



Combating child labour through HIV/AIDS programming with a focus on social protection (Uganda)



International
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BACKGROUND

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 continue to be. HIV and child labour form a vicious circle: when a parent is HIV positive, and extended family support is unavailable or insufficient, orphans and children living with sick parents may drop out of school to take care of a sick relative, to engage in early marriages, or to supplement the household income to feed their siblings and themselves, and hence can fall victim to child labour. As a result of HIV, there are an increasing number of child-headed households, women-headed households, and migration of children to urban centres. Many boys and girls affected by HIV enter into child labour and in turn, put themselves at high risk of contracting the virus by engaging in risky behaviours.

Therefore, this good practice highlights how child labour can be addressed from another angle (HIV/AIDS) and how social protection is a key component for appropriate action towards the elimination of child labour induced by HIV/AIDS.

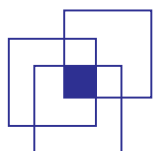
The target group was children working and at-risk, whose families were affected by HIV, as well as adult heads of households.

The practice was carried out under the IPEC Project “Combating and preventing HIV/AIDS-induced child labour in Sub-saharan Africa: Pilot action in Uganda and Zambia between 2005 and 2008.”

ACTION

Social protection is vital in helping vulnerable families, such as those affected by HIV/AIDS, maintain a minimum quality of life; it ensures a stable income to keep children in school as well as meeting the health and nutritional needs of the recipients. Social protection includes all public and private initiatives that provide income or consumption transfers to the poor families that protect them against risks to their livelihoods and enhance the rights and social status of the marginalized, with the overall objective of reducing their economic and social vulnerability. The Project promoted social protection for targeted groups mainly through the promotion of income generating activities (IGAs), the creation of savings schemes and referral to existing social protection agencies. For the ILO, access to social protection means that people and families have security in the face of vulnerabilities and contingencies, that they have access to health care and that they are able to live their lives and carry out their work in safety. In this Project, the expectations included the following:

Good practice





An elderly grandmother with orphans of her children; the grandmother is an income generating activities (IGAs) beneficiary under the Project. The girl standing next to her is 16 and is attending a tailoring course.

- To enhance the ability of children, households and communities to cope with and recover from the vulnerability and hazards of HIV/AIDS and child labour.
- To prevent more children from entering into HIV/AIDS-induced child labour, which aggravates poverty and keeps them in the vicious cycle of vulnerability and exploitation.
- To improve income levels of beneficiaries so they can meet basic household needs.
- To keep and support children withdrawn from child labour in schools.

The goal of this intervention is to address vulnerabilities of children affected by HIV-induced child labour and their families through capacity building and the promotion of linkages and networking with communities.

ACHIEVEMENTS/ACCOMPLISHMENTS

All the implementing agencies started with a social mapping exercise in the target areas that revealed the level of vulnerability of the target communities. A social mapping exercise is necessary to identify existing social protection measures and schemes in given localities that can serve as linkages for the beneficiary families. The mapping provided the list of service providers in the area, namely health care providers, microfinance institutions and educational institutions.

The mapping also identified the various micro-credit and banking institutions where the beneficiaries could deposit their savings as well as the stakeholders who could be helpful in implementing the Project.

Income generating activities (IGAs) were offered based on the poverty levels of women and child headed households. The specific criteria used to identify IGA beneficiaries was designed with community members and community child labour committees.

The implementing agencies conducted visits to the homes of the selected beneficiaries to verify the family status and assess their suitability to benefit from the project. The selected families had to agree to receive the grant in form of services and goods. The beneficiaries were also required to commit themselves to attend meetings and training convened by the implementing agency. Specific income generating activities (IGAs) to be supported were identified taking into account their ability to generate income, and the capacity of households to carry out the activities with the available resources. The selected beneficiaries were trained in the following basic business skills and management so as to benefit from IGAs: how to start a business; how to improve a business; how to manage a business; how to make a business plan; record keeping; marketing skills; entrepreneurship skills and savings mobilization.

SUSTAINABILITY

The Project's experiences implementing social protection measures with regard to IGAs and savings schemes have proved very successful and provide lessons for wider utilization when working with vulnerable groups, such as those affected by HIV/AIDS. In particular, national programmes such as the Government's Prosperity for All would benefit from the Project's approaches and processes. The practice addresses the causes of child labour by focusing on alleviating poverty by raising household incomes and offering a full package of services and social protection measures to the beneficiaries. Women are actively involved as they are one of the main target beneficiaries, since women-headed households (including those headed by grandmothers) are usually among the poorest families affected by HIV. The interventions are sustainable as the parents are earning an income and are referred to structures that provide them with services and income in the long-run.

LESSONS LEARNED

- The IGAs beneficiaries who were already in business are doing better than those who were starting for the first time. The IGAs inputs are limited and they benefit those who need to expand their capital base.
- The very elderly grandparents are faced with enormous challenges since they are being made to run around in businesses when they are already frail and are themselves in need of care.
- The elderly care givers require social welfare benefits or cash transfers instead of being involved in IGAs.
- Women have generally done better than men.
- Conducting market surveys before initiating IGAs enhances their success.
- Proper monitoring of market trends and responding appropriately is vital for the growth of the IGAs.
- Exchange visits to successful IGAs models motivates and increases opportunities for learning.
- Training in management of IGAs, is not a one time off activity but the training must be continuous and accompanied with monitoring by technical personnel.

A care giver and income generating activities beneficiary

Salome is a care giver and an income generating activity (IGA) beneficiary. She is a widow with 3 children. She is also responsible for her late brother's 9 orphans and her grandmother. She lives in Chawama, Lusaka with her 3 children and the daughter of her late brother. Her children are attending school and the daughter of her late brother is receiving vocational skills training from Chawama Youth Project. Her late brother's 8 sons live with their great grandmother in Kapiri Mposhi, since Salome cannot afford to maintain all of them in Lusaka. Before he died, her late brother requested her not to let his only daughter remain in Kapiri Mposhi since he feared that she might end up in commercial sexual exploitation, which is very common in that area. Before receiving IGA support, Salome was already in the business of knitting school sweaters although with very little capital and marginal profits. From the implementing agency, she received basic training in business planning, record keeping, marketing, entrepreneurship, saving and mobilization. In addition, the implementing agency provided inputs to the knitting business, and her profits and savings have increased. She is able to meet the basic needs of her family in Lusaka and also to provide financial and material support to her grand mother and nephews in Kapiri Mposhi. This gives her peace of mind.

“ One of the biggest causes of child labour is poverty, and the only way to address that is through improved livelihoods. ”

Quote of an evaluation interviewee.

NECESSARY CONDITIONS

- A social mapping exercise to identify social protection measures and schemes already operating in given localities.
- Specific criteria designed with community members to identify households to be supported with IGAs.
- Constant follow up and support from the implementing agencies.
- The IGA must originate from the people.
- A market for the goods and services.
- Commitment and openness of the community to the Project.
- Good supervisory guidelines in place (i.e. who takes charge, bank accounts, signatories).

REFERENCES

- IPEC: *Enhancing social protection to alleviate HIV/AIDS-induced child labour: Experiences from Uganda*. Paper No. 11 of the HIV/AIDS induced child labour series. (Kampala, ILO, 2007).
- IPEC: *Emerging good practices of the community based models in Uganda and Zambia*. Paper No. 12 of the HIV/AIDS induced child labour series. (Kampala, ILO, 2008). Names and addresses of contact persons can be found on pages 59 to 61.
- IPEC: *Final evaluation report of the HIV/AIDS induced child labour project*, (Kampala, ILO, 2008).
- IPEC: *ILO/IPEC HIV/AIDS-induced child labour Project in Uganda*, documentary, duration 22 minutes. (Kampala, ILO, 2008).

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