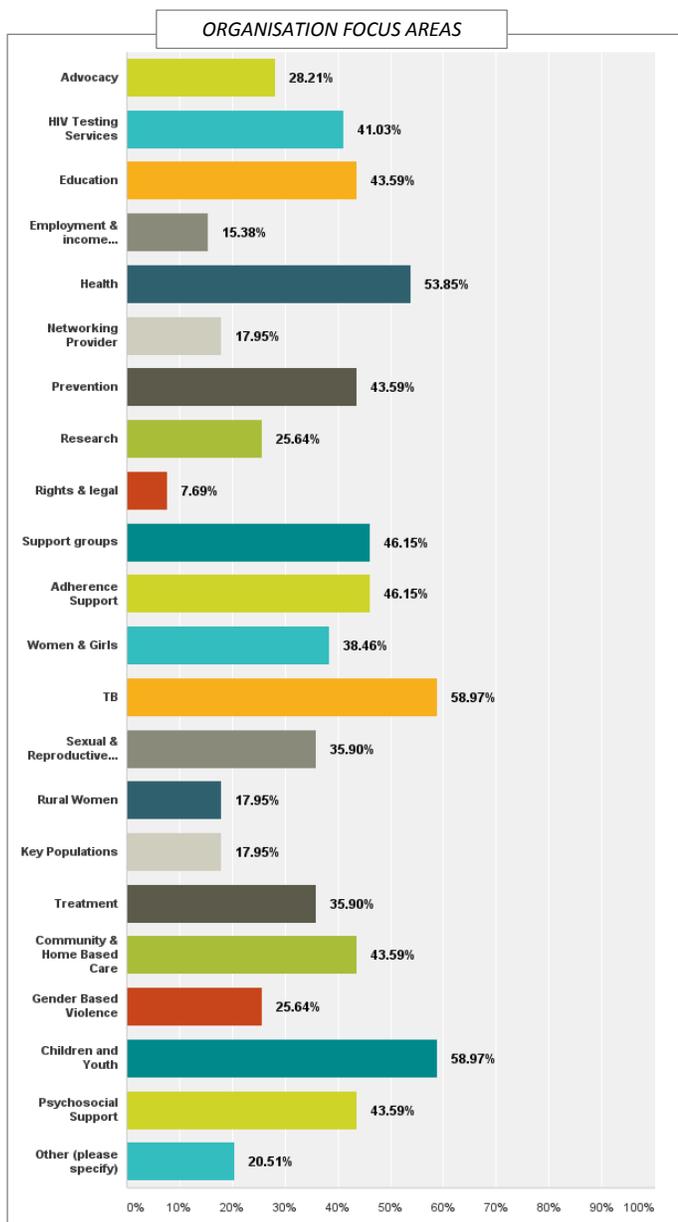
MAKING THE CASE FOR CHILDREN

Report compiled by Sophie Hobbs, NACOSA

In August, work will begin on the next [National Strategic Plan on HIV, STIs and TB](#) (NSP). As part of the [Yeziingane Network](#) (the children's sector on SANAC), NACOSA wants to help make the case for children (0-18 years) to be included. In an online survey of NACOSA and Yeziingane Network members, key themes emerged. All those surveyed felt that there was a need to make the case for children in the next NSP.

THE ORGANISATIONS

A total of 39 organisations completed the survey, representing a cross-section of geographic operational areas and focus areas.



The majority of organisations listed **Children and Youth** and **TB** as their main focus areas (59%) with **Health** (54%), **Support Groups and Adherence Support** (46%) the next most listed focus areas. Other focus areas listed include palliative care, child health and research communication. One respondent said:

“PEPFAR create a conducive implementation environment for all the focus areas through funding.”

Most organisations operate in **Gauteng** (31%), **KwaZulu-Natal** (28%) and the **Western Cape** (23%), with 18% saying they operate in the Eastern Cape and nationally. 8% reported operating regionally (Southern or sub-Saharan Africa).

[NACOSA Network](#) members made up 67% of survey respondents, 29% are part of the SANAC NGO Sector, 19% are members of the Yeziingane Network and 14% are part of the National Action Committee for Children Affected by HIV and AIDS (NACCA). Other affiliations listed include:

- National Teen Pregnancy prevention Partnership
- South African CSO for Women's, Adolescent's and Children's Health Coalition (SACSoWACH)
- Association of Community Advice Offices in South Africa (ACAOSA)
- Local and Provincial AIDS Councils
- National Child Protection Forum
- Eastern Cape NGO Coalition
- Local Forums
- Hospices

SERVICE GAPS FOR CHILDREN

We asked respondents what they think the current gaps for children in the HIV/AIDS sector are. Many service gaps for children and adolescents were acknowledged with almost all categories receiving roughly equal attention. Most respondents checked **Adolescent HIV prevention (74%)**, **Parenting/caregiver/ family support (72%)**, **Child-friendly services** and **Psychosocial support (67%)**. The least checked gaps were Support for LGBT young people (36%), Follow up on PMTCT (41%), Education support and Child protection services (44%).

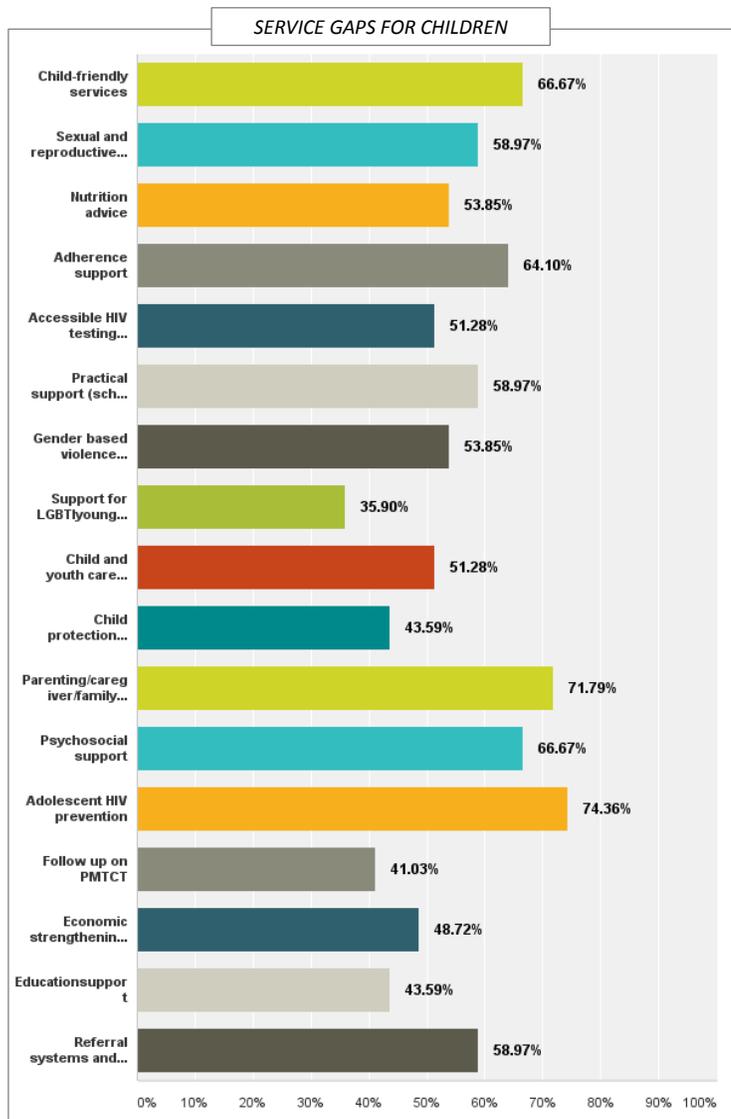
Other gaps identified included family planning, the training and support of community child care workers and palliative care for children.

“Community child care workers tend to be poorly trained and supported.”

ISSUES NOT ADDRESSED

When asked what children’s issues were *not* currently addressed by the National Strategic Plan, a key theme to emerge was that the NSP lacks focus specifically on children and adolescents.

Another issue they felt was not being addressed was **child and adolescent-friendly adherence support** and the issue of **caregivers and disclosure**.



“Too broad; no specific section for children and adolescents.”

“Children are not involved in discussions regarding their health, protection and what they want.”

“Services and programmes tailor-made and focusing on children and adolescents according to their age groups.”

“Cohort monitoring – keeping children in care.”

“What to do when adult parent/guardian does not give treatment correctly – local child welfare services do not regard this slow death as a reason to remove children. We need legal clarity on this.”

“Children born HIV positive moving into teenagers and adulthood.”

Other respondents mentioned issues such as **sexual and reproductive health education**, **child protection** and **gender based violence**:

“The impact of a patriarchal society. Child abuse, teen pregnancies, sugar daddies. Proper and effective structures to assist vulnerable children.”

“Sexual and Reproductive Rights and Health services and accountability of HCWs [health care workers] to render these services to adolescents.”

“Nutrition, sexuality, psychosocial support and child protection services.”

Respondents also identified **parenting, education support** and **early childhood development** as an issue not currently addressed by the NSP:

“Children need to be nurtured at the early stages... We have a highest rate of crime as the results of children growing without a father figure and some without a mother figure. National Strategic Plan must fund role players in order to change violence and to revive abandoned children (street kids).”

“Schooling in parenting.”

“After school care.”

CHALLENGES FACED BY ORGANISATIONS

The overwhelming challenge faced by organisations working with children in South Africa is a **lack of funding** (77%). The funding challenge seems to have worsened since NACOSA surveyed its members in April 2015 when 63% reported lack of funding as their biggest challenge. **Lack of technical skills** (51%), **Staffing and human resource shortages** and **Unreliable or inconsistent funding** (both 46%) were the next most listed challenges. In 2015, unreliable or inconsistent funding was at 41%, staffing or human resource shortages was at 44% and technical skills was listed at just 20%.

Other challenges for organisations that were identified by respondents include:

“Statutory child protection bodies not held accountable for child neglect and deaths.”

“Government's lack of interest and resistance to partnerships.”

TOP PRIORITIES

We asked survey respondents to list what they thought the top three priorities for children should be in the next National Strategic Plan. The following table is a collation of all those responses. Common themes that emerged are highlighted by colour as follows:

Education & ECD Family support & Parenting Food security & Nutrition Psychosocial Support
 Adherence Support Child & Adolescent Friendly Services Child Protection & Sexual Violence Prevention

First Priority	Second Priority	Third Priority
A focus on early childhood intervention for vulnerable populations	Legislation around rights to ECD for children living in institutions	A focus on optimal nutrition in the first 1000 days related to brain development
PSYCHO SOCIAL SUPPORT FOR CHILDREN	MORE CARE GIVERS FOR OVC	BUILDING RESILIENCE
Food security for all children regardless of nationality or documentation status	Access to health, education and child protection services for all children regardless of nationality or documentation status	
Improved family relationships amidst HIV diagnosis	Children having access to medical care and medication, HIV and TB testing	Increased access to psychosocial support provided by social workers
Medication adherence and management of side effects in children	Decision making and sexuality - especially for children born HIV positive	Teenagers

First Priority	Second Priority	Third Priority
Follow up on MTCT	Action if adherence support not working	Child friendly testing
Strategies to promote Child Wellness	Strategies to promote technical skills in communities to reduce child deaths	Rehabilitation programmes - must be accessible for pregnant women with mental illness
Adolescent friendly services	Cohort monitoring - keeping children in care	Normalizing HIV-testing for children
A far better health system	A far better education system including focus on ECD	A far better social development system highlighting the needs of children
Services and programmes for all vulnerable children irrespective of what diseases made them vulnerable.	Addressing Gender Based Violence programmes to capacitate both girls and boys equally.	Child Friendly Service taken to where children are at the time they are available and promoting family institution.
How the 90-90-90 strategy relates specifically to children and adolescents	Reflect key aspects of Children's Act e.g. vulnerable children	Making facilities child and adolescent friendly
HIV and children with disabilities		
sexual and reproductive health	adolescent health care	paediatric studies
Enough educational toys	Stimulants in the curriculum	Educational and entertainment facilities
Child. Protection	Adherence Support	Psychosocial Support
child friendly clinics.	counselling and testing - specifically for children	Adherence groups - providing education and life skills specifically for children.
Decrease new horizontal HIV infection teenage girls	Better access to Paeds ART drugs in local areas	Combined mother and child follow up visits and programs
A simplified PMTCT schedule	Clarification on ART dosage for premature infants and young neonates starting ART	Emphasis on capacitating family-centred ART clinics
Social workers working in the organisations	Professional nurse working in the Organisations	Counsellors in the organisations
Funding for ovc programmes	Support of material	
Education	Health	Skills development
Early childhood development taking place - form 0 - 3	Free from sexual abuse and violence	Safe and quality schooling
Feminine Hygiene information, education and services for girls	Sexual violence against girls	Unmet need for Family Planning services and products
HIV Prevention	Job creation for parents	Parenting intervention-family centred programming
Children given free education and food	Proper sexuality for children according to their ages	Psychosocial support with funding
adolescent HIV prevention	sexual and reproductive health education	practical support/school uniforms, food parcels
Adolescent friendly health services	Education and promotion of healthy lifestyle at school	Nutritional support for impoverished families
schools becoming accessible for HIV education	health services catering for youth and children	funding for parenting-child relations education/training
Increase parenthood love	Better communication between government and civil society	Health and peaceful environment
Provision of support for parent(s) who have a child with a disability	Training of Peer Supporters amongst parent(s) who have a child with a disability and funding for Care Centres	Children included in SRH education
Access to health	ps and access to professional health care	HIV/TB care and support program incorporated to school curriculum
Sexual & Reproductive Health	Addressing stigma	Adolescent HIV Prevention (Blessers and Sugar Daddies)

INNOVATIONS AND GAME-CHANGERS

In terms of innovations or game-changers for children’s programming, responses were varied but showed that community organisations have deep experience of working with adolescents and children and understand what works.

“Community development where the community’s needs, and not the needs of the funder, are addressed. My personal opinion is that we have scaled down community work to suit the funder and the organization, and not that of the community.”

“Household testing of child and adolescent contacts of index HIV positive patients; strengthening linkages (bi-directional i.e. community-facility and facility-community); improving paediatric ART monitoring by researching alternative modalities; use of HIV positive baby tool to contribute towards EMTCT; patient file disclosure stamp to assist health workers to monitor disclosure process.”

“Youth Leadership scaled up dramatically to provide ambassadors to encourage youth in health life style, adherence and safe sex.”

“Use of latest technological ways to spread any latest information on health and social matters... I have seen that most young people turn to give attention and learn more have seen it via our Smart Choices training program when we use DVDs and social media to share information. In schools we have conducted our programmes, teenage pregnancy has reduced and the number of those involved on drugs and alcohol has dropped drastically.”

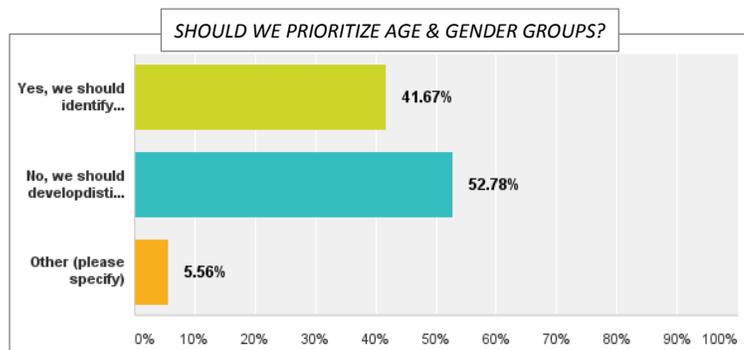
“Long acting contraceptives. LACs are 99% effective in preventing pregnancy.”

“Stepping stones, family matter programs, Vutshilo.”

“If we can teach our children about the reality of nature. Aftercare services can play a big role. Teachers and parents can work together and create sports environment whereby after-school children can do something. It’s a big mechanism to prevent crime.”

PRIORITY AGE AND GENDER FOCUS

We asked respondents: Do you think there should be priority age groups and a specific gender focus in the National Strategic Plan? While the majority (53%) felt that distinct strategies and programming for different age groups and genders should be developed, 42% felt that we should prioritize particular age and gender groups, based on risk and prevalence. So the answer was almost evenly split.



One respondent felt differently:

“Develop distinct strategies and programming for different age groups but NOT segregated by gender (both genders under the same roof).”

GENERAL COMMENTS

Many thoughtful responses were provided to the question asking for any other information organisations would like to take forward to the National Strategic Plan. For some, there were practical issues that they felt the NSP needed to address:

“Child medication and handling of HIV positive teenagers (children who was born HIV positive and are now teenagers) Decision making skills and parenting skills on how and when to tell children.”

“Healthcare facilities are not child and adolescent friendly; health care providers not trained or experienced in paediatric and adolescent ART and this does not seem to be a priority perhaps due to perceived small size of population; require specific cadres of child and adolescent healthcare providers; need more focus on mental health; specific SRH services for adolescents equipped to address their specific issues.”

“Integrate services funded internationally.”

“The NSP needs to recognise the role of parents/carers and their need for support as they're on the frontline when it comes to children/youth with disabilities.”

“Look after children when in periods, donating sanitary pads.”

For others, the question was more strategic:

“I would like to see children being protected and cared for in a proper manner which will benefit the children and the community. The government should give money for projects for children and youth.”

“Let it be in everyone’s heart to stop HIV.”

“There is a misconception that HIV/Aids is under control and is no longer a challenge. Our young women between the ages of 15 and 24 are hardest hit. We need an effective education programme for these young women and laws put in place to punish older men who are possibly HIV positive when they seduce vulnerable young women. HIV is now just another chronic manageable disease according to common belief so how do we get people to take it seriously again?”

Together with the Yezingane Network, NACOSA will take the input provided by organisations in this survey and through other forums and engagement with members, to SANAC to inform the development of the next National Strategic Plan.

If you would like to contribute your thoughts on the next National Strategic Plan, please email: communications@nacosa.org.za

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