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**REPORTS ON RECENT IPU SPECIALIZED CONFERENCES AND MEETINGS**

(a) **EASTERN AND SOUTHERN AFRICA PARLIAMENTARY REGIONAL WORKSHOP ON  
"CHILDREN AND AIDS: THE SOCIAL PROTECTION RESPONSE, THE ROLE OF THE PARLIAMENTS"**

**Windhoek (Namibia), 20-22 October 2010**

More than 50 members of parliament and staff from 13 southern and eastern African countries gathered in Windhoek for two and a half days to share their experiences on the role of parliaments in providing social protection for children affected by HIV/AIDS. They called for urgent action in sub-Saharan Africa, where 14 million children have lost one or both parents to AIDS and millions more have experienced deepening poverty, forfeited their education, and suffered discrimination due to the epidemic. The parliamentarians pledged to pass laws, policies and regulations that meet the needs and uphold the rights of children; ensure financial protection for households and children affected by HIV, including through cash and other social transfers; and promote access of children to affordable quality services, including health, education and other social protection programmes. The outcome document of the meeting is attached in the annex.



## CHILDREN AND AIDS: THE SOCIAL PROTECTION RESPONSE THE ROLE OF PARLIAMENTS

*Eastern and Southern Africa Parliamentary Regional Workshop hosted by the Parliament of Namibia and organized by the Inter-Parliamentary Union (IPU) and the United Nations Children's Fund (UNICEF)*

20-22 October 2010  
Windhoek, Namibia

### OUTCOME DOCUMENT

We, members of parliament from 13 southern and eastern African countries<sup>1</sup> gathered at a regional workshop in Windhoek, Namibia, from 20 to 22 October 2010, have discussed how parliaments can develop, strengthen and scale up child-sensitive social protection systems and ensure that they respond to the needs of the most vulnerable and marginalized children and families.

We underscore the need for urgent action in a region where half the population survives on less than US\$ 1.25 per day, an estimated 14.1 million children have lost one or both parents to AIDS, and millions more have experienced deepening poverty, lack of schooling and discrimination due to the impact of the HIV pandemic.

We recognize that social protection is an effective response to chronic poverty, vulnerability and the impact of HIV. Social protection has been described as "all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalized, with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalized groups".<sup>2</sup>

Social protection needs to be child-sensitive. It also needs to be HIV-sensitive rather than HIV-exclusive, and promote programmes that are equitable, inclusive, non-stigmatizing and non-discriminatory. With such an approach, people living with HIV and other vulnerable populations are served by existing social protection measures, as opposed to being singled out for targeted services.

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<sup>1</sup> Angola, Botswana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Uganda, Zambia and Zimbabwe.

<sup>2</sup> S. Devereux, R. Sabates-Wheeler, *Transformative Social Protection*, IDS Working Paper 232, Institute of Development Studies, Brighton, Sussex, October 2004.



High-level commitments to social protection by the African Union (AU) and African subregional political bodies provide a solid reference for our work as parliamentarians in this field. Examples are the AU Social Policy Framework, the Orphans and Vulnerable Children Strategy adopted by the Southern African Development Community (SADC) and the AU Livingstone Call for Action.

We recognize that not only do child-sensitive social protection systems benefit children and their families, they also serve to mitigate the worst extremes of inequity that breed social tension and instability. They are an important means of preventing vulnerabilities and mitigating the impact of the epidemic on children and their families. Such systems allow children to enjoy their rights and constitute a valuable economic investment.

We emphasize the need to develop a holistic approach to social protection. This means ensuring adequate linkage and coordination of efforts aimed at addressing the current economic and employment crisis, and the underlying corruption and gender inequalities existing in many of our countries, which all constitute obstacles to the achievement of children's rights and well-being. It also means ensuring that children and the most vulnerable communities are listened to and heard.

Given our limited resources, it is imperative that we target those families and children who are most vulnerable, including those living in abject poverty and unable to work. We need to ensure gender sensitivity in targeting, and make sure girls and young women, who are often infected by HIV at an early age, are kept in school and economically empowered.

To achieve the objective of enhanced child-sensitive social protection systems, we have identified interrelated and mutually reinforcing areas of work. The highlights are summed up below.

## **1. Economic empowerment of families and households**

We agree on the importance of social transfers in the form of cash, food or vouchers, of skills training and of income-generating initiatives, including microcredit. All these mechanisms can serve both to prevent and reduce the risk of HIV among the most vulnerable populations as well as to boost resilience and self-sufficiency among those affected by HIV/AIDS. We note that these initiatives need to be embedded in comprehensive national social protection strategies that guarantee long-term financial commitment, scale-up and sustainability.

## **2. Social care and support**

Scaled up family and community services, alternative care possibilities for children outside the family environment and support for social welfare services are important elements in ensuring child-sensitive social protection. Areas that require focus include: ensuring free, easily accessible and inclusive birth registration (particularly in rural and marginalized communities), as the absence of registration is an obstacle to children's access to care; training of and support for social workers and caregivers; the psychosocial needs of affected children and households; and community-based early childhood development programmes.

### *Access to quality health, education and other services*

Access to quality child-sensitive health, education and other services (such as shelter, water and sanitation) is critical. The focus must be on overcoming barriers to service utilization, such as social and cultural norms, the cost, time and distance required to reach essential services, their uneven quality and low awareness of care among vulnerable communities.

### 3. Addressing discrimination and stigma

Marginalized children and families - and core populations who are typically the most stigmatized - are frequently left out of social protection schemes, or unable to access entitlements. We have discussed serious barriers in the workplace, home loans, inheritance rights, and medical and social services (e.g. health and life insurance). We emphasize the consequences of harmful social norms and customs, and the need to work closely with traditional and religious leaders to eliminate them. We also emphasize the intended and unintended discriminatory impact of laws.

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#### *Priority actions by parliaments and their members*

We know that for children affected by HIV to become a priority in our countries we need to take action. Change will depend on our initiatives, strategies and solutions. There is no single model or solution, however, and real progress will only be made through our political commitment and leadership, the development of partnerships, coordination between actors and harmonization of action.

Bearing the above-mentioned objectives in mind, we therefore commit to act as follows:

**1. Legislation and policy:** We commit to review our existing legal frameworks through a lens that is both HIV- and child-sensitive. We will pay particular attention to removing any direct and indirect discriminatory provisions. This will require a thorough assessment of the impact of legislation on vulnerable and marginalized children and families affected by HIV.

We will also ensure that a comprehensive legal framework on social protection is in place. We will seek to ensure that our domestic laws comply with the international and regional commitments made by our States and that there is regional harmonization to secure better effectiveness and application.

**2. Budget allocations:** We agree that budget allocations are crucial for the enforcement of legislation, the implementation of social protection programmes and the provision of support to children and families affected by HIV. It is also essential to ensure key ministries responsible for the delivery of social protection programmes get their fair share of the budget.

In times of economic crisis, our priority is to work on ensuring the allocation of sufficient resources within existing budgets. We, therefore, need to play a bigger role in the budget formulation process and contribute to priority-setting. To that end, we should not hesitate to advocate among our peers and mobilize coalitions of support to ensure adequate allocations for priority areas. We should also not hesitate to liaise with relevant ministries well before the formulation process begins.

We should look into all possible resources, whether national or international. We need to play a role in overseeing how official development assistance (ODA) is allocated and spent. Where constituency development funds exist, we should ensure that they contribute to social protection policies and programmes. Where such funds do not exist, we should encourage their establishment.

We furthermore commit to take stronger action to oversee budget expenditures and executive performance. We should not hesitate to initiate parliamentary hearings and conduct on-site enquiries to assess the value and effectiveness of existing social protection schemes. We can also liaise with outside experts and civil society organizations to gather the information

needed to assess the cost-effectiveness of existing social protection schemes and to identify the best policy options for scaling up their reach. Our oversight role is also essential to address the waste and abuse sometimes associated with particular social protection schemes.

**3. Oversight:** We agree that it is essential to use our powers of scrutiny and oversight to hold governments to account for the enforcement of existing laws. We will continue to hold governments to account and track compliance and implementation of the approved budget and policies either by strengthening existing parliamentary committees and caucuses, or by establishing appropriate subcommittees. Other strategies include field visits, questions, adoption of motions, briefings and public hearings. We stress the need to ensure that all parliamentary committees dealing with social protection, HIV and children have the resources they need to function well. We may also consider forming groups composed of parliamentarians from different specialized committees (health, finance, education and gender equality) to coordinate committee and parliamentary work.

**4. Representation and awareness-raising:** We commit to being champions for children and families, particularly the most vulnerable.

We underscore that much more needs to be done to make child-sensitive social protection and the plight of children affected by HIV a priority. We need to carry out mobilization, education and awareness campaigns, particularly in rural areas. We also stress the importance of working with traditional and religious leaders in this regard. We pledge to speak out publicly on these matters, and to explore appropriate methods of informing citizens of their rights, such as the radio, television and print media in rural areas, and other constituency outreach initiatives, including the provision of free legal aid.

Critically, we can act as role models to eliminate stigma and discrimination by being tested for HIV, conducting public awareness campaigns, and supporting, listening and responding to the needs of children and families, in particular those affected by HIV/AIDS. But setting an example also means looking at our own parliaments and how they function, ensuring rules and procedures are in place that address prejudices and do not discriminate against members and staff affected by HIV, and establishing HIV workplace policies within our own parliaments.

**5. Develop child- and HIV-friendly parliamentary mechanisms:** We acknowledge that more needs to be done within our parliaments to secure a better response to the needs of children, in particular the most vulnerable. We commit to identifying ways to build our capacity to address child-related issues in our daily work and to developing specific mechanisms focusing on child rights, such as parliamentary committees or a children's ombudsperson; we also commit to facilitating the participation of children in parliamentary work, including through regular hearings, constituency meetings, children's parliaments, etc. We will develop partnerships to access information and data relevant to our work.

**6. Coordination and cooperation:** We pledge to ensure that we coordinate our activities and work in partnership with other stakeholders, including civil society, donors and international organizations such as UNICEF and the IPU. We will explore effective coordination frameworks that harmonize the activities of government, audit offices, parliaments and civil society. We underscore the importance of coordinating action between ourselves as parliamentarians, across party lines, and among the committees and caucuses on which we serve. We furthermore commit to expanding regional coordination and to pursuing parliamentary exchanges and cooperation.