



# Children and Young People Talk about HIV/AIDS

Summary of Global Child Helpline Data from 2014

Giving a Voice to Children and Young People Worldwide

# Children and Young People Talk about HIV/AIDS

## We are Child Helpline International.

We voice children's needs to drive policy change.

Child Helpline International (CHI) is one of the world's largest collective impact organisations, a network of 191 child helplines in 145 countries (as of October 2015), which receive over 14 million contacts a year from children and young people in need of care and protection.

Since its founding in 2003, CHI has supported the creation and strengthening of child helplines, and has enhanced their recognition as an essential part of child protection systems globally.

CHI uses child helpline data and knowledge to highlight gaps in child protection, to advocate for the rights of children and young people around the world, and to fight for the eradication of violence against children.

Although the share of contacts regarding HIV/AIDS is not among the largest within all contacts made globally about the various concerns children and young people have, child helplines receive thousands of such calls and other requests for assistance. This is hardly surprising, given that as many as 3.2 million children under the age of 15 were estimated to be living with HIV at the end of 2013.<sup>1</sup>

Beside being infected themselves, children and young people may feel the devastating impact of HIV/AIDS in various other ways. About 18 million of those below the age of 17 were estimated to have lost one or both of their parents due to AIDS as of 2012.<sup>2</sup> A yet greater number of children and young people experience bereavement and/or feel the economic consequences of HIV/AIDS within their families. The virus, along with the stigma and other issues it has triggered, may also impact the way in which children and young people explore their own developing sexuality.

The list of negative effects of HIV/AIDS seems endless. Clearly, many rights of children and young people are placed at risk due to HIV/AIDS, especially the rights to health, to be cared for and to be educated.

As is the case with other reasons for contact, child helplines have been documenting HIV/AIDS related contacts and reporting them to Child Helpline International.

This briefing paper provides an up-to-date picture on the prevalence of HIV/AIDS-related concerns among children and young people around the world, by summarising the data on relevant contacts made with child helplines in 2014. Apart from providing a global overview, we look at individual regions as well as put the spotlight on Pakistan, Indonesia, Kenya and Senegal, where CHI has been implementing activities within the ASK Alliance.

<sup>1</sup> UNAIDS. (2014). *Epi slides: July 2014* [PDF document]. Retrieved from [http://www.unaids.org/sites/default/files/media\\_asset/01\\_Epi\\_slides\\_2014July.pdf](http://www.unaids.org/sites/default/files/media_asset/01_Epi_slides_2014July.pdf)

<sup>2</sup> UNICEF. (2013). *Towards an AIDS-free generation: Children and AIDS: Sixth stocktaking report*. New York: UNICEF. P. 81.

## Snapshot of the Most Recent Global Data

Child Helpline International produces briefing papers on various topics as a way to support international and national stakeholders with information gathered by member child helplines around the world. These up-to-date snapshots of global data can serve as guidance for policy-makers, child protection practitioners and anyone else involved in child protection.

This information comes directly from children and young people who reach out to child helplines when they need to talk about their worries, problems, traumatic experiences, feelings of love, shame, fear, excitement or anything else that is on their mind.

Child helplines have been systematically collecting and reporting data on issues affecting children and young people since 2003, when CHI started, with 49 members. This briefing paper is based on data about contacts made by children and young people in 2014 with 113 child helplines worldwide.

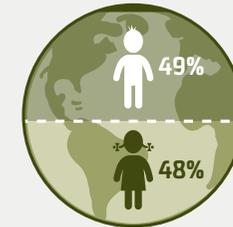
**3.2 million children** under the age of 15 were estimated to be living with **HIV** at the end of 2013.

In 2014, child helplines around the world received **22,889 HIV/AIDS** related contacts.

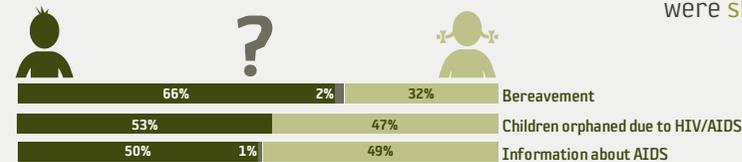
That is **less than 1%** of the **3,866,741** contacts for which a specific reason is known.



Requests for information about HIV/AIDS were **the most common reason** for children and young people to contact child helplines about **HIV/AIDS**, with **seven** in **10** HIV/AIDS related contacts.



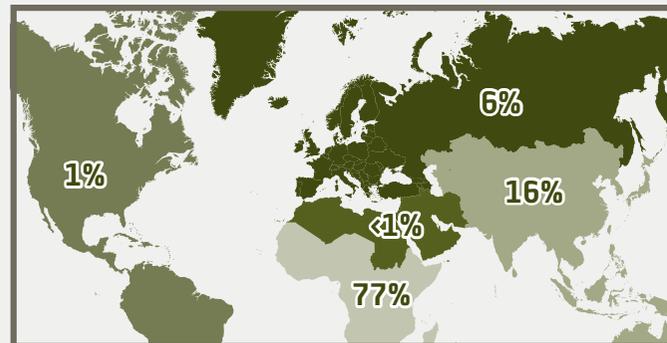
Contacts made by **boys** regarding **HIV/AIDS** were **slightly more** frequent than those made by **girls**.



**Boys** were much more likely than **girls** to contact a child helpline because of bereavement due to **HIV/AIDS**.



Child helplines in **Africa** handled almost **eight** in **every 10** reported contacts regarding **HIV/AIDS** made around the globe.



## Child helplines provide:

- opportunities for children and young people **to speak** about their experiences and concerns **confidentially and anonymously**;
- active, non-judgmental listening and emotional **support**;
- **accurate information and advice** on disease prevention;
- **awareness-raising, community mobilising and sensitising** to the importance of antiretroviral treatment;
- **first entry point** into the broader child **protection systems**.

## Case:

*Stephen, a 13-year-old Ugandan boy contacted the child helpline after he had lost both his parents due to HIV/AIDS. The counsellor invited him to visit the child helpline office where he was counselled in person. Following face-to-face counselling, Stephen was transferred to the services of the childcare ministry which continued to support him.*

## How Child Helplines Assist Children and Young People Affected by HIV/AIDS

Shame, guilt, fear, isolation and confusion are emotions often felt by children and young people contacting child helplines about HIV/AIDS issues. As surveys conducted via the People Living with HIV Stigma Index have shown, psychological costs can also include suicidal thoughts.<sup>3</sup> UNAIDS notes that HIV-related **stigma and discrimination** persist in all parts of the world and affect a range of aspects of everyday lives, including access to health care.<sup>4</sup>

Moreover, children living in communities where HIV/AIDS incidence is high are likely to be suffering considerable **emotional and economic deprivation**. Indeed, as numerous international indicators show, many of these communities are disadvantaged by poverty, poor infrastructure and limited access to basic services. Children with a parent suffering from HIV/AIDS and those who have lost both parents due to the virus and the disease would need the support of extended family or their broader community, but they may not always receive it for various reasons. In fact, it has been established that orphans and vulnerable children “frequently do not receive any type of support”.<sup>5</sup> The reliability of support networks may be especially limited for children living in cities, away from traditional communities.

Where they exist – and where the conditions for their operations are favourable – child helplines are there as a source of **accessible and reliable information and support** for children and young people affected by HIV/AIDS. They offer children, young people and their families

an opportunity to **speak confidentially and anonymously** about their feelings. Child helpline counsellors are trained to listen, provide support and give accurate information to help children and young people arrive at their own decisions. They are also skilled in helping their clients find face-to-face support from within their extended family, community or social services. Moreover, child helplines can provide support for home-based care, encouraging treatment adherence and facilitating referral to hospital when required. In many cases, child helpline services are the **first entry point** into the broader child protection system.

Child helplines have the special advantage of being able to support children without displacing them from their home communities. This enables the **integrity** of the child’s community support structures to be maintained and reduces the risk of unintentional consequences of intervention that can be caused by institutional care.

Some child helplines, such as Childline Uganda, complement direct work with children and young people who contact them with **reaching out to local communities** to educate them about HIV/AIDS, sensitize people to the broader issues associated with HIV/AIDS and **mobilise and organise** grass-roots meetings to enhance community understanding and support of antiretroviral treatment. Such activities are of critical importance, given the findings that in 2012, HIV treatment coverage for children (at about 34%) was half the coverage for adults (64%).

<sup>3</sup> United Nations Programme on HIV/AIDS (UNAIDS). (2013). *Global report: UNAIDS report on the global AIDS epidemic 2013*. Geneva, Switzerland: UNAIDS. P. 84.

<sup>4</sup> Ibid, p. 7.

<sup>5</sup> United Nations Children’s Fund (UNICEF). (2013). P. 20.

## The HIV/AIDS Priorities of Children and Young People

The global number of reported HIV/AIDS related contacts and their share within all contacts vary from year to year. This can be partially explained with variations in the number of child helplines that report data to CHI. Another part of the explanation could be occasional awareness-raising campaigns and/or public health incidents that attract broad public attention and may result in drastic increases in HIV/AIDS related contacts in individual countries. A clear 'suspect' for variations among countries is the prevalence of HIV/AIDS within country populations, but other factors, such as religious norms, taboos and customs likely also play a part.

For a more nuanced picture of what kind of concerns children and young people have in connection with HIV/AIDS, child helplines – where possible – document those contacts under the following subcategories: requests for information about HIV/AIDS; children living with HIV/AIDS; bereavement; parents (or family) with HIV/AIDS; children orphaned due to HIV/AIDS; access to medication; HIV/AIDS prevention; lifestyle choices after infection; pregnancy and HIV; and sexual abuse/rape in relation to HIV.

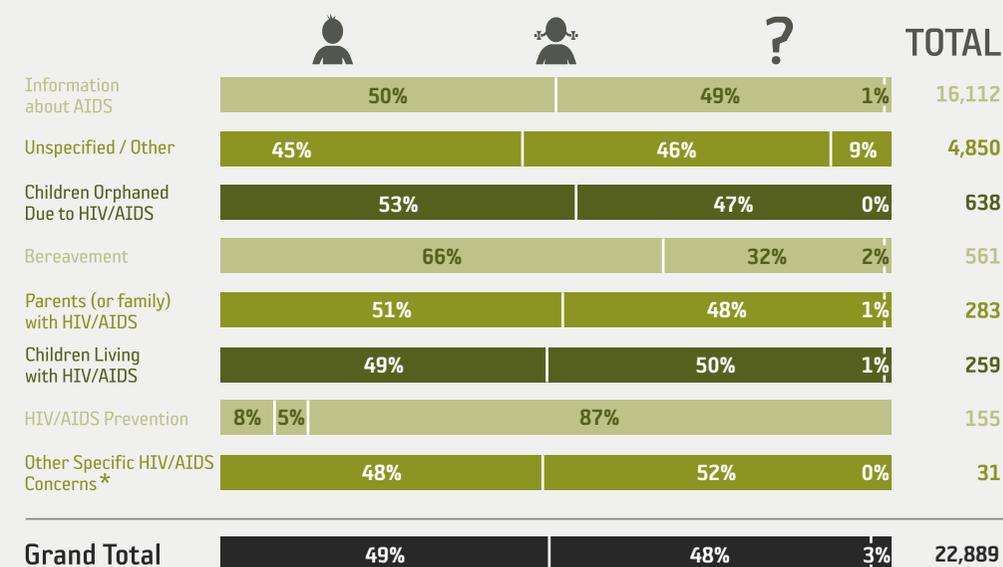
As can be seen in Figure 1, by far the most common HIV/AIDS related reason for children and young people to contact child helplines in 2014 was to request information about HIV/AIDS. There were more than 16,000 such contacts made globally, which represents seven in 10 HIV/AIDS related contacts. That shows that child helplines play an important role in educating the young generation about the virus and the disease. Five in 100 children and young people with HIV/AIDS related concerns contacted child helplines because they were living with HIV/AIDS themselves; were orphaned due to HIV/AIDS; or had parents or family with HIV/AIDS. In addition, two out of a 100 children and young people with HIV/AIDS related concerns wanted to share their experience of bereavement and receive counsel in that regard. About one-fifth of contacts in question were documented as unspecified/other.

Global data provides interesting further insights, such as the distribution of contacts between boys and girls. For example: globally and overall (i.e. taking into account the total number of documented contacts regarding any issue), more girls than boys contact helplines, but with regard to HIV/AIDS related concerns, contacts made by boys were a little more frequent than those made by girls (49% compared to 48%, respectively). With a two-third share within the global total, boys were much more likely than girls to contact a child helpline because

of bereavement due to HIV/AIDS. There were also more boys than girls among those who contacted the helplines to talk about being orphaned due to HIV/AIDS.

As regards other specific HIV/AIDS related reasons for contacts, the distribution is quite balanced between the sexes. However, since boys are generally notably less likely than girls to contact child helplines, the almost equal distribution shows that HIV/AIDS is a relatively more common reason that others for boys to contact child helplines. The issue is made more intriguing by the fact that girls are actually more frequently directly affected by HIV/AIDS – for example, in recent period approximately two-thirds of new HIV infections in adolescents aged 15-19 years were among girls, so one could expect more contacts on this matter coming from girls than from boys.

**Figure 1:**  
Contacts about HIV/AIDS Related Concerns



**\* Note:**

Due to low total numbers of cases, 'Other Specific HIV/AIDS Concerns' in this figure combines data on: Access to Medication; Lifestyle Choices after Infection; Pregnancy and HIV; Sexual Abuse/Rape in Relation to HIV.

## Regional Differences

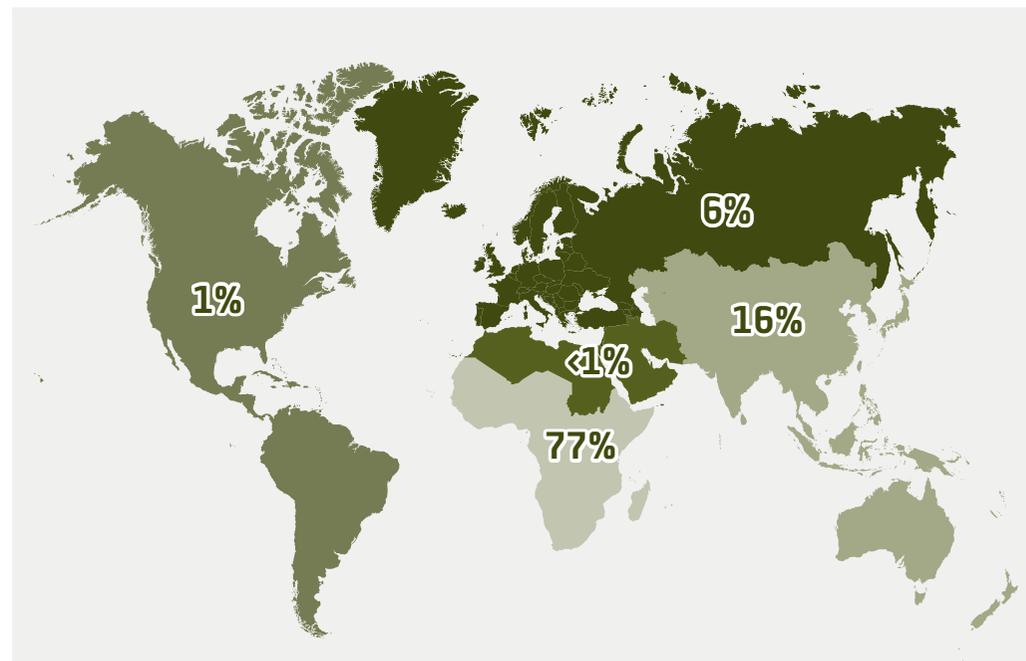
Globally, **3,866,741** contacts with known specific reasons were made in 2014 by children and young people. That means that – with **22,889** contacts – HIV/AIDS makes up less than 1% of all specific reasons for contacting a child helpline. There is, however, marked variation from region to region.

Child helplines in **Africa** responded to nearly 18,000 HIV/AIDS related contacts, thus handling almost eight in every 10 reported contacts regarding HIV/AIDS made around the globe. It should be noted that this is primarily due to Zambia registering 17,446 HIV/AIDS related contacts (the vast majority of which were requests for information, likely related to outreach activities of the helpline).

Regionally, **Asia-Pacific** comes second with a 16% share of HIV/AIDS related contacts made globally, followed by **Europe** with a 6% share. Child helplines in **Americas and the Caribbean** responded to one percent of the global total of HIV/AIDS related contacts, whereas **MENA** altogether reported only three such individual contacts.

These low numbers could imply a low level of awareness of HIV/AIDS and its consequences, which is also demonstrated in the fact that MENA has been identified as a region where new HIV infections continue to rise. In Europe, on the other hand, as well as in some other parts of the world, the fact that there are also specialised helplines that focus specifically on HIV/AIDS and related issues, is also a likely factor in lowering the numbers of calls on this topic to child helplines.

When looking at cumulative data, it should be noted that individual countries account for large portions of global and regional totals. As already mentioned, **Zambia** reported almost all contacts made in Africa. With this, Zambia also represents a more than three-quarter share within the global total. With more than 3,100 HIV/AIDS related contacts, **India** is also strongly represented in the global total of contacts due to HIV/AIDS concerns (with a 14% share), and it accounted for 86% of all such contacts in Asia-Pacific.



Child helplines in Africa handled almost eight in every 10 reported HIV/AIDS related contacts around the world. This is primarily due to Zambia having reported more than 17,000 such contacts.

It is interesting to note that both India and Zambia are on the list of countries where, according to UNAIDS, adult HIV incidence declined by more than 50% between 2001 and 2012. It may be deduced that both countries have seen a lot of awareness-raising and other prevention-oriented activities, which could also spark more information requests and other contacts made by children and young people in those countries. In addition, child helplines in both Zambia and India have been in existence for some time, have a comparatively good infrastructure, and are well embedded in the child protection system. Therefore child helpline numbers are well known amongst children and young people living in those two countries, so the likelihood of contacts is also higher there.

Within Europe, **Germany** contributed the largest (44%) share of contacts; and more than one-half of children and young people with HIV/AIDS related concerns in the Americas and the Caribbean contacted the child helpline in **Colombia**.

## Regional Differences

Another way to compare regions is by looking at the more specific HIV/AIDS related concerns that children and young people express when contacting a child helpline.

As Figure 2 shows, children and young people in Africa were relatively more likely than those in other regions and globally to have contacted a child helpline because they had been orphaned due to HIV/AIDS. However, the vast majority of all children and young people in Africa who contacted child helplines regarding HIV/AIDS did so in order to request information, and this share was higher than at the global level as well.

Such requests also represent a large, more than two-third share in Europe, and nearly one-half of HIV/AIDS related contacts in the Americas and the Caribbean (where an almost equal share of contacts were documented as unspecified/other).

Child helplines in Asia-Pacific reported more than nine in 10 HIV/AIDS related contacts as unspecified/other, which is more than four times higher than at the global level. This indicates that more work will need to be done to improve data collection and enable better comparability across regions.

## UNAIDS Global Statistics 2014

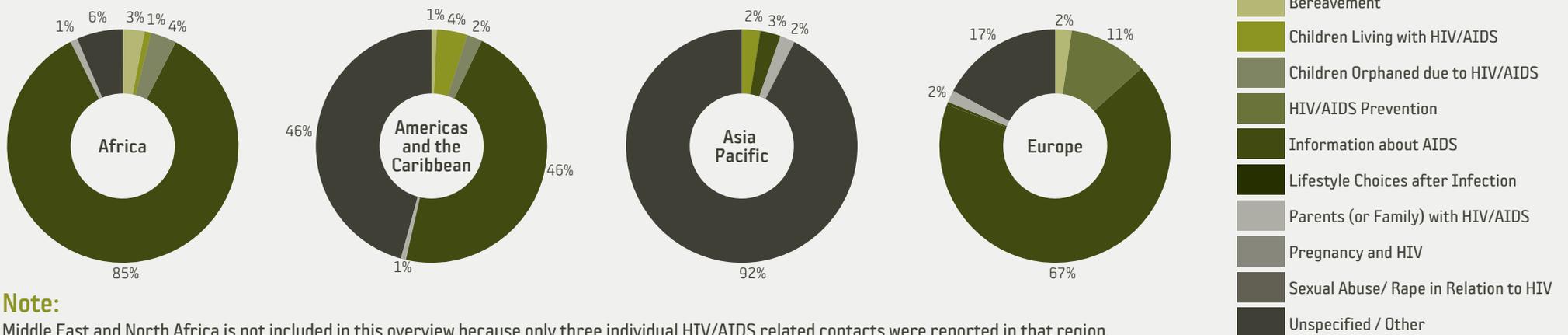
Regional HIV Data	Children Living with HIV	New HIV Infections among Children
Sub-Saharan Africa	2.3 million	190,000
Asia and the Pacific	200,000	21,000
Latin America	33,000	2,000
Caribbean	13,000	<500
Middle East and North Africa	13,000	2,400
Eastern Europe and Central Asia	17,000	1,200
Western and Central Europe and North America	3,300	<500
<b>GLOBAL</b>	<b>2.6 million</b>	<b>220,000</b>

### Note:

This data is meant to provide some additional context for the regional data reported in this paper, even though regions do not entirely correspond with the way they are defined by CHI. The reason for this difference is that the table is based on the UNAIDS Fact Sheet 2015, and it therefore follows the definition of regions used by UNAIDS.

**Figure 2:**

Contacts about HIV/AIDS by Region



### Note:

Middle East and North Africa is not included in this overview because only three individual HIV/AIDS related contacts were reported in that region.

## Country-Level Data

Child Helpline International has been a technical partner in the ASK Alliance – a coalition of non-governmental organisations aiming at a greater capacity of youth to make safe choices, improving and availability of services for sexual and reproductive health, and the referral of youth to these services. Other members of the alliance are Rutgers WPF, AMREF Flying Doctors, CHOICE for Youth and Sexuality, dance4life, International Planned Parenthood Federation (IPPF), Simavi and STOP AIDS NOW!

The focus of CHI's activities within the ASK Alliance has been on Kenya, Senegal, Pakistan and Indonesia, and we take a closer look at these four countries and the HIV/AIDS related data reported by child helplines. Due to the low level of HIV/AIDS related contacts in the four countries under examination, this section of the briefing paper covers not only the 2014 data but the five-year period from 2010 until 2014.



## Pakistan, Indonesia, Senegal And Kenya

The four countries where CHI has been active within the ASK Alliance (Pakistan, Indonesia, Senegal, Kenya) reported a lower number of HIV/AIDS related contacts that could be expected on the basis of indicators such as HIV/AIDS prevalence, as well as in comparison with some other countries in the respective regions. The total of 109 contacts across the five-year period (2010-2014) shows that HIV/AIDS related concerns are not a common reason for children and young people to contact child helplines in those countries.

### Pakistan

**Madadgaar** is Pakistan's first helpline for women and children suffering from violence, abuse and exploitation. It started over a decade ago with the support of UNICEF in Karachi, and it now operates in Lahore, Quetta and Peshawar. Madadgaar provides telephonic counselling, face to face counselling to walk-in survivors, crisis intervention, guidance, legal advises and legal aid and referral services to children and women.

The promotion of Sexual and Reproductive Health Rights is one of the helpline's main objectives. Despite this fact, a very low number of HIV/AIDS related contacts were reported: only two boys contacted the helpline in 2014 with requests for information about HIV/AIDS, whereas no such contacts were reported in the period 2010-2013. One of the reasons for this low contact rate is likely the fact that multiple other helplines in the country focus specifically on HIV/AIDS and other medical issues.

### Indonesia

The helpline **TeSA 129** was launched in 2006, with direct involvement of the Ministry of Social Affairs and the Ministry of Women Empowerment as well as other public institutions and other actors involved in child protection. The helpline reported data on contacts made in 2010, 2012 and 2014.

The total of HIV/AIDS related contacts in those three years was seven, of which six – all regarding children living with HIV/AIDS – were made in 2014. In 2010, no HIV/AIDS related contacts were reported, and in 2012 only one girl contacted the helpline regarding HIV/AIDS, namely regarding parents (or family) living with the virus/disease.

## Senegal

The child helpline is integrated in **Centre Ginddi**, which was established in 2003 by the Senegalese government out of concern for street children. The Center operates under the auspices of the Ministry of Women, Family and Children's Affairs. Its key mission is to integrate children and women in vulnerable situations. The child helpline reported data on contacts made in all years but 2012.

As in other ASK Alliance countries, HIV/AIDS does not feature prominently among known specific reasons for contacting the child helpline. In 2010, no HIV/AIDS related contacts were reported. In 2011, five girls and one boy contacted the helpline because of HIV/AIDS related concerns. Two girls requested support because of parents (or family) living with HIV/AIDS. Remaining four contacts (three girls and one boy) concerned children living with HIV/AIDS. In 2013, there was a total of 12 contacts about HIV/AIDS, all of them due to bereavement, and equally distributed among boys, girls and those whose sex is not known. In 2014, four boys and three girls contacted the child helpline on HIV/AIDS related issues. Four of those contacts were concerning HIV/AIDS prevention (three girls and one boy), and three boys needed support and assistance because of HIV/AIDS related bereavement.

## Kenya

**Childline Kenya** is a non-governmental organisation (NGO) working in the child protection sector and striving for the eradication of violence against children and increased awareness of children's rights. The organisation operates the National Child Helpline 116, Kenya's only 24-hour, toll-free telephone and web-based helpline for children.

Childline Kenya reported no HIV/AIDS related contacts for 2010 and 2011, whereas 2012 was the year with the highest number of HIV/AIDS related contacts, with the total of 45 contacts. The majority of these (32, of which 12 by boys and 20 by girls) were requests for support and assistance regarding children orphaned due to HIV/AIDS. The remaining 13 contacts (seven by boys and six by girls) were made regarding children living with HIV/AIDS. In 2013, there were 16 HIV/AIDS related contacts (more specific reasons are not known): four by boys, four by girls and eight by children or young people whose sex is not known. In 2014, 14 contacts made with child helpline were due to (unspecified) HIV/AIDS related concerns. Seven were made by boys, four by girls, and three by children or young people whose sex is not known.

## HIV/AIDS Related Contacts

ASK Alliance Countries, 2010-2014

Country	2010	2011	2012	2013	2014	Total
Pakistan	0	0	0	0	2	2
Indonesia	n.d.	n.d.	1	n.d.	6	7
Senegal	0	6	n.d.	12	7	25
Kenya	0	0	45	16	14	75

### Note:

n.d. stands for no data reported by the helpline for the year in question

Pakistan, Indonesia, Senegal and Kenya and their societies are, of course, different in many ways. The reasons for the low numbers of HIV/AIDS related contacts vary accordingly, from the overall HIV/AIDS prevalence and the availability of other helplines that are specifically dedicated to HIV/AIDS and related issues, to the existence of taboos and social norms that may act as a deterrent for children and young people to speak about HIV/AIDS and other related issues (see CHI's briefing paper on Sexual and Reproductive Health and Rights for more information on country contexts).

Overall it can be noted that HIV/AIDS related data on the four countries under consideration is not readily available, as is evident from reports by various other stakeholders. For example, UNICEF's stocktaking report on children and AIDS<sup>6</sup> provides the estimate on the number of children (aged 0-14) living with HIV only for Kenya (200,000), and the number of children (aged 0-14) receiving antiretroviral therapy only for Kenya (55,439) and Indonesia (1,695). Many other relevant statistics are not available for any of the four countries in question.

<sup>6</sup> UNICEF. (2013).

To unlock the potential of child helplines, they must be recognised as a fundamental mechanism for the empowerment and protection of children and young people.

### Governments should ensure that child helplines in their countries:

- have a **telephone number** that is **free** of charge for the child as well as for the child helpline;
- have a **short** three or four digit **telephone number** or a regionally harmonised number;
- have **national coverage** so that they are **accessible** to children **all over the country**;
- are accessible through the most **appropriate channels** of communication;
- are operational **24 hours** per day, **seven days** per week;
- are well **integrated** in the overall child protection **systems**.

Governments should provide financial support to child helplines to ensure sustainability and allow helplines to continue providing essential assistance to children and young people when they need it most.

## Conclusions and Recommendations

The data presented in this briefing paper clearly show that thousands of children and young people turn to child helplines when they have HIV/AIDS related concerns. In combination with the global data on HIV/AIDS incidence, new infections among adolescents, the reach of antiretroviral therapy, access to health services, discrimination, stigma and many other issues associated with HIV/AIDS, they make evident the need to **effectively support those affected by the disease** as well as to step up the awareness-raising, educational and sensitising efforts.

As the large numbers of contacts in Zambia in India have demonstrated, an increase in helplines' capacity and reach can lead to higher numbers of reported contacts, which mean higher numbers of children and young people reached, informed and helped. **Many more children could be reached if child helpline services were more extensive and accessible**, with more capacity to respond to children and young people's contacts. In other words, for these services to fulfil the potential they have for positive impact, they have to be optimally available to those who seek assistance. This has to be complemented with optimal use of the invaluable up-to-date information that child helplines collect and disseminate on concerns of the young generation around the world. Information that children and young people share with child helpline counsellors is, of course, much more varied than keywords and statistical variables can show, and it makes it clear that **stigmatisation and discrimination are still acting as barriers** for children to reach out for support. As child helplines are known for providing anonymous and confidential counselling and other assistance, their role in addressing a matter as challenging as HIV/AIDS is indispensable.

Along with greater support for child helplines, governments should provide programmes specifically for children affected by HIV/AIDS and ensure that **awareness-raising and education programmes** are working toward stopping the spread of the virus and its devastating impact. A number of international and local efforts are under way that are funded from various sources, from private grants to overseas development aid. The inclusion of local child helplines into these programs – and their cooperation with helplines that are specifically dedicated to HIV/AIDS related support – could make a difference to the overall reach and effectiveness of a myriad of programs.

A related, structurally oriented, critical step would be a full recognition of the fact that even well-funded and overall supported child helplines can only meet the needs of children and young people to a certain point. Therefore it is imperative to **build coherent referral and intervention systems**, so that children and young people can access the right care and protection through referral mechanisms in the medical, social, judicial and law enforcement sectors. Child helplines have demonstrated their **critical role as a first entry point** into the broader child protection system as well as their great potential to complement the activities of other services. This potential can only be unlocked through a comprehensive approach to the building of an enabling environment for child helplines and all other parts of child protection systems.

Policymakers should respond to these **needs for intervention** and ensure that legal frameworks, policies and their implementation address the issues raised in this paper, along with many more challenges that Child Helpline International and its members can support them in addressing.

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Find us on



CHI's work is firmly grounded in the principles and values enshrined in the UN Convention on the Rights of the Child, including children's right to privacy and protection from harm. To preserve the trust and confidence children and young people place in child helplines every day, all personal names in publications are altered.

The briefing paper is based on the analysis of information received from child helplines on the contacts they received in 2014. This data was gathered through CHI's annual data questionnaire. The data presented and statements made do not capture the full scope of practices and policies of all countries and cases handled by child helplines and other child protection organisations at the national level.

Lastly, percentages have been rounded up and do not make use of decimal notation. The exact data can be requested from Child Helpline International.

# Free our Voices.org

In the last 10 years, over 277 million children contacted our member child helplines. That is more than one call per second. Millions of these children were victims of violence, millions suffered from neglect and millions called to be saved from sexual abuse and suicide. Unfortunately, half of the children's calls for help were never answered – not because we did not care, but because we did not have the funding and support we needed.

Join our campaign to ensure that we can answer every call from every child!

**THE MORE VOICES WE HAVE, THE LOUDER WE WILL BE!**

Every child has the right to be heard.