

INTERNATIONAL LABOUR ORGANISATION

**INTERNATIONAL PROGRAMME ON THE ELIMINATION OF CHILD
LABOUR (IPEC)**

**ILO – IPEC TRIPATITE
WORKSHOP REPORT ON**

**THE IMPACT OF HIV/AIDS ON
CHILD LABOUR IN SUB-SAHARAN AFRICA**

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LIST OF ACRONYMS AND ABBREVIATIONS

CBO	Community Based Organisation
CSE	Commercial Sexual Exploitation
CSEC	Commercial Sexual Exploitation of Children
JCM	Jesus Cares Ministries
ILO	International Labour Organisation
IPEC	International Programme for Elimination of Child Labour
NGO	Non-Governmental Organisation
SIMPOC	ILO Statistical Information and Monitoring Programme on Child labour
UNICEF	United Nations Children's Fund
UN	United Nations
WFCL	Worst Forms of Child Labour
ZCTU	Zambia Congress of Trade Union
ZFE	Zambia Federation of Employers
ZNUT	Zambia National Union of Teachers
ZWRCN	Zimbabwe Women's Resource Centre and Network
NAC	National Aids Council
NATF	National Aids Trust Fund
KIWOHEDE	Kiota for Women's Health and Development
TUCTA	Trade Union Congress of Tanzania
IGA	Income Generating Activities
BEAM	Basic Education Assistance Module
UCW	Understanding Children's Work
TBP	Time Bound Programme
CHIN	Children in Need Network
JCM	Jesus Cares Ministries
TAMWA	Tanzania Media Women's Association
TACAIDS	Tanzania Commission for AIDS
ARV's	Anti-retroviral drugs
VCT's	Voluntary Counselling and Testing
OVC	Orphans and Vulnerable Children
ATE	Association of Tanzanian Employers
POA	Programme of Action
DBA	Dawie Bosch and Associates

1.0 INTRODUCTION

1.1 The Impact of HIV/AIDS on Child Labour

The HIV/AIDS pandemic adds a new and tragic dimension to the problem of child labour in many countries around the world. Millions of children have already been orphaned by the death of one or both parents from HIV/AIDS, and millions more will be orphaned.

Many of these orphans find security in the households of relatives. Others, however, drop out of school and must look for work to survive. An especially harsh burden is placed on girls, who often have to provide care and household services for the entire family when a parent becomes ill or dies. Even children cared for by grandparents or other relatives may have to work to help provide income for guardians and siblings.

The high mortality of adults in their reproductive and productive prime (15-49 years) from AIDS and AIDS-related illnesses and the number of children growing up without a responsible guardian has complex inter-generational impacts on the world of work. With a lack of adult mentors and limited prospects for schooling, some orphaned children miss out on the developmental skills and technical know-how needed to access decent work in their adult lives. The impact of HIV/AIDS on communities and families undermines the process of socialization of children in its broadest sense, inverting care-giving roles and giving rise to social exclusion and loss of identity.

In developing countries the human capital losses arising from the pandemic exacerbates a multitude of other problems faced daily by children, their families and communities. These include pervasive poverty, unemployment and lack of social services. It is also an additional and growing obstacle to education, as it has also claimed significant numbers of teachers among its victims in some countries. As a result, the HIV/AIDS pandemic poses a particular challenge for the elimination of child labour and constitutes a real threat to the significant results achieved so far in the global fight against child labour.

Global estimates report three million children under age 15 suffering from HIV/AIDS and another 13 million from the same age group as AIDS orphans. Very little is known, however, about children aged 5-17 who are infected and even less about those at high risk of becoming infected. A gender-disaggregated breakdown is particularly lacking.

It is well established that poverty can lead to child labour and vice-versa. Not only does HIV/AIDS add a tragic dimension to this vicious circle; it also makes the poverty-child labour link more difficult to break by exacerbating the root causes of child labour and adding strongly to the supply of child labourers. As a consequence of the losses in human resources due to the pandemic, the notion of inter-generation solidarity of adults caring for children, sending them to school and ensuring the future of society disintegrates.

1.2 Role of the ILO

While IPEC has been addressing vulnerable groups in child labour since its inception, up until recently, little attention has been given to the specific problems of children who become child labourers because of family or caregivers ill or dying from HIV/AIDS or children who become infected because of sexual abuse associated with their work. As a result, knowledge on the subject is still limited compared with other vulnerable groups. Given the sharp rise in the number of children affected by the HIV/AIDS crisis over the past few years, particularly in Africa, IPEC, in coordination with ILO-AIDS, has begun to make a significant effort to close this information gap and identify appropriate responses. In addition to a recently issued report on HIV/AIDS and child labour and in Sub-Saharan Africa, four IPEC Rapid Assessment Surveys of the problem have been completed for Tanzania, South Africa, Zambia and Zimbabwe. These rapid assessments seem to confirm many of the fears assumed prior to engaging in the research: the close link between the loss of one or both parents to child labour; the greater involvement of girls with the 'burden of care' following the sickness of parents; and the bottle necks in the rehabilitation institutions which are not prepared nor qualified for such a great influx of children into their premises. These and other questions shall be discussed in the workshop.

From IPEC's perspective, action against HIV/AIDS-related child labour also fits well into the IPEC Time-Bound Programme approach, which emphasizes the need to address the root causes of child labour by linking action against child labour to the national development effort and emphasizing economic and social policies to combat poverty. This approach provides room for a total commitment and active participation of governments, social partners and stakeholders and for greater responsibility and accountability at a national level for the implementation of efficient policies and programmes. It can also address the combined problem of AIDS and child labour in policy and programme development, implementation and monitoring through enhanced inter-agency collaboration.

2.0 BACKGROUND TO THE WORKSHOP

2.1 IPEC study on HIV/AIDS and child labour in Sub-Saharan Africa

A recent IPEC study, *Combating Child Labour and HIV-AIDS in Sub-Saharan Africa* (B. Rau, Geneva 2002), comprises reviews of policies and programmes to combat both AIDS and child labour in Tanzania, South Africa, and Zambia. Rapid Assessment surveys on the impact of HIV/AIDS on child labour in these three countries plus Zimbabwe were sponsored by IPEC. These studies confirmed a number of linkages between child labour and the HIV/AIDS pandemic as well as the need for a multi-dimensional approach to address the issue.

One of the valuable outcomes of the Bill Rau study (op.cit, 2002) was the identification of a broad range of responses, large and small, to these intersecting issues. In South Africa, Tanzania, and Zambia, interventions undertaken by governments, employers, trade unions, and community-based groups alike demonstrate that much has been learned about addressing HIV/AIDS and child labour. It also identified a growing number of good practices that are worthy of closer study, further testing, and eventual replication.

In a general sense, the study found that, in spite of efforts made at various levels, the process to reverse the trend in the countries reviewed has been slow and that more complete information is badly needed. Without better information, efficient policy and programme planning are compromised.

2.2 Lessons learned from the interventions reviewed by the study

- The focus on prevention must be strengthened.
- Governments must allocate more of their resources to provide an enabling environment for programmes and initiatives.
- Local communities' responses to HIV/AIDS should be encouraged and supported.
- The responsibility of men in sexually exploiting children and women in work situation is a major factor in driving the HIV/AIDS epidemic and must be addressed.

3.0 WORKSHOP OBJECTIVES, METHODS AND MATERIALS

3.1 Workshop objectives

The overall aim of the workshop was to bring together key stakeholders to consider the Rapid Assessment reports for South Africa, Tanzania, Zambia and Zimbabwe and the summary report for the region. Further, the participants would have the opportunity to contribute to the development of an action plan and strategies for addressing and mainstreaming HIV/AIDS and child labour in policies and programmes.

Specifically the, immediate objectives of the workshop were to:

- ◆ Review the available evidence on HIV/AIDS and Child Labour, in particular the ILO-IPEC Rapid Assessments on the topic in Zambia, Zimbabwe, South Africa and Tanzania
- ◆ Identify which particular interventions meet given needs, bearing in mind the level of evidence of success currently available
- ◆ Link the knowledge base established by ILO, UNAIDS, UNICEF, World Bank research in the region to the ILO-IPEC Time Bound Programmes for the Elimination of Child Labour

Expected outcomes:

- ◆ Compile a compendium of the background papers

- ◆ Create a strategic plan with recommendations on how to mainstream HIV/AIDS concerns into child labour policies and programmes
- ◆ Identify outstanding research questions and priority issues to be followed-up on

The workshop proved valuable to the participants for two reasons:

- ⇒ The workshop enabled the participants to develop a common understanding of the dynamics of the impact of HIV/AIDS on the child labour ILO/IPEC programme and its relationship to individual projects being implemented by partners.
- ⇒ The workshop provided an opportunity for participants to address key interventions and approaches for addressing aspects of child labour resulting from the HIV/AIDS pandemic.

3.2 Workshop Methods and Materials

Numerous presentations were inter-spaced with plenary discussions and questions.

Group focused discussions were also used to brain storm on topics of relevance to the development of the strategy. Following group discussions, presentations were made to the general plenary and comments were entertained for clarifications and additional suggestions.

Workshop materials were delivered through paper presentations. Handouts were distributed for some presentations and speeches together with the draft copy of the rapid assessments of individual countries. Some of the presentations made use of the over head projector others made use of the power point presentation software. The focused group discussions were developed on flip charts to allow for maximum participation and good visual contact.

4.0 WORKSHOP PROCEEDINGS

DAY 1

Theme: Building the knowledge base on HIV/AIDS and child labour in Sub-Saharan Africa

Session 1: Opening session

4.1 Welcoming remarks

Dr. Benjanin Alli chaired the opening session. He acknowledged the presence of the Minister of Labour and Social Security and the opening panel, and invited the Director-ILO Area office to set the background to the workshop. Mr. Louis Ndaba, in his

welcoming remarks, informed the participants and the guest of honour about the background to the workshop and went on to thank all the participants for the effort they had made to attend the workshop.

The chairman then invited Ms. Alice Oudraogo to the floor. Ms. Oudraogo welcomed the participants and gave a brief account of the ILO-IPEC research results, stressing the pressing need to link research findings and responses as a matter of urgency. She thanked the organisers of the workshop both in Geneva and Lusaka and went on to encourage the participants to freely interact and get the maximum experience out of the workshop.

The chairman invited Mr. Chitembu, representative from ZFE, who stressed the importance of the workshop, and gave a brief background of what ZFE was doing in educating its members on child labour and HIV/AIDS. He further welcomed the participants and urged them to be as open as possible. Mr. Sam Phiri, ZCTU trustee, was then invited to the floor. He welcomed the Minister and the participants, and emphasized the need for a workable action plan and practical solutions concerning HIV/AIDS and child labour.

The Minister of Labour and Social Security was then invited to present her speech and officially open the workshop. The minister presented a brief welcome speech making reference to the objectives of the workshop. In her official opening remarks, she outlined government policy issues and highlighted some of the actions that had been undertaken by the government to address the problem of child labour and HIV/AIDS in collaboration with ILO/IPEC and other stakeholders. She stressed the need for participants to find practical solutions to the problems under discussion by all concerned stakeholders and work towards building a common vision and understanding of the interventions required to tackle the problem. She pointed out that the workshop presented an opportunity for participants to share their experiences in tackling the issues surrounding HIV/AIDS and its impacts on child labour.

4.2 Paper Presentations and Plenary Discussions

PANEL 1: ILO-IPEC Rapid Assessments on the impact of HIV-AIDS on child labour, main findings and recommendations: Focus on the informal sector, gender and education -(Facilitator: Ms. Alice Oudraogo)

Session 2:

Paper 1: Rapid Assessment of Child Labour and HIV/AIDS in Zambia: Lusaka, Copperbelt and Eastern Provinces

This presentation was made by Mr. Mulenga Nkula, researcher team member of the ILO-IPEC research on HIV/AIDS and Child Labour in Zambia. The key observations from the paper were that:

- The death of parents or guardians from HIV/AIDS forced children out to work, hence exacerbating the extent of child labour
- Poverty was the major factor behind working children
- Most children worked in hazardous environments
- Most children did not have time for schooling and those who did divided time between labour and schooling
- Commercial Sexual Exploitation among children aged 14-16 was common
- HIV/AIDS and poverty are mutually reinforcing and together provide fertile ground for child labour

Paper 2: Gender Aspects of the National AIDS Trust Fund and its impact on Women, Men, Girls and Boys

Susie Baird of Zimbabwe Women’s Resource Centre and Network (ZWRCN) made this presentation. She pointed out that the HIV/AIDS epidemic in Zimbabwe has increased the vulnerability of women and girls due to biological, socio-economic status and cultural factors. In response to the various dimensions of the problem, the National Aids Trust Fund (NATF) was created for prevention and care-giving activities, and for the promotion of mitigation strategies including research on the epidemic. The ZWRCN observed that:

- More women were accessing the fund than men
- The majority of support group members were women
- Within support groups very little resources were channelled towards preventative measures
- A project proposal was a major requirement/tool for accessing funds despite the women’s low educational backgrounds
- It took more than eleven months to receive support and many people received less than they had requested
- Most of the support received was used on other household expenses rather than the people living with HIV/AIDS

Paper 3: Rapid Assessment on HIV/AIDS and Child Labour in South Africa: The Case Study of Kwazulu-Natal

This was a presentation by Prof. Akim J. Mturi of School of Development Studies, University of Natal. The following key issues emerged:

- Poverty was the major factor associated with child labour
- Family relations were stronger in the rural and township settings. Family types included:
 - One-parent families
 - Child-headed families
 - Skip-generation families
 - Complex families

- Child labourers suffer various hazards at work
- Death of most parents was AIDS-related
- Majority of children were still in school or willing to go back to school
- High degree of HIV/AIDS awareness

Paper 4: HIV/AIDS and Child Labour in Tanzania: A Rapid Assessment.

Ms. Justa Mwaituka, president of KIWOHEDE in Tanzania gave a rapid assessment of HIV/AIDS and Child Labour in Tanzania. The major issues that emerged from her paper were:

- Girls are more vulnerable than boys to the hazards of Child Labour and HIV infection
- Girls had fewer opportunities for continuing in education than boys
- Jobs lacked clear contracts and exposed child labourers to ill human treatment and sexual harassment
- Biologically and socially girls are more vulnerable to HIV/AIDS
- Girls are more vulnerable to accidents, physical, social/mental abuse

Paper 5: Preventing of Child Labour and Exploitation of Children Suffering From the Effects of HIV/AIDS- A Women and Youth Perspective

Mrs. Vicky Kanyoka made this presentation. TUCTA has been in the frontline towards establishing programmes on HIV/AIDS and Child Labour with gender dimensions and has formulated strategies to curb the problem. These have focused on the three areas of prevention, withdrawal and rehabilitation. The following key issues emerged:

- As regards prevention, TUCTA has:
 - i. Established a policy guideline on the Elimination of the Worst Forms of Child Labour
 - ii. Embarked on awareness raising activities down to the grass roots, i.e., district, and ward and village levels
- With respect to withdrawal and prevention, TUCTA has different types of support for working children and children at risk which include:
 - i. Counselling and integration
 - ii. Training of parents and children in income generation activities (IGAs).
- Sustainability has been a main focus based on human material and financial resources

Plenary Discussions

To guide the discussion, the need for intervention at policy and programme level was pointed out.

At the policy level, the focus was on:

- i. How to come up with good practices
- ii. How to enforce standards on children attending school
- iii. What remedial methods are to be used

At programme level, the focus was on:

- i. The training of children in good practices
- ii. Establishment of a monitoring system

Issues raised:

- Since they do not seem to be working for women, how does TUCTA approach IGA's?
- Orphanages:
 - i. They seem not to work as they can create socially disoriented people.
 - ii. How to avoid abuses by orphanage owners
 - iii. How to manage large numbers of orphans
- How do we ensure programmes for women are sustainable and what alternatives can be offered?
- CSEC as regards men:

- i. The Zambian report shows that less than 40% of adults know of HIV/AIDS. Do the men who abuse children know the physical, psychological and medical effect?
 - ii. What mechanisms or structures can work at community and district levels to fight CSEC?
- Need to focus on presentations and examine and come up with real solutions to CSEC that can be implemented. TUCTA'S approach on examining structures that address the problem of HIV/AIDS and Child Labour in Tanzania should be emulated by other countries.
- There is need to look at the supply and demand linkages in CSEC. Children are drawn into CSE because of problems, and not demand.
- The presenters have not laid out plans for sustainability of programmes.
- Community Home Based Care:
 - i. Since it burdens women, is it a feasible option?
 - ii. If the hospitals are unable to keep patients, what is the best solution to combat child labour?
- Linkages between schooling and Child Labour. Parents may divert children's support funds.
- Free education is not free, as the poor cannot afford school uniforms and other requirements. What can be done to help?

Responses:

- Orphanages:
 - i. Issue of orphanages is very complicated in terms of which route to take.
 - ii. It is not a matter of what is working or whether they are working. The question to address is what to do about the large number of children on the street.
 - iii. The traditional African family structure has broken down and cannot take care of so many orphans.
 - iv. Orphanages are better in an institutionalised atmosphere.
- There is need for more investment in Home Based Care in order for it to be sustainable.
- With respect to the issue of demand and supply, with proper planning the problem of CSE of children involved in Child Labour can be addressed.
- IGA's:
 - i. It is a question of how we can improve or plan for them in villages.
 - ii. IGA's work as they are one way of empowering households to generate incomes to take care of school, health, and household requirements of children.
 - iii. We need to examine the issue of IGA'S because they have great potential.
 - iv. Revolving savings facilities have been opened (e.g. Tanzania), where money goes to vulnerable groups in communities in villages.
 - v. People have land as an asset from which to generate money to contribute. Thus the village government can own the IGA programme
- CSEC, as it regards men, centres on attitude, therefore the focus should be on:

- i. What to do with prevailing attitudes of men?
 - ii. How to intensify communication to ensure that retrogressive attitudes are done away with.
- Formulation of programmes and mechanisms depends on the country's perception of the problem of HIV/AIDS and Child Labour
- BEAM (Basic Education Assistance Module) can work, where money is given to the school, not the parent, so that children can go to school without the parents misusing the money
- Free education:
 - i. The solution is to work together to find workable ways and means of sustaining free education, including possible government subsidies
 - ii. The basic thing is to improve the economy through economic policies because of the strong correlation between poverty and child labour
- Accessibility of children to various services is limited. It is therefore a matter of prioritising in terms of the extent to which children in WFCL are benefiting and how to make them more accessible.
- Sustainability:
 - i. Programmes can be sustainable. People therefore need to plan and budget for their programmes.
 - ii. Lobbying with political leaders to support programmes at village level can make them more sustainable.

PANEL2: Panel on the Orphan and Vulnerable Children Crisis Related to HIV/AIDS and its Impact on Child Labour: the HIV orphans and Child Labour, the 'Care burden' orphans' qualitative and quantitative data.
Facilitators: Ms. Astrid Coyne-Jensen and Mr. Timothy Kondo

Session 3

Paper 6: Orphan Statistics and Child Labour

Mr. Furio Rosatti of UCW inter-agency Project presented statistics on orphans and child labour. The key issues arising were as follows:

- The scale of the HIV/AIDS and Child Labour phenomena is enormous
- There is a need to bridge between qualitative information from the study and what can be done
- HIV-related orphanhood status has a very large impact on child labour
- Orphanhood has a significant effect on school attendance
- Orphans constitute a greater proportion of working children

Paper 7: HIV/AIDS and Child Labour in Tanzania

Mr. Hassan Semkiwa, team member of the research on HIV/AIDS and Child Labour in Tanzania presented the main findings of the ILO-IPEC Rapid Assessment in Tanzania. The study revealed the following:

- Orphaned children and child labour:
 - i. Orphaned children were compelled to enter the labour market to survive and/or to help support other family members
 - ii. A greater proportion of children engaged in prostitution were 15 years or younger
- Family structure and responsibilities:
 - i. Most parents/guardians were supporting at least one dependent child
 - ii. Children from poor households were more vulnerable to child labour
- Gender dimensions:
 - i. Most girls were engaged in domestic work or prostitution
 - ii. Girls experienced more hazardous work environments than boys
- Educational dimensions: Most single or double orphans had dropped out or never attended school.
- Nature of jobs.
 - i. Children lacked clear contracts
 - ii. Work environments exposed children to health hazards
- HIV/AIDS awareness was high

Paper 8: HIV/AIDS and Child Labour in Sub-Saharan Africa: The case of Zimbabwe

Dr. Jacob Kaliyati from the Institute of Development Studies, University of Zimbabwe presented the main findings from the ILO-IPEC Rapid Assessment. The following observations were made:

- Unaffordable school fees had a negative effect on school attendance
- Living conditions for most children were poor
- Street children were subjected to physical and sexual abuse
- Most of the children started working between the ages of 8 and 14 years
- Most working children were exposed to hazardous working conditions
- All the females in prostitution were aged between 15 and 18 years
- A high correlation exists between orphanhood and child labour
- High incidences of HIV/AIDS were associated with high rates of orphanhood
- Addressing the problems of poverty among orphans
- Communities lack empowerment to deal with the issues of HIV/AIDS and Child Labour

Plenary Discussions

Issues raised:

- Who employ the children? Are we employees not also children employers? How best can we avoid the situation?
- Since most children are in the informal sector, how best can we address the situation?
- Government must not merely be a spectator but should be involved
- To what extent are statistics from the rapid assessments reliable nationally?
- What can be done to replicate what has worked in terms of best practices?
- From the supply and demand perspective, concentration must not focus only on children. Does an institution exist to rehabilitate adults (queen mothers and sugar daddies) involved in CSEC?
- To what extent do parents who take children to school feel they are losing an income?

Reactions to the issues raised:

- Child labour in the informal sector:
 - i. Awareness raising through workshops in various countries can help combat child labour
 - ii. Chapters can be set up in individual countries for monitoring
 - iii. The ILO should organize funding
- Role of Government:
 - i. Sometimes programmes on top are not compatible with what's on the ground
 - ii. Programmes should be carried out on the ground involving people at the grass roots
- Reliability of statistics in Rapid Assessments:
 - i. In their own capacity the statistics are representative
 - ii. Studies need to be carried to the national level from grass root so we know what is happening in each country
- Replication of best practices:
 - i. There is a lot we don't know about the HIV/AIDS pandemic and Child Labour. The Rapid Assessments can help but the pandemic is bringing new situations, problems and challenges
 - ii. A lot of activities going on in the study countries which represent best practices change over-time
 - iii. Good practices from NGO's, communities, federation of employers, education sector, etc, should be examined
- Institution for rehabilitation of adults:
 - i. This is not necessary as the problem of CSEC is a community issue
 - ii. People in communities tend to allow such behaviour. The duty is for communities and society as a whole to take a stand
- Extent to which parents feel they are losing an income:
 - i. Opportunity cost of children's schooling- putting children in school versus returns from children working
 - ii. It is a gender issue as girls feel the impact more than boys
 - iii. Most parents are committed to educating children. However, orphans may lack concentration or drop out due to hunger

Session 4

Paper 9: Integration of HIV-AIDS Concerns Within the Time Bound Programme for Elimination of Child Labour

Mr. William Mallya from IPEC, Tanzania presented this paper. He pointed out the relevance of the Time Bound Programme (TBP) for the integration of HIV/AIDS concerns. The strategic approach of the TBP constituted targeted interventions aimed at highly vulnerable groups. The following were the key elements:

- Expansion of knowledge base through rapid assessments, baseline studies and child labour surveys.
- Awareness raising and advocacy
- Identification of children at risk
- Integration in district-level work-plans
- Transitional education
- Economic empowerment of families

Paper 10: A Rapid Assessment on the Incidence of Child Abuse in Zambia- HIV/AIDS Aspects

Mr. Adern Nkandela from CHIN gave an assessment of the incidence of child abuse in Zambia. With respect to this issue, the following were observed:

- Boys were mistreated more than girls
- Orphans were more vulnerable due to the decline of social services and HIV/AIDS
- Poor economic status of parents exacerbated child labour
- Most of the sexually abused children were illiterate
- Female children were more vulnerable to sexual abuse and HIV/AIDS than male children
- Orphans were especially vulnerable to abuse and forced to work excessively
- Orphans were as vulnerable to abuse as children who lacked opportunities for school

Paper 11: Combating Child Labour Through Education- a Community Approach

Mrs. Godfrida Sumaili of Jesus Care Ministries (JCM) spoke about a community approach of combating child labour through education. JCM has been involved in the withdrawal, rehabilitation and reintegration of children into the formal education system. The following interventions have been used to combat child labour and HIV/AIDS through education:

- Formation of Community Committees for ownership of the programme by the community
- Raising awareness in communities on issues pertaining to HIV/AIDS and mobilization of the communities for care of the victims

- Psychosocial and spiritual counselling of both children and guardians/caregivers
- Withdrawal from child labour, street life and child prostitution, rehabilitation and re-integration into formal schools and the communities
- Rehabilitation is done at JCM transit homes for street children and JCM Community Schools for children withdrawn from child labour

Plenary discussions

Issues raised:

- Withdrawal:
 - i. Can withdrawal from JCM's paper be replicated when dealing with magnitudes of children?
 - ii. Has there been Cost Benefit Analysis (CBA) of strategies?
- Community commitment in combating HIV/AIDS and child labour is important. They are better able to help, as they know the children and parents/guardians better.
- Does JCM experience the problem of children getting back on the street after withdrawal?
- What was the added value in terms of intervention in CHIN's study, as it covered a wide area?
- Did results from CHIN research influence government policy?
- Is there also intervention where an entire household or other children benefit, in order to prevent rejection of a single beneficiary in the family?
- Do countries consider making the school system more flexible in certain seasons to allow children time to help at home?
- Are we trying to eliminate or facilitate child labour by flexibility?
- Orphanages and home care assist orphans, but lack of family structure may force children to become parents, and to engage in child labour.
- In South Africa grants are restricted to children aged 14 years, and cannot be accessed by the child directly. What are the experiences of other countries on grants?
- Institutionalisation of orphanages:
 - i. In Tanzania people are now questioning whether to institutionalise orphanages or not.
 - ii. Children in extended families sometimes do not get sufficient support and guardians misuse grants.
 - iii. Some orphanages abuse children and operate as businesses.
 - iv. What does it take to operate these institutions and is it feasible when dealing with millions?
 - v. How do we deal with orphaned refugee children and where do we take them?
- Re-integration of children:
 - i. Centres are modern. Thus when children are sent back home they run back to the street due to the poor living conditions.

Reactions to issues raised:

- Withdrawal:

- i. The cost of physically withdrawing children from the street is not too expensive. It is a matter of taking time with them, feeding them, and getting other youth to interact with them. The expense is after withdrawal when educating, re-integrating children and counselling parents. The cost to JCM is only with feeding as they work with government and UNICEF.
 - ii. Rehabilitation should not only be focused on the child but on parents as well, as both are involved in labour on the street.
 - iii. There is need to influence government to tackle the problem through macro-economic policies.
 - iv. In terms of CBA, some interventions are short-term measures, thus the need for a macro-economic dimension to address the problem holistically.
- In JCM'S withdrawal programme, few children get back on the street due to psychosocial and spiritual counselling is very important.
- Added value of interventions from CHIN:
 - i. Recommendations were submitted to legal organizations to harmonize pieces of law in the country, due to the conflict between customary law and statutory law.
 - ii. Sensitisation activities for local leaders and traditional leaders are being carried out. This was because of the contribution cultural practices and traditional norms made to child labour.
- Influence of CHIN results on government
 - i. CHIN has not yet seen influence as results were only disseminated last year.
 - ii. Government has budget line for Child Labour influenced by research from different interest groups.
- Flexible school system:
 - i. JCM conduct school early to allow children to go home in the afternoon.
 - ii. Schools on estates in Zimbabwe have shifts (morning and afternoon) for the school children to allow time for work. Government has negotiated to pay children wages. However, some parents have a problem with this and think their children are being made labourers.
 - iii. In Tanzania, farmer's associations have been sensitised against child labour and now provide sports/recreation facilities. However, parents are frustrated with the education system, as most children cannot proceed to secondary level. Hence, they are advocating for a change in the school curriculum through practical/skill training to give them something to do.
 - iv. The reason for the question on flexibility is that children wake up as early as four a.m. to do chores before going to school. It is therefore a matter of enhancing education to prevent children from child labour.
- Re-integration of children into school:
 - i. Schoolteachers must be talked to and counselled when reintegrating children into school.
 - ii. Children should be provided with school requirements.
 - iii. Pregnant children or child-parents can be taken to community and non-formal education centres where they are trained using resources available in the villages. Negotiations can be made with employers in case the child-parent wants to work to look after the child.

- iv. Children can identify what training they want in IGA's. Grants can then be given to them after which they are sensitised on savings.
- v. The Child Labour Council and District Committees can ensure sustainability to ensure that children are taken care of.
- Institutionalisation of orphans:
 - i. Uganda experienced a national outcry to limit the operation of orphanages. Children were unable to adapt after having been uprooted from a normal society setting, and then taken back to the community upon maturity. This resulted in a few suicides.
 - ii. Missionaries in Tanzania are advocating for running of volunteer homes with a mother and a father (not married), who can take care of orphans so they grow up in an ideal family environment.
 - iii. Empowerment of entire families fostering orphans, with simple means as is being done by UWESO in Uganda. This includes training on how to manage orphans with care, economic empowerment, and improving quality of housing. This has been very successful and does not require much money but resolute actions.
- The approach taken by JCM on withdrawal, rehabilitation and integration is very impressive and should be emulated.

DAY 2

Theme: Identification Of Good Practices In Policies And Programmes Targeted At Combating HIV/AIDS And Child Labour.

PANEL 3: Good practices on HIV/AIDS and child labour: Community-based, national and sub-regional initiatives
(Facilitators: Mr. William Mallya and Ms. Kokuteta Mutembei)

Session 5

Paper 12: Introduction to IPEC'S approach to HIV-AIDS and child labour and the importance of identifying good practices

- Ms. Anita Amorim from IPEC made this presentation. The essential elements of her presentation are outlined in the text box below.

Seven criteria for determining what makes a practice "good"

1. Innovative or creative

What is special about the practice in terms of action against child labour and of including HIV/AIDS concerns that makes it of potential interest to others?

2. Effectiveness/impact

What evidence is there that the practice actually has made a difference in terms of combating child labour and helping to prevent HIV/AIDS, as well as creating rehabilitation programmes that include both concerns? Can the impact of the practice be documented in some way, either through a formal programme evaluation or through other means?

3. Replicability

Is this a practice that might in some way help to combat child labour and promote HIV/AIDS awareness raising activities in other situations or settings? The practice does not have to be copied to be useful to others; some elements of a practice may in themselves be useful for other programmes.

4. Sustainability

Is the practice and/or its benefits likely to continue in some way, and to continue being effective, over the medium to long term? This could also involve the creation of new attitudes towards HIV/AIDS awareness issues, including gender equality concerns while dealing with child labour, new ways of mainstreaming child labour considerations (the girl child in particular), or the creation of capacity among partners and ILO staff to address the HIV/AIDS pandemic.

5. Relevance

How does the practice contribute, directly or indirectly, to action of some form against child labour? How does the practice contribute or have implications for child-health/protection practices elsewhere?

6. Responsiveness and ethical force

Is the practice consistent with needs identified by both girls and boys; has it involved a consensus-building approach; is it respectful of the interests and desires of the participants and others; is it consistent with principles of social and professional conduct; and is it in accordance with ILO labour standards and conventions? Were girls as well as boys given a voice by increasing their participation to ensure that their interests and perspectives were taken into account?

7. Efficiency and implementation

Were resources (human, financial, and material) used in a way to maximize impact?

Presentation by Anita Amorim based on Burt Perrin's criteria (IPEC-DED draft guidelines, 2002)

Paper 13: A synthesis of lessons learned and good practices on policies and programmes to combat HIV/AIDS and child labour: the way forward

Bill Rau, an HIV/AIDS and Development expert made this keynote address. The following were outlined as the major linkages between HIV/AIDS and child labour:

- Children affected by HIV/AIDS are withdrawn from school, and have to work. Girls become caregivers.
- Once in the labour force, children are more exposed to the risk of HIV/AIDS.
- The HIV/AIDS pandemic is creating millions of affected children and bringing more children into the labour force.
- The pandemic is making the elimination and reduction of WFCL even more difficult.
- Impoverishment is the underlying factor behind child labour and HIV/AIDS.
- The demand side of linkages include demand for work and male demand for sex.

Paper 14: The role of the media in awareness raising and prevention – a good practice in preventing child exploitation related to HIV/AIDS

Ms. Wilhelmina Balyagati of TAMWA and TACAIDS discussed the role of the media in awareness raising. TACAIDS has been involved in the formulation of new social charitable programmes with respect to the needs of non-AIDS related causes of child survival. TAMWA has focused on implementing Action Programmes to prevent recruitment of the girl child domestic worker through sensitisation. The following are the strategies used:

- Sensitisation through
 - i. Seminars and workshops to Sensitising employers, employees and policy-makers.
 - ii. Dissemination of information via mass media, triggering positive reactions from responsible parties.
- Provision of legal services and material support to victims of sexual abuse and child abuse.
- Creation of print/electronic media committees to be responsible for producing programmes.

Paper 15: A grass root approach dealing with HIV/AIDS prevention-WAMATA experience.

Ms. Margreth Semkiwa gave the experience of WAMATA in dealing with HIV/AIDS prevention. The strategies to implement its programme were two-fold.

- Reach directly the infected and affected.
- Incorporate efforts of members and volunteers to fight HIV/AIDS.

The core activities included:

- Direct services to HIV/AIDS patients through:
 - i. Counselling.
 - ii. Home visiting and home-based care.
 - iii. Material support.
 - iv. Legal advocacy.
- Services to AIDS orphans:
 - i. Support.
 - ii. Counselling.

- iii. Training for entrepreneurship.
- HIV/AIDS prevention and Control interventions:
 - i. Outreach.
 - ii. Voluntary counselling and testing.
 - iii. Greater involvement and collaboration of all actors.
 - iv. Empowerment of Women and Youth.
 - v. Capacity building.

Plenary Discussions

Issues raised:

- Volunteers are not sustainable, as they may want remuneration.
- Counselling has emotional impact. Is there support for staff to help them carry on?
- Is WAMATA supporting IGA's?
- What are the sources of ARV's in WAMATA's programme?
- Is home-based care voluntary or paid?
- Most programmes are not home-brewed but donor funded. This creates duplication of programmes
- When dealing with children affected by HIV/AIDS we need to do so with our hearts.
- The two dimensions of demand outlined in Bill Rau's presentation are important. Hence there is need to come up with ways to address the issue.

Responses to the issues raised:

- Volunteers:
 - i. Communities in WAMATA programme select volunteers by gender.
 - ii. Incentives like t-shirts, bicycles and kits are given to volunteers when training them.
 - iii. Communities have their own way of rewarding volunteers. They are given allowances for transport and other needs.
- Counselling for HIV/AIDS among women and children is carried out by WAMATA through trained counsellors.
- WAMATA is not directly involved in promoting IGA's. Clients benefit from other donors who support the CBO's.
- Home-based care is administered within by the community groups.
- Dependence on donor funding:
 - i. There is need to be creative/practical in implementing programmes from indigenous resources.
 - ii. It is imperative that we reflect on the issue, as we may not be capable of being sustainable on our own without government and donor support. Mobilization of local resources may be insufficient.
 - iii. It is important that we focus on how we are going to force our own governments to help society, as it is too much for civil society.

Session 6:

Paper 17: Child labour, HIV/AIDS and youth participation-A national perspective

This was a presentation by Scholastica Gondok, representative of the Ministry of Labour in Tanzania. She highlighted the role of the Government in fighting against HIV/AIDS. The following are the key issues being addressed by the Government of Tanzania:

- Strengthening management of HIV/AIDS and Child Labour by putting in place legal instruments.
 - i. Formulation of policies.
 - ii. Ratification of ILO conventions.
- Youth participation in:
 - i. National and international conferences.
 - ii. Preparation of PRSP.
 - iii. Open forums.
- Co-ordination and linkages
 - i. Signing of MOU between Government and ILO.
 - ii. Co-ordinating body for multi-sectoral committees on child labour.
 - iii. Undertake various activities on elimination child labour.
- Care and support through:
 - i. Orphanages.
 - ii. Remand houses for children.
 - iii. Rehabilitation of children.
 - iv. Co-ordination of the elimination of child labour and WFCL through the Time Bound Programme.

Paper 18: Models of Good Practices: Working With The Young People In Zimbabwe

Ms. Vimbayi Mdege of the National Aids Council of Zimbabwe made this presentation.

The paper highlighted the following key strategies for effective good practices:

- Life skills development
 - i. To delay sexual activity
 - ii. To help young people translate knowledge into action.
- Provision of youth-friendly services.
 - i. Information and services on reproductive issues and HIV prevention.
 - ii. Establishment of vocational training centres.
- Increasing knowledge through media.
 - i. National television campaigns.
 - ii. Voluntary Counselling and Testing (VCT)
- Care and support programmes for OVC.
 - i. The Basic Education Module (BEAM).
 - ii. Campaign on Zero Tolerance Against Child Abuse.
- Promoting youth participation.
 - i. Creation of Youth Task Forces
 - ii. Representation in AIDS Action Committees.

Paper 19 Employer's Initiatives In Combating Child Labour And HIV/AIDS in Commercial Agriculture

This was a presentation by Mr. Mark Mfunguo of the Association of Tanzanian Employers (ATE). He highlighted the following:

- The role of ILO/IPEC in assisting social partners, including ATE in action programmes for the elimination of Child Labour in Tanzania. The main focus being capacity building and direct action.
- The adoption of the Time Bound Programme (TBP) in Tanzania to eliminate the WFCL by:
 - i. Focusing on prevention from engagement in the WFCL.
 - ii. Ensuring access to free basic education and vocational training for all children removed from WFCL.
- The role of ATE in the implementation of child labour programmes in commercial agriculture.

Paper 20: The Impact Of HIV/AIDS On Child Labour-The Educational Perspective And Labour Market Implications

This was a presentation by Mr. Felix Simona of the Zambia National Union of Teachers. He pointed out that the HIV/AIDS pandemic has had a major impact on education and the child. ZNUT has therefore designed a policy and an Action Plan to effectively play a role in combating the problem.

The major impact of HIV/AIDS on education and the child were highlighted as:

- Low supply of teachers other key personnel due to high mortality rates.
- Irregular attendance by both teacher and pupils/students.
- Increased numbers of orphans.

These have increased the number of children dropping out of school and have resulted in:

- Livelihood on the street.
- Exploitation as cheap labour.
- High risk of contracting HIV/AIDS.
- Orphans being looked after by the aged or fellow children.

Plenary discussion

Issues raised:

- ZFE has been involved in awareness raising and sensitisation projects. Managers have been sensitised about HIV/AIDS and Child Labour through workshops and individual visits. There has been a good response from employers who have come up with their own code of conduct on HIV/AIDS and Child Labour.
- CSEC, especially of young girls, can be curbed through peer sensitisation of workers to check the Male demand.

- Is a curriculum available to educate and sensitise victims of CSE, i.e. girls in prostitution? If not, who will develop it?
- Zero Tolerance Programme in Zimbabwe is a good replicable idea:
 - i. What is the structure of the Programme?
 - ii. Who are the main employers?
 - iii. Are there any people in the Programme who are specific to HIV/AIDS?
- There is a good intent to protect children affected by HIV/AIDS from abuse. However, what is on the ground in ZCTU's experience is contrary to the ZFE experience. Some employers do not give funeral grants or sick leave to workers and mistreat them. Thus, there is need for a better approach and networking.
- Education is the key to elimination of WFCL and sensitisation for prevention. Hence educators need to be involved in workshops such as this one.
- Despite the experiences highlighted in Ms. Gondok's paper on Ministry of Labour in Tanzania, political commitment is weak. Workshop invitations may be made but politicians do not show up.
- To what extent is the private sector involved in the fight against HIV/AIDS and Child Labour?
- How best can we approach the issue of HIV/AIDS without causing fragmentation of programmes against HIV/AIDS and Child Labour?
- South Africa is struggling due to lack of a clear strategic dimension in terms of a monitoring agency/guidelines like TACAIDS in Tanzania.
- What is the scale of replicability of good practices discussed in Anita Amorim's presentation?
- We must not only focus on good practices, but must also look at bad practices so that we learn from our mistakes.
- Mainstreaming HIV/AIDS into budgetary system:
 - i. Should sustained financing of programmes be left to government?
 - ii. Why can't government finance programmes through taxation of the private sector?

Reactions to issues raised:

- Political commitment is important. There is need to involve government ministries like Ministries of Labour, Education, Finance and Planning and to network with them.
- Private sector involvement:
 - i. The private sector should be involved in networking as Third world governments have limited resources.
 - ii. National Aids Council (NAC) in Zimbabwe has formed the Zimbabwe Business Council on AIDS to spearhead the fight against HIV/AIDS and Child Labour.
- Zero-Tolerance Programme:
 - i. It involves training of advocates at community levels to increase accessibility by children, and educating communities through participation.
 - ii. Have a multi-sectoral approach with a number of organizations working with them.

- ZFE are identifying good practices that are workable. Success has not been 100%, but they are working with employers who are committed to combating HIV/AIDS and Child Labour. It is therefore up to ZCTU to raise awareness among employers.
- Fragmentation:
 - i. TACAIDS in Tanzania are launching a framework for all stakeholders of HIV/AIDS and other organizations.
 - ii. A large number of NGO's are needed, as populations are too high.
 - iii. There is need for a strategic framework for monitoring and evaluation to see whether programmes are working.
 - iv. Fragmentation can be arrested through co-ordination, monitoring and evaluation.
- Mainstreaming HIV/AIDS into budgetary system:
 - i. Uganda's decentralized budgeting system where funds go to the district can be replicated. It depends on the amount of sensitisation districts have.
 - ii. Some districts funding themselves in Uganda are getting help from NGO's or providing some money for staff members. However, money is not enough to go far.
 - iii. Government can prioritise on budget rather than rely on donors. A quarter of national defence budgets can sort out problems of ARV's and health.
 - iv. It is necessary for budget implementation to train stakeholders in budget tracking, as the Ministry of Finance in Zambia is doing.
 - v. Analysis of how much money, whether government or donor, should be used administratively or should go to beneficiaries is important.
- Political will and commitment is essential for government to prioritise. It is our obligation to source money to combat HIV/AIDS rather than seek donor support.
- The issue of political will and commitment goes back to having the programme at heart.

PANEL 4: Strategies to mainstream HIV/AIDS concerns in the work to combat child labour (Facilitators: Ms. Mpala Mulenga and Mr. Furio Rosatti.)

Session 7:

Paper 21: ILO/AIDS Experience on different strategies to prevent HIV/AIDS within a Child's Rights Perspective: Focus on an integrated approach

This was a presentation by Dr. Benjamin Alli (ILO-AIDS TC coordinator) and Ms. Evelyn Serima (ILO-AIDS Harare). The integrated approach focused on the following key areas.

- A coherent, comprehensive and targeted policy implementable at national, regional and global levels.
- Situation Assessment/Analysis on AIDS orphans.
- Action programmes targeting the needs of AIDS orphans.
- Access or provision of social protection for both HIV/AIDS infected parents and children.
- Prevention programmes.

- Addressing vulnerability of AIDS orphans.
- Way forward in acting against HIV/AIDS-related Child Labour.

Paper 22: HIV/AIDS and the Informal Sector: Findings From ILO/IPEC Rapid Assessment and Filling in Research Gaps on Child Labour

Mr. Mlwande Madihi of the Institute of social work in Tanzania made the above presentation. The following were the major issues that emerged from his paper:

- Informal sector enterprises have weak economic security.
- Children working in the informal sector are more at risk of being infected with HIV/AIDS due to their vulnerability to sexual abuse.
- HIV/AIDS related death of parents and guardians is a contributing cause of child labour in the informal sector.
- Research gaps in child labour exist and include:
 - i. Who are the employers of children working in the informal sector?
 - ii. Withdrawing working children in the informal sector.
 - iii. Demand side of child sexual work and exploitation.
 - iv. How working conditions contribute to vulnerability.
 - v. Alternative guardian and fostering arrangement.

Paper 23: A Situational Analysis Of AIDS Induced Child Labour In Uganda And Experience Of Community Empowerment To Manage The Crisis

Mr. Joseph Tumushabe of the Population Studies Department of Makerere University presented this paper. The following were the key areas covered in the presentation:

- The Uganda HIV/AIDS orphan fact sheet.
- HIV/AIDS related factors, which encourage child labour.
 - i. Challenges of fostering.
 - ii. Demands on children's work as a vital component of family survival.
 - iii. Access to food.
 - iv. Early marriage.
 - v. Family break-up.
 - vi. Poverty.
- Working conditions of HIV/AIDS orphans child workers.
- The UWESO experience of community empowerment in management of the HIV/AIDS orphans and prevention of Child Labour.

Plenary Discussions

Issues raised:

- We need to get ideas from our own countries on the issue of the demand side for children in prostitution.
- Long-term trauma of orphans and over-expectations in foster families must be looked at. Orphans are usually frustrated due to over-expectations.
- What is the duration between commencement of UWESO programme and assessment of impact?

- What is the magnitude of children drafted into military conflict through military trafficking?
- What is the length of payment and interest rate for UWESO loans?
- There is need to tackle the issue of orphans in totality including the issue of queen mothers. We should not look at it as a normal thing socially.

Reactions to issues raised:

- The best way to tackle long-term trauma is to give orphans much of a normal life.
- UWESO project design stage was completed in 1995 and evaluated in March 1999. Results took a period of 4-5 years to be reaped. Better results are still being reaped.
- Structure of UWESO loans is very small with a minimum loan of \$5. However, at the end of training the client would have saved 50% of the loan through weekly savings. Interest rate is 30%.
- Military trafficking is still rife. Uganda has been experiencing it since 1982.

Session 8

Group work on strategies for mainstreaming HIV/AIDS concerns into child labour policies and programmes.

Paper 24: The Web of Institutionalisation

Presentation:

Anita Amorin gave a short presentation on the Web of Institutionalisation. This is a conceptual tool from IPEC's Gender Policy and Planning Programme. The tool was intended to guide in the formulation of strategies for mainstreaming HIV/AIDS concerns into child labour policies and programmes. The web of institutionalisation has four spheres, and thirteen elements falling into the different spheres (see annex). The spheres of the web are outlined below:

- 1.Citizen sphere
- 2.Policy sphere
- 3.Organizational sphere
- 4.Delivery sphere

Group work:

Four groups were formed to concentrate on each sphere of the web, i.e., the citizen sphere; policy sphere; organizational sphere; and the delivery sphere. Each group was to use SWOT analysis to come up with a potential and a problem for each element. An outline of the elements of the web, and guiding questions were given to guide the group work (see annex).

Presentation in plenary by group rapporteurs

GROUP 1: CITIZEN SPHERE

Group 1 focused on the first three elements (see annex). These included women, men, girls and boys experience and their reflective interpretation of reality; pressure from political constituencies; and representative political structures. The following observations were made from the web of institutionalisation:

1. Monitoring and evaluation was not reflected.
2. Policy planning should have been consultative planning.
3. The legal framework/legislation was not reflected.

1. Feelings of children/youth:

- More rhetoric less action. They are tired of the same messages.
- What are we doing wrong?
 - i. Lack of political commitment
 - ii. Not a priority
 - iii. The approach is not strategic
 - iv. Cultural barriers
- “You cannot talk about us without us.” Involve children.
- Decentralize resources. Money should go down to districts. But is there capacity to access the funds.
- Information flow to districts is poor. Lack of infrastructure that ensures communication flow do districts.
- Inadequate/lack of coordination between different actors /players
- Wrong methodologies used disseminating information.

The table below provides a summary on the views of boys and girls on the dual problem of HIV/AIDS-induced child labour and the solutions at grass-roots level.

Views on HIV/AIDS and child labour	Solutions at grass roots
<ul style="list-style-type: none"> ▪ Opportunities: Gender specific solutions/strategies required ▪ Retaining children in schools by improving access etc ▪ Capacity building ▪ Teachers, children, parents ▪ HIV/ Aids and child labour mainstreamed in schools curriculums ▪ Targeting improved communication between parents and children ▪ Establishing, strengthening and monitoring activities of centers/ structures that take care of the children. 	<ul style="list-style-type: none"> ▪ Men’s movement to mobilize moral support from other men and women ▪ Assessing the risk factors involved in moral behavior change ▪ Economic, social and political empowerment of women ▪ Effective policy +legal framework on child labour ▪ Improve coordination a linkages between interventions on child labour and HIV/AIDS.

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2. Pressure Groups

The constraints faced by pressure groups in combating child labour and HIV/AIDS, and the solutions to these, are outlined below:

Constraints	Solutions
<ul style="list-style-type: none"> ▪ Lack of resources (financial and personnel) and capacity ▪ Lack of regulatory frameworks and enforcement ▪ Lack of political will and commitment 	<ul style="list-style-type: none"> ▪ Legal plus Policy framework to protect children from child labour ▪ Strengthen compliance and enforcement through education/capacity building of TU and Employers. ▪ Community involvement in establishing community structures education, monitoring identifying vulnerable groups. ▪ Promote corporate social responsibility through use of codes of conduct etc. ▪ Provision of viable alternatives

3. Representative Political Structure

The opportunities and constraints of representative political structures in combating HIV/AIDS and child labour are summarized in the table below.

Opportunities	Constraints
<ul style="list-style-type: none"> ▪ Political will and Advocacy ▪ Resources mobilization – financial capacity to mobilize human resources ▪ Serious monitoring and follow up ▪ Will to put appropriate legal and policy framework 	<ul style="list-style-type: none"> ▪ Lack of buy-in commitment or convinced about the magnitude of the problems. ▪ Lack of decentralization “top-down” approach. ▪ Limited resources/resource misallocation/lack of prioritization. ▪ Short term planning (five years terms of leadership) ▪ Self interests in programmes.

GROUP 2: POLICY SPHERE

Group 2 focused on political commitment; resources; and policy planning.

1. Political Commitment

Constraints and opportunities faced in political commitment for the elimination of child labour in the context of the HIV/AIDS epidemic were identified. These are summarized below:

Constraints	Opportunities
<ul style="list-style-type: none"> ▪ Lack of attention ▪ Lack of political commitment ▪ Budget allocation ▪ Appropriateness of the budgetary lines ▪ Lack of co-ordination between the line ministries ▪ Lack of trust (e.g. Government and NGO's) ▪ Lack of communication from the bottom to the top. 	<ul style="list-style-type: none"> ▪ Good examples of structures for advocacy and lobby ▪ Engage powerful ministries ▪ Lobby bi-lateral and multi-lateral donors to engage with powerful ministries ▪ Rapid Assessments/ documentations of good practices ▪ Sharing of information through different networks ▪ Civil society advocacy groups

2. Resources

The group categorized resources as encompassing financial resources, human resources, and material/infrastructure resources. The constraints and opportunities in accessing resources for projects to combat HIV/AIDS and child labour are outlined in the tables below:

2.1 Financial resources:

Constraints	Opportunities
<ul style="list-style-type: none"> ▪ Lack of Government funding ▪ Household community impoverishment 	<ul style="list-style-type: none"> ▪ Bad allocation of funds ▪ International organizations e.g. ILO to play international advocacy for funds (e.g. Global fund) ▪ Collaboration between UNICEF and ILO ▪ Employment creation, agricultural development ▪ World bank

2.2 Human Resources

Constraints	Opportunities
<ul style="list-style-type: none"> ▪ Not enough people ▪ Not the best people ▪ Unqualified people ▪ Part-time people 	<ul style="list-style-type: none"> ▪ Government ministries that have power allocate qualified/experienced personnel ▪ Fund projects from national resources ▪ Human resource development within, e.g. organizational training ▪ Great mobilization of community volunteers.

2.3 Material/ Infrastructure Resources

Constraints	Opportunities
<ul style="list-style-type: none"> ▪ Poor or no structure e.g. schools, roads, hospitals, recreational activities. 	<ul style="list-style-type: none"> ▪ Curricula materials e.g. on child rights ▪ Community willing to provide input for construction

Recommendations

- National policies, budgets and legislation to reflect HIV/AIDS and Child Labour.
- Civil society, national and international organizations advocacy should be based on solid research, documentation, comprehensive strategies and use of existing structures.
- Co-ordination and communication among partners in planning and implementing policies and programmes.

GROUP 3: ORGANISATIONAL SPHERE

Group three concentrated on mainstreaming responsibility for HIV/AIDS and child labour; procedures; and staff development.

1. Mainstream responsibility for HIV/AIDS and Child Labour

How focal points for mainstreaming HIV/AIDS and child labour can be supported:

- ⇒ Establish co-ordinating unit within existing government structures supported by ILO. Decentralize through focal persons in each ministry from national to ward to village level.
- ⇒ Government to take leading role.
- ⇒ A coordinator should also exist at cabinet level.
- ⇒ Sustainability of budget allocation by government.

Constraint:

- ⇒ Political will/commitment existent but not binding.

Opportunity:

- ⇒ Existing structures available.
- ⇒ Human resources.
- ⇒ Legal framework signatory to countries' ratifications; and constitutional provisions.

2. Procedures:

The following were identified as the opportunities and constraints encountered in the procedures to integrate HIV/AIDS concerns into child labour policies and programmes.

Opportunities:

- ⇒ SADC Code of Conduct on HIV/AIDS.

Constraints:

- ⇒ Not all stakeholders represented, e.g., informal sector; communal sector; and women.

Recommendations:

1. Integration of policy/production process across sectors integrated in programme and incorporate non-represented structures.
2. Formulation of National programme of action.
3. Terms of Reference to be integrated in every stakeholder policies.
 - ⇒ Ministries
 - ⇒ NGO's/Women's Organisations.
 - ⇒ Private sector.
 - ⇒ Informal sector.
 - ⇒ Commercial organizations.
 - ⇒ Inter-ministerial cuts.
4. Terms of Reference for the Co-ordinating unit and the focal persons.
5. Memorandum of understanding.
6. Budget allocation in each ministry.
7. Stipulation of HIV/AIDS and Child Labour role in Terms of Reference of the focal persons.

3. Staff development and training:

The group identified opportunities and constraints in staff development and training for practitioners on HIV/AIDS and child labour. These are indicated below:

Opportunities:

- ⇒ Existing child labour manual. What is needed is to integrate/add the HIV/AIDS and Gender dimension. We have human resources to do this.
- ⇒ Holistic approach required.
- ⇒ Multi-sectoral approach.
- ⇒ Sharing opportunities amongst African countries or experience in Child Labour and HIV/AIDS.

Constraints:

- ⇒ Non-integrated approach. For example labour inspector removes child from work not understanding the full picture of the situation. Other stakeholders need to be involved.

Recommendations:

Cross integration of knowledge to ensure a holistic approach using existing knowledge units and capacity in countries.

GROUP 4: DELIVERY SPHERE

The group touched other areas in the web with concentration on the delivery sphere. The main focus was on the methodology; theory building/knowledge base development; applied research on HIV/AIDS and child labour; and delivery of programmes on HIV/AIDS (see annex). The problems and potentials of each element identified are outlined below:

Element	Problem	Potential
1. Women, men, boys' and girls' view on HIV/AIDS and Child Labour.	Cultural stereotypes	Will to find solution
2. Pressure of political constituencies on HIV/AIDS AND Child Labour.	Lack of coordination and integration of players.	Close to grass roots- close to girls and boys trust
3. Political structures.	Bureaucracy and lack of coordination between ministries.	Growing awareness of HIV/AIDS issue
4. Political commitment to combat HIV/AIDS.	Inadequate political commitment.	Linking HIV/AIDS with Child Labour.
5. Resources to combat HIV/AIDS and Child Labour.	Lack of human and financial capacity.	Massive goodwill from donors and commitment from government
6. Policy/planning on HIV/AIDS and Child Labour.	Inadequate/non-existing regulatory framework, and lack of strategy to guide.	Lobby and advocacy
7. Mainstreaming responsibility for HIV/AIDS and Child Labour.	Lack of understanding of who to do it.	Willingness and evidence-based strategies
8. Procedures	Production not yet in place	Problem is recognised
9. Staff development/training on HIV/AIDS and Child Labour.	Lack of knowledge and skills	Human resources are available
10. Methodology.	<ul style="list-style-type: none"> ▪ Lack of code of conduct 	<ul style="list-style-type: none"> ▪ Rapid Assessments

	<p>on Child Labour.</p> <ul style="list-style-type: none"> ▪ New area/challenge. ▪ Complexity of problem ▪ Inadequate research 	<ul style="list-style-type: none"> ▪ Institutional capacity in place ▪ Good local researchers
11. Theory building/knowledge base development.	<ul style="list-style-type: none"> ▪ Gaps in information available ▪ Lack of integration in curriculums 	Good institutional capacity
12. Applied research on HIV/AIDS and Child Labour.	Inadequate research	Collaboration between Government and UN agencies
13. Delivery of Programmes on HIV/AIDS	<p>Lack of sustainability and continuity</p> <p>Scanty, and long-term approach required</p>	Commitment

Plenary discussions on group presentations

Issues raised:

- ⇒ A lot of researches have been done which have not been condensed into one instrument, resulting in duplication. There is need to amalgamate the researches in individual countries and regions.
- ⇒ We cannot say research is enough. The problem of HIV/AIDS and Child Labour keeps changing and taking on new dimensions every time. Some good practices may not be adequate years from now and not many good practices have been adopted. Hence a lot more research is required in the field.
- ⇒ A lot of research may have been done, but is a continuous process. Political will and firm action is essential. Research should be consolidated and positive action taken.
- ⇒ Out of the Rapid Assessments we can develop broader approaches to deal with the problem of HIV/AIDS and Child Labour. We still have the potential to get bigger than this as this is just the starting point.
- ⇒ There is much material but there is still a lot more to learn on the dynamics of HIV/AIDS and Child Labour. There are a lot of other long-term impacts not known
- ⇒ More research is needed, as we can never know too much. Research cannot stand in the way of action. It must be action oriented and done in a way of implementing large-scale programmes, because children are dying every day.

- ⇒ We are talking too much of HIV/AIDS and Child Labour. There is need for research in a holistic way on processes and on addressing other factors, which affect HIV/AIDS and cause Child Labour. IPEC should fund such a project.
- ⇒ Focus on HIV/AIDS and Child Labour is deliberate, as the area has not been adequately studied. IPEC has carried out research on various issues in the last 10 years. However, due to the magnitude of the problem of Child Labour and HIV/AIDS, more concentration has been given to it.
- ⇒ Research findings do not influence much political action/influence from recommendations, as there is no political will. What can be done to make politicians appreciate and know the amount of research done, and to put it into action?
- ⇒ There is need for composite assessments based on what has been done in our countries for our actions to begin to materialize.
- ⇒ Translation of research findings into implementation is not only about politicians. All of us can do something.

DAY 3

Building A Strategy On HIV/AIDS And Child Labour (Facilitators: Dr. Benjamin Alli and Ms. Anita Amorim)

Session 9:

Paper 25: Good practices in national policies touching AIDS and vulnerable children: a broad South African perspective

Ms. Joy Mehlomakulu of the Ministry of Labour in South Africa gave a national approach on eliminating Child Labour and HIV/AIDS from the South African perspective. The following were the major interventions regarding HIV/AIDS and Child Labour:

- Initiatives range from broad national policies and strategic frameworks to small local efforts by committed individuals and groups.
- Development of a Programme of Action (POA), a national initiative with a multi-sectoral approach. It has a three pronged approach:
 - i. Analysis of survey results.
 - ii. Draft policy document “discussion paper”
 - iii. Consultative workshops with key/relevant stakeholders.
- Enactment of Enforcement Policy on Child Labour and training of labour inspectors/stakeholders.

Paper 26: Children orphaned and made vulnerable by HIV/AIDS: the crisis, consequences and responses

Mr. Hamish Young, Regional Protection Advisor of UNICEF gave an analysis of the crisis, consequences and responses to children orphaned and made vulnerable by HIV/AIDS. The key observations from the paper were as follows:

- The problem of HIV/AIDS in Sub-Saharan Africa is big, growing rapidly and long term, resulting in:
 - i. An increase in the number of orphans
 - ii. Low school attendance rates for double orphans.
 - iii. The majority of children in prostitution being orphans.
- Responses are inadequate.
- There is a myth of coping and sustainability.
- Development gains are reversed.
- Millennium development goals cannot be met.

Paper 27: Towards A Child Labour Action Programme: Children’s Work In South Africa

Ms. Elna Hirschfeld of Dawie Bosch and Associates (DBA) gave an overview of children’s work in South Africa. The presentation covered two key areas:

- How much do children work in South Africa?
- Child Labour and HIV/AIDS in South Africa.

The DBA gathered the following observations from consultative workshops

- HIV/AIDS and children infected and affected are a priority issue.
- The impact of HIV/AIDS on children has worsened tremendously.
- Lack of income as a result of caregiver dying or falling ill is a major link between HIV/AIDS and Child Labour.
- The Child Labour Action Plan needs to find a way of ensuring that all children including those affected by HIV/AIDS are provided for financially and socially.
- Action steps should be directed to the best interests of the child.

Plenary Discussions

Issues raised:

- In South Africa’s experience, has there been training of the community?
- Problem of HIV/AIDS is massive and around for a long time. There is need to look at long-term solutions of looking after affected children. One option is through church organizations taking responsibility of caring for orphans.
- Education in Africa is an investment. However, rate of absenteeism has increased and more children are dropping out as a result of the HIV/AIDS crisis.

Reactions to issues raised:

- An enforcement policy on Child Labour exists in South Africa, but employers are reluctant to enforce it. Hence a programme was developed to train them, and they

have gained skills. It has been slow, but something is happening because they now have the abilities to cope with the problem.

- A number of ideas have given on what is being embarked on in other countries to address the various dimensions of HIV/AIDS and Child Labour. Therefore, initiatives can be adopted.

Theatre presentation:

Sintani theatre group, a Lusaka-school based performing group working on HIV-AIDS awareness raising and prevention for children and adolescents, made a theatre presentation. The presentation was in form of a poem and some drama performances. The focus of the presentation was on HIV/AIDS and Child Labour. The group called for youth, and society at large, to be more aware of the HIV/AIDS pandemic and its devastating effects and to fight it through preventative measures.

Session 10:

Group work on building a strategy on HIV/AIDS and child labour

A selection of participants was given the task to develop a strategy/action plan for mainstreaming HIV/AIDS concerns into child labour policies and programmes. The action plan/strategy paper was to be formulated based on the knowledge base, including findings and recommendations of the workshop. The strategy paper would provide a general framework for a multidimensional approach on policy formulation and action towards the combating HIV/AIDS and child labour, and facilitate appropriate adaptations at country level.

5.0 Key Issues and Themes Arising during the Technical Workshop

The ILO-IPEC technical workshop on the linkages between HIV/AIDS and child labour was held in Lusaka, Zambia, in May 2003. The workshop included representatives from the governments' trade unions, employers' associations, and NGOs in South Africa, Tanzania, Zambia and Zimbabwe. In addition, other UN agencies and several international experts were involved. A list of participants to the technical workshop and a report on the individual presentations is available from ILO-IPEC.

This report focuses on the issues and themes that emerged during presentations and discussions of the workshop. As will be seen, there was much agreement around several issues and frequent overlap between issues. These commonalities offer solid evidence of the desire of participants to move forward in creative and effective ways to reduce the impact of HIV/AIDS and eliminate child labour, especially in its worst forms. While

there was agreement on many issues, there were several issues where different experiences raised questions about the most effective and appropriate approaches to dealing with aspects of the HIV/AIDS and child labour linkages. Identifying and discussing these differences was an important outcome of the workshop, as neither HIV/AIDS nor child labour (and the two combined) lend themselves to generic or standard solutions.

Issues and Themes from the ILO-IPEC Technical Workshop

Magnitude and dimensions of the HIV/AIDS pandemic and of child labour.

It was generally agreed that the size of the linked problems was greater than many decision makers and programme planners were aware. As a relatively new set of linked issues, there was need to organize available information and data for presenting to key decision makers in government, unions and workers groups, employer associations, international organizations, NGOs, faith-based organizations, and community groups.

It was argued that the magnitude of impact of HIV/AIDS on children, that recommendations for responses had to be costed out to determine the financial viability and the cost of proposed benefits. While not all programme decisions would or could be made on the basis of cost, it was futile to ignore the costs of building facilities (such as orphanages) or starting or expanding programmes (such as subsidies for school children) to determine if they could be afforded and would deliver benefits at a socially acceptable cost.

HIV/AIDS and child labour are linked.

Recent qualitative research commissioned by ILO-IPEC in South Africa, Tanzania, Zambia and Zimbabwe firmly establish the link. Each of the Rapid Assessments found that child labour is exacerbated by the HIV/AIDS pandemic and the two problems mutually reinforce one another. In addition, analysis of child labour quantitative data from Zambia, for example, show that with both parents dead, more children work and fewer attend schools than if one or both parents are alive. Further, child labour participation varies by whether the mother or father has died. The importance of parents/adult guardians for preventing child labour, including in its worst forms, was stressed on several occasions during the workshop.

All of the Rapid Assessments noted the stress on extended families to care for the dramatically increasing number of orphaned children. The issue emerged on several occasions and it was noted that further research was needed to understand the changes that are occurring in families under the pressure of HIV/AIDS.

Research on child labour, including the linkage with HIV/AIDS, can be used to promote changes in national policies. Examples were offered of where this had happened, such as research by CHIN of Zambia that resulted in refinements to child labour legislation and the inclusion of child labour to a budget line item to address child labour within the Ministry of Labour. An important part of the process of

changing policies is building networks and mounting sensitising campaigns targeted as key stakeholders.

HIV/AIDS and child labour are development issues.

Both HIV/AIDS and child labour arise from and exist within a socio-economic context of impoverishment, neglect, and gender and income inequalities. So too, responses to each and their linked status must come from development perspectives. For example, it was noted on a couple of occasions that the demand by waged employees and wealthy individuals and companies for child labourers and the goods they helped produce (not only the supply of the large number of children in child labour) were important factors in perpetuating child labour. One important step in addressing child labour was knowing who employed them. Enforcement of existing (or new) regulations and laws was essential; toward that end, monitoring of policies and laws was needed.

Poverty, as a major cause of both HIV/AIDS risk conditions and child labour, was frequently cited. It was argued, however, that the term poverty is too broad and does not provide adequate insights into how families and children become and remain poor. The term impoverishment was offered as an alternative, and several examples were cited of how the term can be used to dis-aggregate why children are working and at risk of HIV/AIDS.

Responses to HIV/AIDS and child labour must be multi-sectoral and multi-layered.

Most countries had developed multi-sectoral responses to HIV/AIDS, with government playing a facilitating role with all the various actors, but implementation of such responses remained incomplete. It was agreed that with the added dimension of child labour, multi-sectoral programmes were ever more necessary.

There were different views on whether nation-wide policies and programmes or numerous smaller, local programmes were the most appropriate response. However, the mainstreaming of HIV/AIDS and child labour issues was endorsed. Effective mainstreaming would involve a focus on both girls and boys, on women and men. To move beyond the rhetoric of mainstreaming, it was urged that child labour awareness raising occur at all levels and through networking with all social partners. A recommendation was offered to develop guidelines for planners on mainstreaming HIV/AIDS and child labour issues into programmes, as has been done for gender and HIV/AIDS. Another suggestion was to include child labour issues within Poverty Reduction Strategy Papers (PRSPs) and development plans, including using child labour as an indicator to measure movement toward poverty reduction goals.

The link between HIV/AIDS and child labour adds to the stigma

Often, children from families where a person is sick with or has died of HIV/AIDS face social stigma surrounding the disease. As orphaned children, that stigma may grow. Many children forced to work are treated as second-class citizens. Thus, children affected by the pandemic and involved in child labour experience severe human rights abuses, with implications for the children and society as a whole.

There are numerous gender dimensions to both HIV/AIDS and child labour.

The South Africa Rapid Assessment noted that girls were more involved in risky work than boys and were more vulnerable to HIV/AIDS infection than boys. Further, girls dropped out of school more frequently and in higher proportion than boys. It was remarked that men might not be fully aware of the damage they cause in sexually exploiting children. On the other hand, it was noted that male attitudes and behaviours are important factors in spreading HIV/AIDS and putting girls and boys at risk of sexual exploitation. The issue of male behaviours was raised on several occasions, but did not become a topic for in-depth discussion and analysis. The media and male peers were cited as an important avenue to expanding awareness and affecting changes in social norms. The major role of women in care giving, of people living with HIV/AIDS, of widows and orphaned children was noted on several occasions.

Access to education and child labour

The South Africa Rapid Assessment team representative reported that 60 percent of interviewed working children were still in school. The children were working to pay school fees and supplement family incomes. In other countries, access to education was constrained by costs, and by whether one or both parents were living. In the context of HIV/AIDS, many families and guardian families had difficulty paying all the costs of sending children to school. The inclusion of HIV/AIDS prevention education in school curricula was emphasized, as was the inclusion of components on children's rights, especially for girls.

A question was raised: when children are in school, to what extent do households feel they are gaining value and not losing income? That is, do families see children's time in school, rather than working, as an opportunity cost that they can not afford? The need for money by families was great. An example from Tanzania was given of some children who were removed from work on plantations, but the children then found other, perhaps more hazardous, work elsewhere.

Another issue was whether (and if so, how) educational systems could be more flexible to accommodate children who can not attend regularly or within normal school hours, because of family commitments. Some participants felt that such flexibility was important given the pressures on low income households and that more flexible school systems were a way to reduce child labour; others felt that parents/guardians needed to be held accountable to keep children in school, that flexibility implied accepting the fact that children worked and, to these participants, that was not acceptable.

A related situation was raised by the South African team. In that country, the government provides grants to families with children under 7 years of age (recently raised to 14). It was suggested that in some instances when the grants ended, children had to work to make up for the lost income. Also, it was noted that child-headed households are not able to access such grants, as they are provided only to adults.

Policy guidance and direction for local programmes was incomplete.

Several countries are reviewing, revising or developing HIV/AIDS and/or child labour policies which offer opportunities for assuring that the linkages are identified in policies. The new information on HIV/AIDS and on child labour and the linked topic needs to be incorporated into all policy changes. At the same time, means are needed to monitor and enforce existing and new policies. Examples of engaging lawyers in enforcement of existing laws were offered as one means to expand effective policy implementation.

Community responses and projects were recognized as key to reducing the impact of HIV/AIDS on child labour.

Numerous examples of local programmes and projects were offered. Some concern was voiced about the sustainability and impact of local projects, but there was strong support for promoting community-based initiatives to deal with HIV/AIDS prevention and care and reductions in child labour. An example from a NGO in Tanzania stressed community ownership was an influential reason for sustainability and effectiveness. To concerns about how to assess and strengthen local ownership, examples of indicators (e.g., community material contributions to people living with HIV/AIDS and affected families, care giving and guardianship for orphaned children) were cited.

Community-based projects frequently use and/or rely on volunteers. There were difference experiences in the value of using and working with volunteers. On the one hand, volunteers were close to the problems and communities; they helped generate resources and kept project costs manageable. On the other hand, some participants felt that volunteers retained interest and commitment for only short periods of time and cost projects valuable time in training and organizing that was lost when a volunteer dropped out. Examples of maintaining volunteer commitment and acknowledging their contributions in Tanzania were offered (e.g., providing volunteers with home-based care kits, recognition events).

Concerns were raised about the ability of civil society organizations to manage the vastness of problems generated by the HIV/AIDS pandemic, including its impact on child labour. Greater government involvement and commitment of financial resources was stressed; examples of contributions by governments, unions and employer associations were cited. Advocacy by civil society groups for prioritising government budgeting and programmes was frequently stressed in the discussions.

Allowing adequate time for communities to engage in problem analysis and problem solving in order to identify responses that they could manage and own was essential. Many projects fail to allow the time for these processes to move forward, resulting in a lack of community control and ownership.

Programme and project responses were acknowledged as often very effective.

Experiences with some programmes and approaches differed by area and time. For example, varying opinions were voiced about the value of orphanages vs.

community/extended family care for orphaned children. The South Africa Rapid Assessment suggested a need for more orphanages as well as more training to providers of HBC. Other participants indicated that many existing orphanages were over-crowded, in poor condition, and unable to effectively serve the children who were there.

An example was offered of a programme in Eastern Zambia to withdraw children from child labour and provide rehabilitation with special schools, counselling, and material, nutritional and medical assistance. Like orphanages, such programmes reach some children. The cost of the programme, especially in terms of replication and sustainability without external funds, was raised.

Likewise, different experiences and views were offered on the value of small income generating activities (IGA). Some participants suggested that IGA were an important coping mechanism for impoverished individuals, households and small groups. Others said they IGA were not working and were not sustainable. In Zimbabwe, it was reported that most women who received financial support to begin IGA left their homes to operate the activity, leaving girls to provide for care and other household chores. Some of the girls were withdrawn from school in order to carry out those household tasks. It was felt that many of the IGA did not work and, in turn, resulted in an increased burden on girls. It was observed that if IGA were not working, it was necessary to look to how they were structured and run. Perhaps they were imposed on groups and did not grow out of local interests and organizing methods.

Also, different experiences and views on whether various forms of financial support (e.g., child care grants, subsidies for school fees, IGA loans/grants) should go directly to children or to families/guardians. From Zimbabwe, it was noted that about 40 percent of families who got financial support from the national AIDS Trust Fund used the money to buy food and about 20 percent used the money to pay school fees—the point being that money intended for support to PLWA went to family needs. It was suggested that alternative forms of support for orphaned children be considered. For example, subsidizing school fees (a common initiative of some NGOs across southern and eastern Africa), vocational and technical training for youth, group forms of income-generating activities, and village allocations of land for use by and for orphaned children.

It was agreed that there was a need for expanding programmes that provided information to parents about the legal rights of children, including the right to education. It was felt that some of the information dissemination can be achieved by working with and through the media.

One element that enhanced the effectiveness of programmes was to assign focal point persons. They would have the responsibility of monitoring and guiding implementation of national and organizational policies and reporting to ministerial or association managers. The education system in Tanzania and the Zambia Federation of Employers use focal point persons to implement and guide their HIV/AIDS and child labour programmes; these were found to be an important contribution to their programmes.

Local/village/community committees were seen as important in addressing child labour and the needs of orphaned and other vulnerable children. It was noted that in Zimbabwe and Uganda, among other countries, village committees maintain registers of orphaned children and vulnerable households in order to direct assistance.

The importance of parents/guardians for children's well being was noted throughout. Some of the programme responses in practice included psychosocial counselling, spiritual counselling, training of teachers to identify symptoms of stress in children and refer them to counsellors, community awareness raising.

Resource mobilization for both HIV/AIDS and child labour

The issues received extensive attention, especially during the discussion about planning for the future. It was widely agreed that levels of funding at all levels and from all sources remain inadequate for effective HIV/AIDS and child labour prevention. Strong emphasis was placed on advocacy to gain support for government budget line items for both HIV/AIDS and child labour initiatives.

Working Toward Effective Actions

In attempting to address some of these complex issues surrounding HIV/AIDS and child labour, participants argued for:

Gaining and disseminating a fuller understanding of effective programmes and projects that deal with both components of the linked problem;

Identifying and strengthening the most important support services, and for treating the care for orphaned and vulnerable children (which included children affected by HIV/AIDS) as encompassing a continuum—from nuclear to extended families, to community support systems, to public and private institutions; from local and district to national programmes and policies; and from using locally generated resources to leveraging the private sector to expanding government and international donor commitments.

Within that context, there was general agreement that effective and successful models and experiences of community-based and other local programmes needed to be absorbed into government and donor planning and, in turn, scaled up and replicated on a wide scale. Thus, the often repeated observation that lessons from the field should guide programming was reiterated for addressing the linked issues of HIV/AIDS and child labour. To make it possible to scale up and replicate effective HIV/AIDS and child labour programmes, organizations running such programmes and projects had to more fully document and disseminate their community-oriented experiences. In turn, information had to be combined with well-planned advocacy, through NGOs, workers' and employers' associations and multi-sectoral networks, when feasible.

Understanding changes in households was an underlying theme throughout the workshop. The Zambian NGO, CHIN offered a conceptual framework to assess factors that lead to breakdowns in household coping ability. HIV/AIDS was one such factor, and others were suggested. The framework is a useful starting point for further analysis of changes in families under pressures of the impact of HIV/AIDS. In turn, the analysis can contribute to targeting of families in special need or likely to need assistance to prevent children from having to work.

Also, given the range of issues raised during the technical workshop and the limits on resources, participants agreed that it was necessary to prioritise actions: what could effectively and reasonably be done? One example was to focus on the worst forms of child labour. Another was to target for support those children where both parents have died. On the issue of targeting responses, it was noted that children working were not a homogenous group: they differed by age, gender, the types of work performed and when and where that work was done, and by household situations. On the question raised about the opportunity costs to some households of having children in school and thus foregoing any income a child may earn, targeting with financial and material support the very vulnerable and destitute households seems in order. Targeting as a strategy also arose within the discussions about how to channel assistance to orphaned and vulnerable children: through the children themselves (especially relevant for child headed households or households where child abuse was found), through households, through schools, through orphanages and rehabilitation institutions. In each option, it was agreed that monitoring and accountability were important.

The workshop concluded with the drafting of a strategy plan on addressing HIV/AIDS and child labour. Numerous action ideas and practical steps were offered for application by the organizations represented at the workshop and through country teams that emerged during the workshop. The strategy plan is available from ILO-IPEC.

7.0 Participants' strategy paper¹

Introduction

In Sub-Saharan Africa more than 11 million girls and boys are AIDS orphans², and by 2010 an estimated 20 million boys and girls will be either single or double orphans. The research findings from community-based and advocacy organizations, universities, and international organisations, such as, ILO, UNICEF, UNAIDS, World Bank, UCW³, on HIV/AIDS, child labour and child protection, confirm the link between child labour and HIV/AIDS. In fact, for a child, the loss of the mother or the father (or both) has a strong link to her/his economic exploitation, as orphans are twice as likely to work than non-orphans.⁴

¹ Adopted unanimously at the workshop on the 8th of May 2003 by the tripartite participants

² Children on the brink, UNAIDS, UNICEF, 2002

³ ILO, World Bank and UNICEF inter-agency research project on 'Understanding children's work

⁴ (*Children under the shadow of AIDS, UNICEF, 2001, Children on the brink 2002, ILO- IPEC Rapid Assessments in South Africa, Zambia, Zimbabwe and Tanzania, 2002-2003, etc.*)

The HIV/AIDS induced child labour problem poses a significant threat to the successful fulfilment of obligations and commitments created by international conventions and agreements. Current strategies aiming to combat child labour do not adequately account for this new problem; therefore, ILO-IPEC should assist member states, in coordination with different social partners and other international organizations, to pursue a strategy⁵ which:

- ✓ Reinforces national and international commitments to combating HIV/AIDS related child labour.
- ✓ Identifies key areas of intervention and stimulates time bound action from a gender perspective.
- ✓ Fosters cooperation and communication between social partners, communities and NGOs.
- ✓ Raises awareness of HIV/AIDS related child labour through formal and non-formal education and sharing of information.
- ✓ Reduces the risk of child labourers contracting HIV/AIDS.

The participants of the tripartite workshop on *the Impact of HIV/AIDS on Child labour* in Lusaka (6-8 May 2003) called for further and intensified action on the following prioritised areas in order to achieve a number of objectives and policy options:

I) Education, Information and Awareness Raising

Objective 1: Awareness and understanding of the problem of HIV-AIDS induced child labour, as well as issues related to prevention, are increased through an enhanced communication flow within families, communities, and educational institutions.

- Sexual education for girls and boys, as well as teachers is provided through teachers committees, parents and teacher associations, teacher training, and teacher refresher courses.
- Schools and teachers' unions are involved as catalysts on AIDS and child labour prevention.
- Non-formal and informal channels of education, including peer education, on HIV/AIDS and child labour are effectively used to reach out for boys and girls who are not in the formal system of education
- HIV/AIDS and child labour prevention issues are incorporated in the current networks dealing with child protection in Sub-Saharan Africa
- Boys, girls, youth parliaments and councils, parents and teachers associations, etc, are mobilised in order to disseminate information on the negative impact that the HIV/AIDS pandemic creates, including increased child labour and its worst forms

⁵ Bearing in mind the 'Education for All Goals', the UNGASS commitments from the United Nations Special Session of the General Assembly on Children (2002) and on the United Nations Special session on HIV/AIDS (2001), the Fourth World Conference on Women (Beijing, 1995), as well as the relevant ILO Conventions (i.e. 138, 182); the Convention on the rights of the child; the United Nations Millennium goals, and the ILO Code of Practice on HIV/AIDS and the world of work

- The International Programme on the Elimination of Child Labour (IPEC) and other international agencies, in coordination with community –based organizations, intensifies information and dissemination campaigns on the joint problem of HIV/AIDS and child labour
- In the framework of the combat against commercial sexual exploitation of boys and girls (CSEC), campaigns against sexual tourism in countries affected by HIV/AIDS are intensified
- Books and school material for boys and girls and adolescents are prepared, and adapted, as appropriate, on the topic of AIDS and child labour
- Formal and non-formal education systems, including vocational training programmes, assist in building knowledge of teachers, girls and boys on HIV/AIDS and child labour issues, including the importance of using condoms, avoiding sexual intercourse with multiple partners, the health risks of certain traditional practices⁶ and the importance of changing prevailing male sexual norms.
- The network of HIV/AIDS and child labour practitioners created by the Lusaka workshop on the Impact of HIV/AIDS on child labour in Sub-Saharan Africa (6-8 May 2003) is maintained and reinforced

Objective 2: Community and faith - based organizations, as well as grass roots associations, are mobilized in order to ensure appropriate and sustainable responses and increased awareness on the problem of HIV-AIDS induced child labour

- Information seminars and training of trainers sessions (TOT), with community and faith-based organisations, parliamentarians, mayors, local leaders, on the theme of AIDS orphans and child labour are organized to ensure sustained advocacy
- Men, male adolescents and boys are sensitised on the implications of current male sexual norms on HIV/AIDS spread and sexual exploitation of girls and boys. The same applies for women on a smaller scale.
- Women, men, girls and boys at the grass-roots level (including the informal sector associations) are engaged to develop concrete initiatives for preventing child labour and HIV/AIDS.
- Support and training on child rights is provided to HIV/AIDS orphans’ foster families
- Orphanages capacity to deal with the growing number of AIDS orphans is enhanced
- Traditional healers and faith-based organizations are sensitised regarding the risks of campaigning against adolescents’ decisions to use of condoms.

Objective 3: The media play a key role in combating child labour related to HIV/AIDS

- A training course and accompanying training packages for journalists and the media on how to portray the complex problem of ‘HIV/AIDS induced child labour’ is undertaken
- A media network on HIV/AIDS and Child labour for Sub-Saharan Africa is created
- All possible means such as TV, radio, artists, musicians, soap operas are applied as mobilizing tools

⁶ such as Female Genital Mutilation (FGM), using the same blades for circumcision, body beauty marks, shaving the dead and his/her family members in funerals etc.

- Materials for the press are prepared (brochures, pamphlets, CD-ROMS, photo libraries, fact sheets, web pages ,etc)
- Media is used as a means to improve intra-family communication on the topic of HIV/AIDS and child labour
- Media is used to increase the global awareness on the issue of HIV-AIDS and child labour

II) Policy, Programme and Research

Objective 4: ILO's tripartite constituents, in coordination with IPEC and other partners, target responses to the AIDS orphan and child labour crisis and raise funds to combat it.

- Information is shared among the tripartite partners of the ILO on HIV/AIDS and child labour
- Training materials for trade unions and employers on HIV/AIDS and child labour are made available
- ILO's tripartite constituents and other stakeholders⁷, are encouraged to take part in coordination and networking of activities targeted at the elimination of 'HIV/AIDS induced child labour'
- Bipartite mechanisms, such as collective bargaining agreements and employment codes are used in order to introduce the question of HIV/AIDS and child labour
- Workers and Employers organizations, as well as civil society, and other relevant groups apply pressure to different Ministries, National AIDS councils and Funds in order to ensure sustainable funding for HIV/AIDS and child labour action and research
- National authorities, with the assistance of its social partners, identify legislation that needs to be revised or adopted in order combat child labour in the framework of the HIV/AIDS crisis
- National authorities, in coordination with ILO's social partners, take deliberate measures to facilitate the distribution of Anti-Retroviral Drugs (ARVs) for workers, employers, and the community at large, through the workplace

Objective 5: Time bound programmes for the elimination of child labour mainstream HIV/AIDS concerns into national planning processes, legislation, research and resources.

- Local resource mobilization is undertaken through existing mechanisms such as the National AIDS Councils, Funds for Children, Ministries.
- Indicators on HIV/AIDS are included in the impact assessment of programmes and policies targeted at the elimination of child labour
- HIV/AIDS concerns are mainstreamed in current projects dealing with hazardous child labour, commercial sexual exploitation of girls and boys and domestic work.
- The Poverty Reduction Strategy Paper (PRSP) process is used as an entry point for HIV/AIDS and child labour consideration
- National AIDS Councils and AIDS focal points in Ministries of Health and Education, include child labour components in their work

⁷ Community-based organizations, Civil society, NGOs, faith-based associations, boys and girls, private sector, families, pressure groups, women's organizations, youth organizations

- Ministries of Finance, Planning, Labour, Health, Education, Women/ Gender Secretariats and National AIDS Commissions are involved in the planning process and activities dealing with AIDS and child labour to ensure enhanced funding for the needed interventions
- District level resources and leadership are used in the fight against HIV/AIDS and child labour
- Political parties are involved in the integration of HIV/AIDS and child labour issues in decision making
- Existing national funds allocated for HIV/AIDS prevention progressively integrate the child labour dimension in a gender-sensitive manner

Objective 6) Existing national and international research institutions encourage research and programmes on HIV/AIDS and child labour, as well as the development of standardized guidelines.

- Stakeholder workshops are organized at the national level on the topic of the impact of HIV/AIDS on child labour are held in different Sub-Saharan African countries in order to establish detailed action plans
- National databases, repository centres and archiving methods are created, with the assistance of IPEC's Statistical and Monitoring programme (SIMPOC), on HIV/AIDS and child labour, ensuring the confidentiality of the information.
- National research institutions produce, with the financial assistance of donors, gender disaggregated quantitative statistics and qualitative research on the links of AIDS orphanhood, socioeconomic circumstances and child labour;
- Goals, indicators and targets are set and monitoring mechanisms are identified for the prevention/combating of the HIV/AIDS induced child labour problem from a gender perspective.
- A comprehensive inventory of 'Who is doing What?' on the field of HIV/AIDS and child labour including an inventory of all research and programmes done in the area of HIV/AIDS and child labour is drawn up.
- The concept of poverty as a main cause of HIV/AIDS prevalence and child labour perpetration in Sub-Saharan African countries is disaggregated in terms of gender, ethnicity, class, age, in order to find tangible and short / medium term solutions to problem
- Good practices are further compiled and disseminated widely with a view to replicating and scaling up the pilot interventions on HIV/AIDS and child labour from district to national level, as well as influencing national policies on the subject
- A supplement to the ILO Code of Practice on HIV/AIDS and the World of Work is drafted and adopted by ILO's tripartite constituents in order to fully reflect HIV/AIDS and child labour concerns

8.0 WORKSHOP EVALUATION

Participants were given a questionnaire to evaluate the workshop anonymously at the end of the workshop. The evaluation was concerned with both the content and the processes

used to deliver the workshop material. It is intended that the results of the evaluation should be used to improve the quality of similar workshops facilitated by ILO.

The meetings were attended by 43 delegates representing 7 countries. 38 questionnaires were distributed and 35 were completed and returned. The responses have been summarised in the table below and key observations highlighted in the following paragraphs:

8.1 Key Observations

Overall impression: Generally participants found the workshop very interesting, challenging and quite educational. Most participants felt confident to go back and use the knowledge gained to mainstream HIVA/IDS in child labour policies, programmes and projects being undertaken in their countries.

Adequacy of Time for Workshops: The general feeling among the participants in all the workshops was that time was not adequate. However, most participants expressed the wish to have national workshops where each country would focus on their specific national situation. They recommended that ILO –IPEC should sponsor such national workshops.

1. Overall, how valuable did you find the workshop?	Very valuable 70%	High to moderately valuable (26%)	Of no value	
2. Objectives of the workshop were	Very clear 80	Moderately clear 20	Not very clear	
3. Would you say the objectives of the workshop were met	All your expectations 52	Some of your expectations 48	None of your expectations	
4. Overall, the content of the workshop was appropriate	Strongly agree 84	Agree 16	Strongly disagree	
5. For each Day/Session:				
Day 1: Building the knowledge base on HIV/AIDS and Child labour in Sub-Saharan Africa				
(a) Objective of the session	Achieved	Moderately achieved	Not achieved	
(b) Content	Very appropriate 64%	Moderately appropriate 36	Not at all appropriate	
(c) Process	Very useful 48%	Moderately useful 50%	Not at all useful 2%	
(d) Materials/Documents	Very useful	Moderately useful	Not at all useful	
(e) Facilitator/Resource persons	Excellent 13%	Good 57%	Moderate 25%	Amateurish 5%
(f) Duration	Just right 27%	Moderate 33%	More time needed 40%	
Day 2: Identification of Good Practices in Policies and Programmes targeted at combating HIV/AIDS and child labour				
(a) Objective of the session	Achieved 93%	Moderately achieved 7%	Not achieved	
(b) Content	Very appropriate 76%	Moderately appropriate (24%)	Not at all appropriate	
(c) Process	Very useful 72%	Moderately useful 28%	Not at all useful	
(d) Materials/Documents	Very useful 89	Moderately useful 11	Not at all useful	
(e) Facilitator/Resource persons	Excellent 25%	Good 46%	Moderate 21%	Amateurish 8%

(f) Duration	Just right 15%	Moderate 12%	More time needed 73%
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<i>Day 3: Building on Action Plan on HIV/AIDS and child labour</i>				
(a) Objective of the session	Achieved 45%	Moderately achieved 51%	Not achieved 4%	
(b) Content	Very appropriate 47%	Moderately appropriate (48%)	Not at all appropriate (5%)	
(c) Process	Very useful 50%	Moderately useful 43%	Not at all useful 7%	
(d) Materials/Documents	Very useful 67%	Moderately useful 33%	Not at all useful	
(e) Facilitator/Resource persons	Excellent 81%	Good 10%	Moderate 9%	Amateurish
(f) Duration	Just right 13%	Moderate 25%	More time needed 62%	

6. Overall, the methodology of the workshop was?	Very appropriate 66%	Moderately appropriate (30%)	Not at all appropriate (4%)	
7. How useful was the group work and exercises	Very useful 72%	Moderately useful 23%	Not at all useful (5%)	
8. In general, the audio-visual material (such as the video transparencies, power point, etc) used in this workshop were:	Very clear 78%	Moderately clear 20%	Not very clear 2%	
9. In general, the documents distributed (binder, background material, documents) in this workshop were:	Very appropriate 95%	Moderately appropriate (5%)	Not at all appropriate	
10. Overall, the resource persons were well prepared and their session well presented	Strongly agree 74%	Agree 21%	Undecided / Disagree 5%	Strongly Disagree
11. The general atmosphere and relationships have been very constructive and has facilitated frank and open discussions	Strongly agree 98%	Agree 2%	Undecided / Disagree	Strongly Disagree

12. How was the workshop organised?	Very well 46%	Quite well 20%	Poor 27%	Very poorly 5%
13. The length of the workshop was	Too short 75%	Just right 25%		Too long

Issues of Handouts/documentation: Most participants felt that the documentation distributed were adequate and useful although several participants would have loved to get copies of the presentations given by other presenters other than the resource persons.

Attendance at Workshop: The attendance was good in all the days of the workshop. However, some participants had to leave earlier (back to their countries) on the last day of the workshop missing on the vital aspects of the strategy development. The attendance on the whole was very encouraging. This was very commendable as it ensured that most participants benefited from all the sessions.

The following were found to be the most common concerns about the workshop experienced by participants:

- Time was not adequate for the workshop to cover the material. Most participants felt the workshop was rushed and important topics were not adequately addressed.
- Inadequate travel arrangements that resulted in panic and pre workshop information exchange was limited.
- Several participants indicated that they would have been much happier to receive all the rapid assessment reports before coming to the workshop.
- Some participants felt that the meeting had left out some important stakeholders who should have benefited from the meeting.
- The secretarial services support to the workshop was inadequate.

Annex 1 Workshop Agenda

<i>The Impact of HIV/AIDS on Child Labour in Sub-Saharan Africa: Technical Workshop, Lusaka, 6-8 May 2003</i> Agenda	
Day 1: May 6, 2003- Building the knowledge base on HIV/AIDS and child labour in Sub-Saharan Africa	
8:30-9:00 am	Registration of Participants
Opening Session: <i>Facilitator, Dr. Benjamin Alli, ILO/AIDS</i>	

9am-10am	Mr. Louis Ndaba, Director ILO Office in Zambia and Ms. Alice Ouédraogo, Director, Policy Branch, IPEC Mr Sam Phiri representative, ZCTU Mr Chitembo, Executive director, ZFE Honorable Ms Nalumango, Minister of Labour & Social Security Zambia
10am-10:30	Coffee Break
10:30-1045	Ms Anita Amorim, ‘walk through’ the agenda Mr Julius Chilesche-Chalo on organizational issues

Panel on ILO-IPEC Rapid Assessments on the impact of HIV-AIDS on child labour, main findings and recommendations: focus on the informal sector , gender and education Facilitator: Ms. Alice Ouedraogo	
10:45-12:30	Mr. Mulenga Nkula, Reseacher team member of the ILO-IPEC research on HIV/AIDS and CL in Zambia Mr. Akim Mturi, University of Natal, team leader of the ILO-IPEC research on HIV/AIDS and child labour: Results of the rapid assessment on HIV/AIDS and Child Labour in South Africa: Educational Issues and Recommendations Ms. Justa Mwaituka , President KIWOHEDE and Researcher of the report on HIV/AIDS and child labour in Tanzania: gender aspects of the OVC – HIV-AIDS crisis and its impact on CSEC Ms Susie Baird, Zimbabwe Women’s Resource Center and Network: gender aspects of the national AIDS trust funds and its impact on women, men girls and boys. Ms Vicky Kanyoka, Head, Women and Organisation department – CHODAWU (affiliate of TUCTA: preventing child labour and exploitation of children suffering from the effects of HIV-AIDS: a women and youth perspective Discussions
12:30-2:30	LUNCH BREAK
Panel on the orphan and vulnerable children crisis related to HIV/AIDS and its impact on child labour: the HIV/ AIDS Orphans and child labour, the ‘care burden’ , orphan qualitative and quantitative data. Facilitators: Ms. Astrid Coyne-Jensen and Mr Timothy Kondo	
2:30 – 3:30	Mr. Furio Rosati, Co-ordinator, UCW inter-agency (ILO, UNICEF, World Bank) project, orphan statistics and child labour Mr. Hasan Semkiwa, IDS Tanzania researcher, and team member of the

	<p>Research on HIV/AIDS and child labour in Tanzania: The ILO-IPEC Rapid Assessment in Tanzania: main findings and conclusions</p> <p>Mr. J. Kaliyati, team leader of the research on child labour and HIV/AIDS in Zimbabwe; The ILO-IPEC Rapid Assessment in Zimbabwe, main findings and conclusions</p>
3:30-3:45	Coffee Break
3:45-6:00	<p>Mr. William Mallya , IPEC, NPM, Tanzania, : Integration of HIV-AIDS concerns within the Time-Bound Programme for Elimination of Child labour in Tanzania</p> <p>Mr Adern Nkandela, Executive Director, CHIN, Zambia: UNICEF/CHIN rapid assessment on the incidence of child abuse in Zambia – HIV/AIDS aspects.</p> <p>Ms Godfrida Sumaili, Executive Director, JCM: community based work protecting children from exploitation and HIV-AIDS</p> <p>Discussions</p>
6:30	Cocktail reception
<p>Day 2, May 7, 2003: Identification of Good Practices in policies and programmes targeted at combating HIV/AIDS and child labour.</p>	
<p>Panel on good practices on HIV/AIDS and child labour: community-based , national and sub-regional initiatives Facilitators : Mr. William Mallya and Ms. Kokuteta Mutembei</p>	
9:00-10:30	<p>Wrap of Day 1: Facilitators of Day 1.</p> <p>Ms- Anita Amorim, Research Officer, IPEC, introduction to IPEC’s approach to HIV-AIDS and CL and the importance of identifying good practices</p> <p>Mr. Bill Rau, HIV/AIDS and Development expert: Key-note speaker: a Synthesis of Lessons Learned and Good Practices on policies and programmes to combat HIV/AIDS and child labour: the Way forward</p> <p>Ms Wilhelmina Balyagati, TAMWA, TACAIDS: the role of the media in awareness raising and prevention – a good practice in preventing child exploitation related to HIV/AIDS</p> <p>Ms Margareth Semkiwa, WAMATA representative (People in the fight against AIDS- Tanzania): a grass-roots approach dealing with HIV/AIDS prevention</p> <p>Discussions</p>

10:30-10:45	Coffee Break
10:45-12:30	<p>Ms Scolastica Gondok, representative of the Ministry of Labour, Tanzania: child labour, HIV/AIDS and youth participation: a national perspective</p> <p>Ms. Vimbayi Mdege, Youth Gender and Workplace coordinator, National AIDS Council: good practices in working with children and youth in Zimbabwe</p> <p>Mr Mfunguo Representative of the Executive Director, Association of Tanzanian Employers (ATE), AIDS and child labour from a employers perspective</p> <p>Mr. Felix Simona, Zambia National Union of Teachers: working with teachers in the area of prevention</p> <p>Discussion</p>
12:30-2:30	LUNCH BREAK
<p>Strategies to mainstream HIV/AIDS concerns in the work to combat Child Labour</p> <p><i>Facilitator: Ms. Mpala Mulenga and Mr. Furio Rosati</i></p>	
2:30-3:15	<p>Dr. Ben Alli (ILO AIDS TC coordinator) and Ms. Evelyn Serima (ILO-AIDS Harare):</p> <p>ILO/AIDS experience on different strategies to prevent HIV/AIDS within a child's rights perspective: focus on an integrated approach</p> <p>Mr . Mlwande Madihili, Institute of Social Work, Tanzania : filling in research gaps on child labour, HIV-AIDS and the informal sector: findings from ILO-IPEC Rapid Assessment</p> <p>Mr. Joseph Tumushabe , Makerere University, Kampala: : a situational analysis of HIV/AIDS induced child labour in Uganda and the experience of community of community empowerment to manage the crisis.</p> <p>discussions</p>
3:15-3:30	Coffee break
3:30-4:45	<p><i>Group Work: on Strategies for mainstreaming HIV-AIDS concerns into Child labour Policies and Programmes (short presentation of the exercise by Ms. Anita Amorim)</i></p>

4:45-6:15	Presentation in Plenary by group <i>rapporteurs</i> followed by discussions
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Day 3, May 8 , 2003: Building a strategy on HIV/AIDS and child labour

Facilitators: Dr. Benjamin Alli and Ms Anita Amorim

9:00 Wrap up of Day 2: Facilitators of Day 2.

9: 15-10:30	Ms Joy Mehlomakulu, Ministry of Labour, South Africa: the challenge of eliminating child labour under the shadow of HIV-AIDS: a national approach Mr., Hamish Young,, Regional Protection Advisor, UNICEF ESARO: HIV/AIDS orphan protection in the framework of the UNGASS commitments : the way forward Ms Elna Hirschfeld:, representative of Dawie Bosch and Associates , child labour elimination framework in South Africa: the challenge of HIV/AIDS
10:30-10:45	Coffee break
10:45-12:45	Group work: A strategy for mainstreaming HIV/AIDS concerns into child labour policies and programmes.
12:45-2:30	LUNCH BREAK
2:30-3:45	(Continuation)Group work: A strategy for mainstreaming HIV/AIDS concerns into child labour policies and programmes.
3:45-4:00	Coffee Break
4:00-5:00	Presentation of group work results in Plenary by group rapporteurs followed by discussions
5:00-5:30	Theater presentation by Lusaka school –based performing group working on HIV-AIDS awareness raising and prevention for children and adolescents
5:30-6:00	Closing session: Wrap-up by Ms. Alice Ouedraogo and Mr Louis Ndaba.

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