

THE FRAMEWORK

FOR THE PROTECTION, CARE AND SUPPORT
OF ORPHANS AND VULNERABLE CHILDREN
LIVING IN A WORLD WITH HIV AND AIDS

July 2004



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One of the most tragic and difficult challenges of the HIV/AIDS epidemic is the growing number of children who have lost parents to AIDS or whose lives will never be the same because of it. The crisis is both enormous and complex, affecting many millions of children. Nothing can take away the pain that these children have already endured. But a conscious shift in our attention and efforts can help alleviate the suffering that many of them still face and provide brighter prospects for their future. Agreement on the key issues and actions to be taken will go a long way to increase the speed, magnitude and the effectiveness of our response.

To this end, a broad range of stakeholders from all sectors of society has collaborated to produce the framework presented here. It is targeted to senior leaders and decision makers around the world who can influence policies, programmes and resources directed to orphans and vulnerable children. Its purpose is to provide a common agenda for mounting an effective response. No government or organization is able to take on all aspects of the framework simultaneously or with equal force. And priorities will best be established within countries and at the local level. However, by affirming this strategy, a broad and diverse group can speak with one voice about the urgency and importance of the challenges, and about the collective efforts required to meet them.

This framework evolved from a process that began in 2000 and is based on the cumulative experience of many actors over many years. It was developed and refined through regional and global consultations with practitioners and policy makers and feedback from key experts. For much of this period, the documents that drove this process were *the Children on the Brink* series and preliminary versions of *Principles to Guide Programming for Orphans and Other Children Affected by HIV/AIDS* and *Strategic Action for Children and Families Affected by AIDS*. The framework presented here reflects an evolution of the strategies and principles first presented in these documents and a broader consensus on a common agenda.

We would like to thank all of the individuals, organizations and government agencies that contributed to the development of this framework. It is indeed a turning point, as global, national and local efforts increase momentum to lessen – and ultimately overcome – the impact of HIV/AIDS on children. We call upon all governments, international, non-governmental, faith-based and civil society organizations concerned with orphans and vulnerable children living in a world with HIV/AIDS to support this framework and to use it to build a collective response that fulfils the needs and rights of all of these children.

Peter Piot
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EXECUTIVE SUMMARY

The HIV/AIDS epidemic is a massive and rapidly mounting disaster for children. Almost 3 million children are infected with the HIV virus or living with AIDS. More than 14 million children under the age of 15 have lost one or both parents to AIDS, the vast majority of them in sub-Saharan Africa.

By 2010, the number of children orphaned by AIDS globally is expected to exceed 25 million. But that is just a fraction of the number of children whose lives will have been radically altered by the impact of HIV/AIDS on their families, communities, schools, health care and welfare systems and local and national economies. With rates of HIV infection on the rise in many regions of the world, this crisis for children will persist for decades, even as prevention and treatment programmes are expanded.

The reaction of families and communities to the plight of these children has been compassionate and remarkably resilient. However, they are struggling under the strain. To date, few resources are reaching families and communities who are providing this front-line response, and little attention is given to orphans and vulnerable children in most national development agendas. Moreover, donors have yet to put forth comprehensive programmes on this issue. Responding to the crisis of children affected by HIV/AIDS is clearly not yet seen as a global priority.

This framework, which was drawn up in collaboration with development practitioners and representatives from a broad array of governmental agencies, faith-based and non-governmental organizations, academic institutions, the private sector and civil society, presents a unique opportunity for collective action. No single government or agency can effectively respond to the myriad of problems created by the epidemic. But by working together in a creative, coordinated way – with a common agenda – we can take an enormous step in the right direction.

The framework is based on lessons learned over many years. It considers families and communities as the foundation of an effective, scaled-up response. Children, too, can be powerful agents of change, a role that enhances their confidence and self-esteem as they become partners in the fight against HIV/AIDS. In addition, the framework recommends that interventions that result from it be directed to all vulnerable children and the communities in which they reside, and integrated into other programmes to promote child welfare and reduce poverty. Targeting children living with HIV or AIDS or orphaned as a result of it will only serve to exacerbate the stigma and discrimination against them. The framework's key strategies are as follows:

1. Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support;
2. Mobilize and support community-based responses;
3. Ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration and others;
4. Ensure that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to families and communities;
5. Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV/AIDS.

The specific mix of activities to be implemented within countries will depend on local needs, capacities and priorities. However, there is a growing consensus that education is pivotal in



improving the lives and future prospects of orphans and those made vulnerable by HIV/AIDS. Access to essential services also includes equitable access for children, parents and carers' to life prolonging therapy with ARVs.

The framework concludes by defining key actions that must be taken urgently, including the prioritization of support for orphans, vulnerable children and their families in the national policies, actions and plans of affected countries. It asks all governments to assess their resource commitments to launch and sustain an adequate response over the decades that the crisis will be with us.



SITUATION AND RESPONSE OVERVIEW

The scale and spread of the HIV/AIDS epidemic is staggering. More than 20 million people around the world have died from AIDS and another 41 million are living with HIV. With infection rates still rising, the world is facing a catastrophic increase in illness and death that could undermine economic and social development for years to come.

The impact of HIV/AIDS is most profoundly reflected in the lives of children, whose very survival and development are at stake. Almost 3 million children under the age of 15 are living with HIV or AIDS, over 2.7 million of them in sub-Saharan Africa.¹ Another 14 million children have lost one or both parents to AIDS.

THE DEFINITION OF ORPHANS

Maternal orphans are children under age 18 whose mothers, and perhaps fathers, have died (includes double orphans).

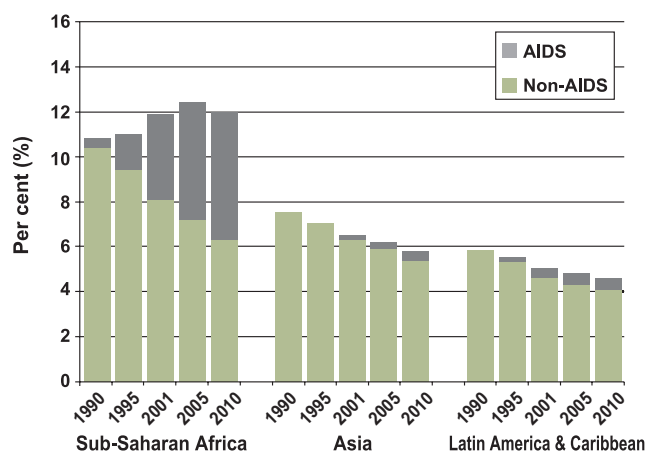
Paternal orphans are children under age 18 whose fathers, and perhaps mothers, have died (includes double orphans).

Double orphans are children under age 18 whose mothers and fathers have both died.

While currently available statistics are for orphans under 15 years of age, Children on the Brink 2004 will report estimates for orphans under 18 years old, in keeping with the definition of children put forth in the United Nations Convention on the Rights of the Child.

Most of the children orphaned by AIDS live in developing countries, the vast majority of them (82 per cent) in sub-Saharan Africa. As the infection spreads, the number of children who have lost parents to AIDS is beginning to grow in other regions as well, including Asia, Latin America and the Caribbean and Eastern Europe.

Per cent of children under age of 15 that are orphans by year, region and cause, 1990-2010



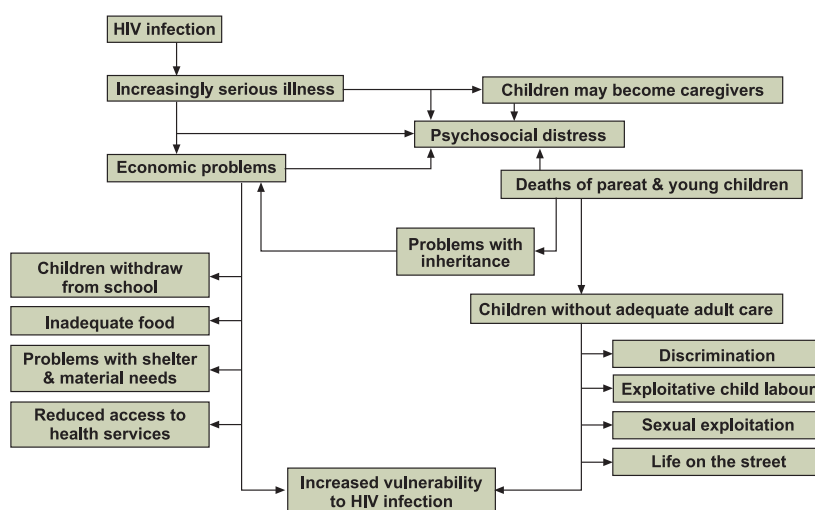
Source : Children on the Brink, 2002

¹ UNICEF orphan estimates.



Although precise estimates are not available, a much larger number of children have been made vulnerable by the impact of HIV/AIDS. This vulnerability is due to poverty, hunger, armed conflict and harmful child labour practices, among other threats, all of which fuel and are fuelled by the epidemic. In the countries affected most, parents, adult relatives, teachers, health care workers and others essential to the survival, development and protection of children are dying in unprecedented numbers. Millions of children are living with sick and dying parents or in poor households that take in orphans. Their communities have been weakened by HIV/AIDS as have their schools, health care delivery systems and other social support networks. The complex and interrelated problems among children and families affected by HIV/AIDS are illustrated in the diagram below.

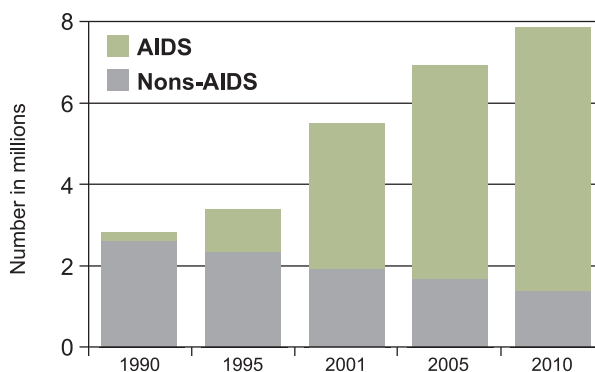
Problem Among Children and Families Affected by HIV/AIDS



Source : Williamson, 2000

Although only a portion of children affected by AIDS lose one or both parents, the impact on those who do can be severe. Under ordinary circumstances, the death of one young parent is not linked to the death of the other parent. But because HIV is sexually transmitted, the probability that both parents will die if one is infected is high. Moreover, many children are losing both parents in a relatively short period of time. By 2010, the number of children in sub-Saharan Africa who have lost both parents from AIDS will rise to 8 million, from 5.5 million in 2001, according to estimates. As the epidemic spreads, similar trends can be expected in other regions as well.

Number of double orphans in sub-Saharan Africa is increasing due to HIV/AIDS



Source : Children on the Bank, 2002



Children are profoundly affected as their parents fall sick and die, setting them on a long trail of painful experiences often characterized by:

Economic hardship - With the family's source of economic support threatened and savings spent on care, household capacity to provide for children's basic needs declines. An increasing number of children are being forced to take on the daunting responsibility of supporting the family.

Lack of love, attention and affection - The loss of a parent often means that young children are left without consistent responsive care. They can also be deprived of interpersonal and environmental stimulation and individualized affection and comfort.

Withdrawal from school - Economic pressure and the responsibilities of caring for parents and siblings can lead children to withdraw from school, even while their parents are still living.

Psychological distress - The illness and death of their parents can cause extreme psychological distress in children, along with increased fatalism that is worsened by the stigma attached to HIV/AIDS and to being an orphan.

Loss of inheritance - Orphans (and widows) are often deprived of money or property that is rightfully theirs.

Increased abuse and risk of HIV infection - Impoverished and sometimes without parents to educate and protect them, orphans and vulnerable children face increased risk of abuse and HIV infection. Many are forced into harmful child labour and/or sexually exploited for cash or to obtain 'protection', shelter or food.

Malnutrition and illness - Orphans and other affected children are at increased risk of malnutrition and illness and may be less likely to get the medical care they need.

Stigma, discrimination and isolation - Dispossessed orphans are often obliged to leave their homes and to live in unfamiliar and sometimes unwelcoming places. Children orphaned by AIDS are more likely to be rejected by extended family members than those orphaned due to other causes.

With so much against them, orphans and other children affected by HIV/AIDS are frequently marginalized and may quickly become the most vulnerable members of society.

- During 2002, in rural Zimbabwe, households with orphans earned on average 31 per cent less than households not affected by HIV/AIDS.²
- In the United Republic of Tanzania, the school attendance rate for children living with at least one parent is 71 per cent; for double orphans it is only 52 per cent.³
- In that same country, over half the children working full time in mining are orphans.⁴
- In Addis Ababa, Ethiopia, more than 75 per cent of child domestic workers are orphans.⁵
- In parts of Zambia, 65 per cent of children engaged in commercial sex and 56 per cent of children living on the streets are orphans.⁶

Although the impact of the HIV/AIDS to date has already been catastrophic, the worst is yet to come. Over the next ten years, the number of people already infected who will die from AIDS will increase dramatically. So, too, will the number of orphans and vulnerable children. By 2010, the number of

² Zimbabwe National Vulnerability Assessment Committee in collaboration with the SADC FANR Vulnerability Assessment Committee, 'Zimbabwe Emergency Food Security and Vulnerability Assessment', Report Number 3, Harare, Zimbabwe, April 2003.

³ 'Demographic and Health Survey', United Republic of Tanzania, 1999.

⁴ Mwami, J.A., J.A. Sanga and J. Nyoni, *Children Labour in Mining: A Rapid Assessment*, International Labour Organization/International Programme on the Elimination of Child Labour (Tanzania), Geneva, January 2002.

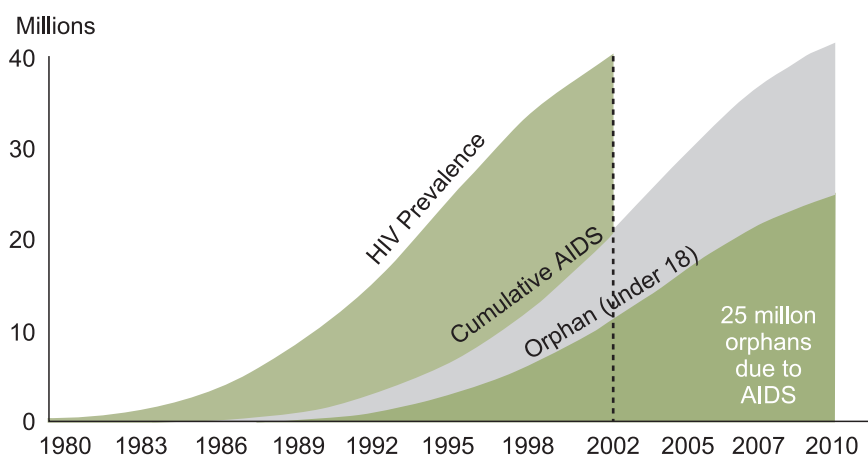
⁵ Kifle, A., 'Ethiopia, Child Domestic Workers in Addis Ababa: A Rapid Assessment', International Labour Organization, Geneva, July 2002.

⁶ Mushingeh, A., et al., 'A Rapid Assessment on the Case of the Lusaka, Copperbelt and Eastern Provinces', HIV/AIDS and Child Labour in Zambia, Paper No. 5, International Labour Office, Geneva, 2003.



children orphaned by AIDS is expected to exceed 25 million globally,⁷ and the number of vulnerable children will greatly surpass that estimate. The number of children infected with HIV will also increase significantly, and half of these children will most likely die before their first birthday. The crisis is unprecedented and demands an unprecedented response that will be sustained over the next 20 to 30 years.

EPIDEMIC CURVES - HIV, AIDS, ORPHANS



Source : UNAIDS/UNICEF, 2003, adapted from Whiteside, A. and C. Sunter, 2000.

Families and communities are the first line of response to the epidemic. They have reacted with tremendous resilience and compassion, absorbing orphans mainly within the extended family system. Yet there is compelling evidence that families are increasingly struggling under the strain, and failing to provide fully for their children's needs. Households headed by women and the elderly, who are already at the edge of poverty, must stretch their meagre resources further to accommodate additional children. An increasing number of households are made up of children alone, who are left to fend for themselves. AIDS is putting tremendous pressure on single parents, extended families and traditional community safety nets. Government social safety nets are often absent; when present, they may fail to reach the most marginalized families and communities.

The epidemic is compounding the impact of poverty at all levels. In hard-hit countries, the capacity of ministries of education, health, agriculture and social welfare, among others, has been drained by widespread deaths among their staff and increasing demands for service.

Without adequate collective action, the burden of orphans and vulnerable children is likely to diminish development prospects, reduce school enrolment and increase social inequity and instability. It will also push rising numbers of children onto the streets or into institutions.

The response to the orphan crisis is growing. But it lacks the necessary urgency and remains unfocused and limited in scope. Thousands of community-based programmes have been implemented by faith-based and non-governmental organizations as well as communities themselves to protect the

⁷ United States Agency for International Development, Joint United Nations Programme on HIV/AIDS, and United Nations Children's Fund, *Children on the Brink: A joint report on orphan estimates and program strategies*, TvT Associates/The Synergy Project, Washington, D.C., 2002.



rights and ensure the well-being of orphans, but opportunities for significant expansion have not yet been grasped. There is also concern that many of these responses are reactive in nature and regard children as 'helpless victims', providing only immediate and limited support, such as handouts of food and clothing. Such responses might further reinforce dependencies and have severe negative consequences in the future. It is crucial that such responses take a long-term perspective and regard children and their families as active participants in fighting HIV/AIDS and improving their own lives.

In the face of this deepening crisis, government leadership, coordination and facilitation has been fragmented and weak. Organized programmes on HIV/AIDS have reached only a small fraction of the most vulnerable children, while the demand and need for guidance and capacity-building to expand the response is mounting. So far, orphans and vulnerable children have failed to receive the attention they deserve in poverty reduction strategies and other national development instruments. Nor have donors responded to the situation adequately or with sufficient speed. Clearly, responding to the epidemic is not yet seen as an urgent global priority. The most critical challenge facing governments, non-governmental organizations and communities is to develop affordable, effective responses that match the scale and longevity of the crisis.

There is an abundance of challenges. But there is also reason for hope. Governments and development partners at all levels have gained substantial experience in recent years in fighting HIV/AIDS and possess greater knowledge about what works. National leadership is gradually increasing to help defeat the epidemic. Pressure and action are gaining ground to make HIV/AIDS testing and treatment more widely available. Partnerships among stakeholders at all levels are expanding.

In light of these advancements, the platform for an accelerated response exists. At this critical juncture, key partners from governmental agencies, international organizations and civil society have collaborated to develop a common framework for an appropriate response and are increasingly working closer and better together at national and subnational levels.



The human tragedy and mounting crisis of orphans and vulnerable children demands a global response. Attention now is required to generate the resources and to expand the partnerships needed to respond adequately, and with common objectives, over the long term. The framework presented below reflects a broad international consensus around goals, principles, strategies and programming that should guide such a response. It is directed particularly to senior government officials as well as organizational leaders and decision-makers who have the capacity to mobilize and sustain a significant increase in the global response. The application of this framework will add momentum and solidarity to international, regional, national and local efforts to confront HIV/AIDS and mitigate its impact on children.

Global Goals

In September 2000, the largest ever gathering of world leaders adopted the United Nations Millennium Declaration, an ambitious agenda for reducing poverty and improving lives across the globe. All eight of the resulting Millennium Development Goals have a direct impact on the lives of children. Key among them is the fight against HIV/AIDS.

It is widely recognized that the Millennium Declaration and complementary goals and commitments, on issues such as education for all and eliminating the worst forms of child labour, cannot be achieved without addressing the HIV/AIDS epidemic and its impact on children.

In recognition of its global significance, the United Nations General Assembly Special Session on HIV/AIDS, in June 2001, generated an extraordinary level of leadership, awareness and support in response to the HIV/AIDS crisis. A Declaration of Commitment adopted at the Special Session specified time-bound goals and targets to measure progress and to ensure accountability. As part of a longer-term response to the growing number of orphans and vulnerable children, concrete targets were set through 2005. Countries resolved that, together with partners, they would:

By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family, and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psychosocial support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;

Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;

Urge the international community, particularly donor countries, civil society as well as the private sector to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions, in countries at high risk and to direct special assistance to sub-Saharan Africa.



In May 2002, the UN General Assembly Special Session on Children ('A World Fit for Children') reaffirmed the Millennium Development Goals and the 2001 Special Session goals specifically established for children affected by HIV/AIDS.

Guiding Human Rights Principles

The United Nations Convention on the Rights of the Child and other relevant human rights instruments guide all actions in support of orphans and vulnerable children, in the recognition that development is the realization of a set of universally applicable, inalienable rights. This approach recognizes that children are both rights holders and participants; they are not merely the recipients of services or the beneficiaries of protective measures.

The Convention on the Rights of the Child affirms that the family has primary responsibility to protect and care for the child, and that governments have the responsibility to protect, preserve and support the child-family relationship. The Convention also specifies the responsibility of the State to provide special protection for a child who is deprived of his or her family environment. Especially relevant articles of the Convention are listed in Annex 2.

The underlying values – or 'guiding principles' – of the Convention, described below, influence the way each right is fulfilled and serve as a constant reference for the implementation and monitoring of all efforts to fulfil and protect children's rights.

Best interests of the child

The Convention on the Rights of the Child states that in each and every decision affecting the child, the various possible solutions must be considered and due weight given to the child's best interests. This principle is immediately relevant to orphans and vulnerable children where decisions are being made regarding their caretakers, property and futures, but extends further to all matters that concern children, including development policies and programmes and allocation of public resources.

Non-discrimination

All children should be given the opportunity to enjoy the rights recognized by the Convention on the Rights of the Child. States must identify the most vulnerable and disadvantaged children and take affirmative action to ensure that the rights of these children are realized and protected. Orphans and vulnerable children are at risk of discrimination in all aspects of their lives and, therefore, this principle is essential in guiding all efforts to address HIV/AIDS.

Right to survival, well-being and development

The CRC is grounded in the recognition of the right to child survival, well-being and development. This principle is in no way limited to a physical perspective; rather, it further emphasizes the need to ensure full and harmonious development of the child, including at the spiritual, moral, psychological and social levels. States are obliged to undertake strategies to assist the most disadvantaged children, including those affected by HIV and AIDS.

Respect for the view of the child

This principle affirms that children are entitled to express their views in all matters affecting them and requires that those views be given due weight in accordance with the child's age and



maturity. It recognizes the potential of children to enrich decision-making processes and to participate as citizens and actors of change. This principle underscores the importance of ensuring that orphans and vulnerable children participate in decisions that affect them, such as those concerning their care and inheritance, and that they have important contributions to make in the fight against HIV/AIDS.

Key Strategies

The five strategies outlined below are intended to target key action areas and provide operational guidance to governments and other stakeholders as they respond to the needs of orphans and vulnerable children. Pursuing these strategies within the context of national development plans will be key to the achievement of goals established at the Millennium Summit and at the UN Special Session on HIV/AIDS.

The strategies represent an evolution of those presented in *Children on the Brink 2002*. Strengthening the capacity of families and communities continues to be of central importance. However, increasing access to services has been given greater prominence and will require the leadership of governments as well as the support of non-governmental, faith-based and community organizations. These strategies are to be implemented hand in hand with efforts to prevent the further spread of HIV, the loss of parents to AIDS and other causes of child vulnerability.

FIVE KEY STRATEGIES

1. Strengthen the **capacity of families** to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support.
2. Mobilize and support **community-based responses**.
3. Ensure access for orphans and vulnerable children to **essential services**, including education, health care, birth registration and others.
4. Ensure that **governments protect** the most vulnerable children through improved policy and legislation and by channelling resources to families and communities.
5. Raise awareness at all levels through advocacy and social mobilization to create a **supportive environment** for children and families affected by HIV/AIDS.

The actions described below are intended to help shape an effective response to the growing crisis. They represent the collective experience and knowledge of those working to protect and care for orphans and vulnerable children.

It should be noted, however, that the impact of HIV/AIDS on children varies considerably from one context to another. There is no model or specific set of interventions that can be prescribed for all communities, countries and regions. For this reason, within each country, the mix of strategies and actions will vary according to locally identified needs, capacities and priorities.



1. Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support.

When a household begins to feel the effects of HIV/AIDS, family relationships provide the most immediate source of support. Mothers or fathers who lose their spouses to AIDS are burdened with increased economic and child-care responsibilities and, in some cases, may also be ill themselves. In families where both parents die, there is no ideal placement for the children, just better or worse options. Enabling siblings to remain together with a single parent, in the care of relatives or with a family they already know and are prepared to accept as new, permanent caregivers are the better options. The vast majority of orphans and vulnerable children are living with surviving parents or their extended family. Even the majority of children who live on the streets maintain ties with their families. Recognizing this reality, the core of a strategy to respond to orphans and vulnerable children must be to strengthen the capacity of families to care for and protect their children.

Families are the best hope for vulnerable children, but they require support from outside sources for both immediate survival needs and the longer term. Families require a combination of economic, material and psychosocial support. In addition, family members who are living with HIV or AIDS need support that will enable them to live longer, better and in greater dignity. Six major areas of intervention are vital to the coping capacity of families. A partnership of government and community-based organizations, including faith-based organizations, will be needed to provide such support.

Improving the economic capacity of households

BUILDING THE CAPACITY OF FAMILIES

- Improve household economic capacity
- Provide psychosocial support to affected children and their caregivers
- Strengthen and support child-care capacities
- Support succession planning
- Prolong the lives of parents
- Strengthen young people's life skills

The capacity of families to protect the rights and ensure the well-being of their children depends largely on the ability of a household to meet immediate needs, ensure a steady income and maintain the integrity of its economic safety net. Possible interventions should aim to enhance the economic resiliency of the household. Conditional cash transfers, insurance mechanisms, direct subsidies and material assistance can help alleviate the urgent needs of the most vulnerable households. Examples of longer-term interventions include introducing members to self-managed savings groups; facilitating access to financial services offered by micro-finance institutions; creating linkages between micro enterprises and more profitable markets or more economical sources for purchasing raw materials; and improving agricultural efficiency.

It is important that older children and young people take part in planning activities designed to improve household economic capacity. This will encourage their self-sufficiency and help to protect them from harmful child labour and future economic exploitation.

Particular attention must be given to the growing number of orphans and vulnerable children living in rural agricultural areas, since they are a significant part of the future agricultural labour force.



Intergenerational transfer of knowledge and skills is threatened by the extended illness and premature death of parents. As was demonstrated in Cambodia, programmes that focus on improving agricultural knowledge and skills can be promoted in tandem with food security, nutrition and life skills programmes to maximize both immediate and longer-term benefits.⁸

The specific strategy employed to support household economic activities will depend on the local context and the needs of individual households. However, criteria for participation should be based on economic vulnerability. Programming strategies should be those most likely to attract the poorer socio-economic strata in a given area.

National poverty reduction and development strategies, including employment and market creation and agricultural extension, can be tailored to reach vulnerable households. Micro-economic studies can help show governments that small investments in children and families have the potential to reap larger benefits to the national economy.

Providing psychosocial support to affected children and their caregivers

Many programmes for orphans and vulnerable children have focused on material support and meeting children's physical needs. Since psychosocial problems are sometimes poorly understood or difficult to assess, they are often not adequately addressed by programmes.

HIV/AIDS undermines, then destroys, the fundamental human attachments essential to normal family life and child development. Children affected by HIV/AIDS suffer anxiety and fear during the years of parental illness, then grief and trauma with the death of a parent. These problems are often compounded by cultural taboos surrounding discussion of AIDS and death. It cannot be assumed that children and their caregivers are always able to cope without support. They need plenty of opportunity to express their feelings without fear of stigma, discrimination and exclusion.

Addressing psychosocial needs does not necessarily require separate programmes. Relevant measures can be incorporated into other activities. Group approaches, peer support and individual counselling are needed. Schools, social welfare programmes, faith-based organizations and other existing structures with the potential to reach AIDS-affected families in their communities can offer much needed support. Teachers, health care workers and others can be trained to identify signs of distress and to take appropriate action. Community-based monitoring and support activities, such as those conducted by women and adolescent volunteers in Zimbabwe, are helping to guide and protect children.⁹ Some of the elements that have been identified as key to the success of psychosocial support interventions are community ownership, engaging children and young people in planning and implementation, and tailoring activities to local cultural practices and beliefs.¹⁰ In addition, programmes must provide support that is developmentally appropriate, recognizing that children of different ages respond differently to trauma and loss, and need support throughout childhood and youth.

⁸ Sukothea, N., *The Empowerment of Farmer Life Schools*, 2002, Community Integrated Pest Management Website: <http://www.communityipm.org>.

⁹ Levine, C. and G. Foster, *The White Oak Report: Building international support for children affected by AIDS*, The Orphan Project, New York, 2000; and Foster, G. and L. Jiwli, 'Psychosocial Support of Children Affected by AIDS: An evaluation and review of Masiye Camp', Bulawayo, Zimbabwe, 2001.

¹⁰ Regional Psychosocial Support Initiative (REPSSI), *Resource CD on Psychosocial Support for Children Affected by HIV/AIDS*, REPSSI, Bulawayo, Zimbabwe, 2003.



The facilitated use of memory books and memory boxes is one approach that has been shown effective in helping to address psychosocial issues.¹¹ Memory tools promote discussion between parent and child about what is happening and who can provide care for the child in the future. They also provide a lasting link for a child to his or her parent and positive experiences that will be remembered.

Strengthening and supporting child-care capacities

With so many parents dying prematurely, single parents, a wide range of relatives and other community members are finding themselves with new child-care responsibilities. In the countries most affected, the elderly are caring for a large percentage of orphans and vulnerable children.¹² Increasingly, children themselves are heading up households. Improving the quality and reach of government promoted efforts to support new caregivers through schools, health centres, preschools and social welfare services is essential.

Community-based efforts to strengthen and support good child-rearing practices must also be brought to scale. Community child-care/day-care initiatives can help to alleviate caregivers and create child development opportunities. In some countries, it has been found effective to tailor programmes to the needs of older caregivers or to child-headed households. Caregiver support groups have also been found to provide much needed relief and the opportunity to share experiences and learn from one another.¹³ Special attention is warranted in all efforts to ensure that orphans and vulnerable children are not discriminated against or treated unfairly in their homes. Both government and community services should be made available to prevent and respond to sexual abuse and economic exploitation of children in their homes.¹⁴

A particular emphasis must be placed on integrated early childhood development of children of pre-school age, especially through efforts that focus on food and nutrition, health and development, psychosocial needs, day care and other key areas. Activities to strengthen and support the 'coping skills' and emotional resources of new caregivers are also important.

Supporting succession planning

There is an urgent need to significantly expand activities geared to helping parents plan for their children's future. This includes guidance in disclosing their illness, comforting children in their grief, making a will and other arrangements, such as identifying an appropriate caretaker and seeing to the preparation and passing on of legal documents, such as birth certificates and title deeds to land. When parents do not make a will, children can lose their inheritance (money, land, property and livestock). But even with a valid will, the process can go awry. Widows and their children are often denied what is rightfully theirs because of statutory or traditional laws. And even where law or religion provides for the transfer of money or property to children, enforcement of such laws can be weak. In such cases, relatives often end up with a child's inheritance. Planning in advance will help parents living with HIV or AIDS ensure a better future for their children and alleviate a major source of emotional distress and anxiety.

¹¹ Morgan, Jonathon, et al., *Manual: Make Your Own Memory Box*, The Memory Box Project, which forms part of the AIDS and Society Research Unit at the University of Cape Town, South Africa, 2003.

¹² World Bank studies have found that the elderly are caring for 20 per cent to over 50 per cent of orphaned children in Africa and Latin America (HelpAge International/International HIV/AIDS Alliance, *Forgotten Families: Older people as carers of orphans and vulnerable children*, HelpAge International, London, 2003.)

¹³ HelpAge International/International HIV/AIDS Alliance, 2003.

¹⁴ Human Rights Watch, 'Policy Paralysis: A call for action on HIV/AIDS-related human rights abuses against women and girls in Africa', Human Rights Watch, New York, December 2003.



Improving succession practices requires government legislation and enforcement as well as training of parents and families. This can be carried out by government workers, non-governmental organizations and community volunteers. In Namibia, health care workers, caregivers, counsellors and community activists involved in the treatment and care of people living with HIV and AIDS are being trained as trainers in will writing and inheritance.¹⁵ Psychosocial support is an important element of succession planning and approaches using memory, such as those mentioned above, have proven helpful in talking about one's illness, solidifying a sense of family identity, enhancing emotional coping capacity and planning for succession.

Prolonging the lives of HIV-positive parents

Helping ill parents to become healthier and live longer is one of the most important areas of action to benefit their children. This can be accomplished through appropriate treatment and by supporting their care at home. The longer an HIV-infected parent stays healthy, the better the outcome for the child. Providing a supportive environment that encourages parents to test for HIV and seek treatment is fundamental. Efforts to expand access to highly active antiretroviral therapy are critical to prolonging the lives of millions of infected parents.¹⁶ Important among these is the '3 by 5 initiative' that aims to treat 3 million people living with HIV by 2005.¹⁷ Linking care and support with existing initiatives such as the prevention of parent-to-child transmission will be a key strategy for reaching parents who are HIV-positive or living with AIDS and can benefit all family members.

Even before antiretroviral therapy becomes more widely available, the lives of HIV-positive parents can be improved and prolonged by ensuring they have access to the inexpensive medicines needed to treat common infections. Services for treating common illnesses and opportunistic infections need to be significantly expanded through clinic- and home-based care to people living with HIV or AIDS. Making medicine, food and nutrition education available through home-based care and support programmes can benefit both parents and children and help parents live longer, in greater dignity and comfort.

At the same time, aggressive, scaled-up prevention programmes are urgently needed for the many millions of parents and young people who are not infected with HIV.

Strengthening young peoples' life and survival skills

Another ramification of the premature death of parents is the fact that skills are no longer passed down from one generation to another. And in the absence of parental guidance and support, adolescents and young people are forced to take on responsibilities for which they may not be prepared. Training young people to cope with such demands is an essential element of the response. In particular, young people need new and strengthened skills in areas including household management, caring for younger siblings, budgeting and accessing services. Vocational training and apprenticeships are key to enhancing their ability to generate income. In addition, young people must be equipped with the social and interpersonal skills necessary to make informed decisions, communicate effectively and develop coping and self-management mechanisms that will enable them to protect themselves from HIV infection and other risks. Young people are not passive recipients in this process of skill development. Encouraging their active participation in planning and

¹⁵ Shipiki, Ruusa and Michaela Figueira, *Training Manual for Trainers on Will Writing and Inheritance in Namibia*, Legal Assistance Centre: AIDS Law Unit, Windhoek, Namibia, 2001.

¹⁶ Widespread access to and use of highly active antiretroviral therapy could reduce the projected number of orphans in coming years.

¹⁷ See World Health Organization (WHO) website: www.who.int/3by5/about/en/.



implementation will improve the quality of programmes and build self-esteem as they take on increased responsibility and become partners in the fight against HIV/AIDS.

2. Mobilize and support community-based responses

When families cannot adequately meet the basic needs of their children, the community is a safety net in providing essential support. In practice, care of orphans and vulnerable children comes from nuclear families surviving with community assistance, extended families able to cater for increased numbers with community assistance, and, in extreme cases, communities caring for children in child-headed households or with no family involvement. Reinforcing the capacity of communities to provide support, protection and care is the foundation of a response that will match the scale and long-term impact of the HIV/AIDS crisis for children.

Lessons learned through the many community activities undertaken to date in support of orphans and other children at risk indicate the need for a systematic approach to community mobilization - one that focuses on community concerns about their most vulnerable children.¹⁸ Four key areas of intervention nurture and strengthen community initiative and provide a solid basis for expansion. Faith-based and non-governmental organizations, along with other community structures, have a key role to play in mobilizing and supporting community efforts.

MOBILIZING AND SUPPORTING COMMUNITY-BASED RESPONSES

- Engage local leaders in responding to the needs of vulnerable community members
- Organize and support activities that enable community members to talk more openly about HIV/AIDS
- Organize cooperative support activities
- Promote and support community care for children without family support

Engaging local leaders

Local leaders, including traditional and religious leaders, administrators, women's groups, prominent citizens, journalists, teachers and others need to be sensitized to the impact of HIV/AIDS and to the circumstances of orphans and vulnerable children. This sensitization process aims to encourage leaders and their communities to take action in support of affected children and to monitor those most vulnerable, ensuring that they are under the supervision of adults, in school, accessing needed services and realizing other basic rights. Of particular importance is alerting leaders to the risk of sexual abuse and exploitative labour faced by these children and the need to create a culture in which abuse is unacceptable and violations are dealt with effectively. This heightened awareness provides much needed attention to vulnerable children and stimulates locally driven action in response to identified needs.

Enabling communities to talk more openly about HIV/AIDS

Lack of knowledge about HIV/AIDS, misinformation and negative attitudes towards people living with HIV and AIDS can undermine the willingness of a community to provide for the needs of those affected. In addition to their fear of the disease, people may associate AIDS with behaviours

¹⁸ For a more detailed discussion of guidelines for community mobilization, see Williamson, John, 'Strategic Action for Children and Families Affected by HIV/AIDS' (draft), November 2002.



they do not condone and discriminate against those who are infected. In many places, fear and stigmatization have left HIV-positive children and sometimes children orphaned by AIDS without care. Information can help reduce the stigma and discrimination that surrounds the epidemic. Efforts to open a community dialogue on HIV/AIDS can dispel myths, raise awareness and engender compassion. Children and young people are important participants in this process. Youth clubs, religious groups, schools and other community structures offer possible avenues for information dissemination and dialogue.

Organizing and supporting cooperative activities

Poor communities provide many examples of using locally available resources to help children and households made vulnerable by HIV/AIDS. Community groups can provide direct help to such children. They can also assist AIDS-affected families to provide for their children's basic needs. Successful activities have included community monitoring and visiting of affected households; volunteer programmes that provide much needed psychosocial support; communal gardens; community child-care services; community schools; provision of relief labour and respite childcare; pooling of funds to provide material assistance; community protectors; and youth clubs and recreation programmes. As in Malawi and Uganda, these activities are often conceived of and supported by community development committees. Larger-scale district-level initiatives and national development programmes can be adapted to support such efforts. Investing in communities to bring such efforts to scale will make an enormous difference in the lives of orphans and vulnerable children. This approach will have the added benefit of enhancing a community's sense of its own identity and power over its own affairs.

Promoting and supporting community care for children without any family support

Some children, at least temporarily, will not be able to access family-based care within their own communities. Efforts are needed to expand fostering, adoption and other types of non-institutional care for them.¹⁹ Dramatically increasing the availability of foster or adoptive care in children's own communities is one of the biggest challenges that must be met. While governments work to expand fostering and adoption services, communities can provide support to increase families' willingness to bring children into their extended households, even if only on a temporary basis. Communities can also assist in monitoring these households to ensure that new caregivers are coping with increased demands and that children are not being abused or exploited.

3. Ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration and others.

Orphans and vulnerable children are at a disadvantage in obtaining essential services necessary to their welfare. In many countries, they have lower school attendance rates and are at risk of poor nutrition and health. They are also at greater risk of abuse and exploitation because of their status in society. Typically, orphans and vulnerable children have significant psychosocial needs and their support systems to meet those needs are weak or, in extreme cases, non-existent.

Article 65 of the Declaration of Commitment of the UN Special Session on HIV/AIDS calls for increased access to essential services and parity for orphans and vulnerable children. Governments have an obligation to provide services to all children and communities. At the local level, non-governmental organizations, faith-based organizations, the private sector and other indigenous community groups often play a critical role in extending the reach of these services. As part of overall

¹⁹ For a discussion of orphanages, see Annex 3.



government service provision plans, there is a need for increased resources and innovative services, such as combined mobile services to bring services to children where they live. To ensure greater impact and sustainability, interventions that build the capacity, quality, collaboration and reach of effective service delivery programmes are warranted.

ENSURING ACCESS TO ESSENTIAL SERVICES

- Increase school enrolment and attendance
- Ensure birth registration for all children
- Provide basic health and nutrition services
- Improve access to safe water and sanitation
- Ensure that judicial systems protect vulnerable children
- Ensure placement services for children without family care
- Strengthen local planning and action

Education

Increasingly, stakeholders in the fight against HIV/AIDS are recognizing and promoting the fact that education can leverage significant improvements in the lives of orphans and vulnerable children.²⁰ Schools benefit the individual child, but can also serve as important resource centres to meet the broader needs of communities.

Every child has the right to a primary education. It is vital for children's futures that they attend school and take full advantage of this right. Beyond academic learning, education is also important for their psychosocial development. Schools can provide children with a safe, structured environment, the emotional support and supervision of adults, and the opportunity to learn how to interact with other children and develop social networks. Education can also reduce children's risk of HIV infection by increasing knowledge, awareness, skills and opportunities.²¹

Countries and communities must identify the barriers to education and define locally appropriate strategies for attracting and keeping children in school. Fees and hidden costs of schooling are often the greatest obstacles. The movement to abolish school fees is a critical effort for ensuring that orphans and vulnerable children enter and stay in school. Interventions that address the opportunity costs of attending school are also needed and may include child-care services, labour saving techniques and locally defined incentives. The introduction of school meals, especially in areas where food security is an issue, provides the added benefit of improving children's attendance and nutritional status. When combined with take-home rations, school meals also offer benefits beyond the individual child by supporting the larger household. However, school feeding programmes need to be undertaken in full consultation with community leaders and donors, when involved, ensuring their awareness of the dangers of creating dependency.

Teachers have a critical role to play in helping school-aged children to remain free from HIV and providing emotional support. Building capacity and providing supervision and support for teachers

²⁰ See Joint United Nations Programme on HIV/AIDS, et al., *HIV/AIDS and Education: A strategic approach*, UNAIDS, Geneva, November 2002; and Joint United Nations Programme on HIV/AIDS, 'The Role of Education in Supporting and Caring for Orphans and Other Children Made Vulnerable by HIV/AIDS' (draft discussion paper for the Global Partners Forum, October 2003, Geneva), UNAIDS, 2003.

²¹ International HIV/AIDS Alliance, *Building Blocks: Africa-Wide Briefing Notes: Education*, International HIV/AIDS Alliance, Brighton, United Kingdom, 2003.



will be key to improving educational quality. Teachers can be trained to identify vulnerable children and provide needed support and counselling. Making the curriculum more relevant to the daily needs of children and youth will help attract and keep children in school. Because children's learning begins well before they are old enough for formal education, efforts are needed to provide age-appropriate educational activities to pre-school age children whenever possible.

Unfortunately, schools can also be a place of increased risk. Policy and monitoring measures are needed to prevent and address situations in which students are abused or exploited. These measures can help ensure that all children, particularly those most vulnerable, are not prevented from enjoying their right to a safe educational environment due to such practices.

Enhancing the role of schools in fighting HIV/AIDS and mitigating its impact on orphans and vulnerable children may also involve childcare (both before and after school), recreational programmes and community education. Efforts to improve and expand the role of schools will require the involvement of parents, community leaders and children themselves.

Birth registration

A fundamental role of local authorities is to ensure that systems are in place to register the birth of all children. Although this may not always be accomplished at the time of birth, birth registration is critical both for identification as well as access to public services and welfare. Local and national authorities need to develop and implement strategies for increased birth registration. As part of their monitoring role described above, communities can assist in identifying orphans and vulnerable children in need of birth registration, can alert their caretakers to its importance, and can assist local authorities in ensuring that these children are registered.

Health and nutrition

Mechanisms need to be put in place to ensure that orphans, children infected with HIV and other vulnerable children have access to essential health services. The elimination of user fees may be worth exploring in this regard. However, circumstances – and therefore policy decisions – will vary across countries.²² Programmes that support voluntary HIV counselling and testing, prevention of parent-to-child transmission of HIV, and care and support of people living with AIDS provide key entry points for identifying HIV-positive and other vulnerable children in need of health care services.

Giving HIV-positive children and their caregivers greater access to life-prolonging therapies is critical and must be moved higher on global and national agendas. Initiatives to expand access to highly active antiretroviral therapy and to link treatment efforts with prevention of parent-to-child transmission, the integrated management of childhood illnesses and other programmes must be promoted. Home-based care and support can improve the welfare and self-esteem of children and their families. It can also provide an opportunity to identify children most in need. It is important that home-based care programmes ensure that support is arranged for children after a parent has died. Essential health services for all young children include vaccination, vitamin A supplementation, growth monitoring, infant feeding, de-worming and the integrated management of childhood illnesses. As children grow older, HIV prevention and youth-friendly health services are key to their continued well-being.

²² See World Bank, *World Development Report 2004: Making Services Work for Poor People*, chapter 4, for a discussion of user fees.



Water and sanitation

In many communities hard hit by HIV/AIDS, access to safe water and sanitation has been identified as a severe problem for orphans, other vulnerable children and their families. In some places, this issue is at the core of health and survival, both for children and their parents. Efforts to increase access to safe water through the establishment of water stations, training and support for safe water storage and treatment, extended pipelines, boreholes and other locally appropriate means are warranted. Better access to safe water also reduces the work demands on vulnerable children and their caretakers. Proper hygiene and food handling are important components of information provided to caretakers.

Judicial protection

Abuse, exploitation and inheritance violations are increasing threats to orphans and vulnerable children. The community has an extremely vital role to play in this regard. Faith-based and other community organizations can work with community members to monitor children, intervene locally where appropriate and alert authorities to cases of abuse. In addition, governments must make widespread efforts to ensure that judges and traditional leaders are aware of these problems and also of existing legislation and procedures designed to protect children from abuse, exploitation and loss of inheritance. Broad multimedia campaigns against abuse have been used effectively in some of the hardest hit countries, such as South Africa and Swaziland. In some circumstances, there may be the need for the establishment of legally empowered child protection centres.

Placement services for children without family care

Local adoption and foster care mechanisms are needed for children who require special placement. This will entail strengthening and expanding existing programmes, creating new ones and supporting measures to ensure rapid family placement of abandoned infants. In placing children in out-of-home care, effort should be made to place siblings together and to prevent the placement of very young children in large institutional settings. While placement in the most family-like setting is developmentally appropriate for all children, it is most important for younger children.

Developing, financing, implementing and monitoring community systems of care based on the principles of providing children with a family environment are of the highest priority. Vigilance in monitoring must continue once children have been placed in households of relatives or foster families to ensure they are well cared for and that their rights are respected.²³ There is a need to establish and enforce screening procedures to ensure that children are placed in institutional care only when no better placement options are possible, and preferably only on an interim basis until a family or community placement can be made. Much has been learned by countries trying to reduce reliance on institutions. Lessons from Ethiopia and Uganda, for example, can help provide guidance for other countries trying to develop new and strengthened systems that promote family-based care.²⁴

District/local planning and action

Comprehensive local action plans are essential to meeting the service delivery needs of families and communities. Many countries are undergoing a process of decentralization that will be critical to

²³ In several rapid assessments conducted by the International Labour Organization (ILO) in various African countries, it was found that these arrangements often led to extremely exploitative domestic work situations.

²⁴ Save the Children, 'A Last Resort: The growing concern about children in residential care', Save the Children, UK, on behalf of the International Save the Children Alliance, 2003.



the success of service delivery acceleration efforts and should be supported and expanded. The devolution of decision-making, authority and resources is a critical aspect of decentralization, which is the dominant political process within which the response to HIV/AIDS and orphans and vulnerable children will evolve.²⁵ Meeting the service needs of orphans and vulnerable children should be incorporated within these efforts by building the capacity of district officials and local authorities to identify vulnerable children, households and communities; assess their needs; collaborate with other stakeholders and service providers to train staff and extend services; develop alternative delivery mechanisms; and monitor coverage. A participatory local needs assessment is an important first step in the district planning process.

4. Ensure that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to communities.

While the family has primary responsibility for the care and protection of children, national governments have the ultimate responsibility to protect children and ensure their well-being.

Most countries have committed to achieving the goals agreed to in the UN General Assembly's Declaration of Commitment on HIV/AIDS. In order to meet these obligations, countries must undertake and be supported in a broad range of multisectoral actions. No ministry has sole jurisdiction over the issues surrounding orphans and vulnerable children. Governments must find ways to bring together ministries of education, finance, health, social welfare and others to respond in a coordinated and effective way to the many needs of these children.

ENSURE THAT GOVERNMENTS PROTECT THE MOST VULNERABLE CHILDREN

- Adopt national policies, strategies and action plans
- Enhance government capacity
- Ensure that resources reach communities
- Develop and enforce a supportive legislative framework
- Establish mechanisms to ensure information exchange and collaboration of efforts

Adopting national policies, strategies and action plans

In the Declaration of Commitment signed at the UN Special Session on HIV/AIDS, countries committed themselves to develop and implement national policies and strategies for the protection and care of orphans and vulnerable children by 2005. In order to be effective, these policies should also be reflected in national and sectoral policies, plans and budgets. A planned response to the HIV/AIDS epidemic and its effects on children and youth should form an integral part of all national policy and planning instruments and development strategies.²⁶ Through ongoing regional consultations in sub-Saharan Africa, many countries are developing national action plans. Continued support from international partners and monitoring for accountability will help to ensure that plans are set into motion and that Special Session goals are achieved.

²⁵ Phiri, S. and D. Webb, 'The Impact of HIV/AIDS on Orphans and Programme and Policy Responses', AIDS, Public Policy and Child Well-Being, 2002. [http://www.unicef-icdc.org/research/ESP/aids/aids_index.html]

²⁶ These may include poverty reduction strategies, sector wide approaches and sector investment programmes.



Enhancing government capacity

To protect the well-being of children and youth, national and local governments require sufficient resources and internal capacity for data gathering and analysis, strategic planning, policy development and execution, programme implementation, monitoring and evaluation. With scarce resources stretched well beyond their limits in an already difficult macroeconomic environment, direct service delivery and support to families becomes increasingly difficult. Creative approaches to strengthen social safety nets are needed. In the most affected countries, the HIV/AIDS epidemic is undermining the institutions and human resources on which future health, security and progress depend. In order to meet their obligations and mount an adequate response to HIV/AIDS, governments require immediate and long-term capacity-building and support from both international and local partners.

Ensuring resources reach communities

An important step in allocating resources is the inclusion of HIV/AIDS responses in national development and budgetary processes, including poverty reduction strategies. In a stressed fiscal climate where increased investment may be limited, creative and prioritized use of existing resources, aggressive efforts to mobilize external resources and ensuring that resources are channelled for direct use at the community level will be important to an effective response. As part of this process, countries will need to set priorities among the recommended actions according to local needs and circumstances. Governments need to establish more coherent systems and mechanisms that enable funds from multiple donors and sources to be channelled to affected communities.

Developing and enforcing a supportive legislative framework

Most countries have several policy instruments and pieces of legislation that relate to the rights, protection, care and support of children. Existing legislation needs to be reviewed and revised to reflect current international standards and address the challenges posed by HIV/AIDS regarding the rights of children. Most importantly, there must be effective structures for the implementation and enforcement of new and revised legislation.

AN ENABLING ENVIRONMENT: THE LEGISLATIVE FRAMEWORK

Legislation that supports the care and protection of orphans and vulnerable children includes:

- Prohibiting discrimination in health care, schools, employment or other areas based on actual or presumed HIV status
- Providing placement and guardianship for children who lack adequate adult care
- Ensuring women's rights to own property and hold jobs
- Protecting the inheritance rights of orphans and widows
- Protecting children against abuse, neglect and sexual contact with adults
- Eliminating the worst forms of child labour
- Eliminating barriers that keep the poorest children from attending school or accessing health care
- Protecting children who live on the streets
- Developing policies that encourage and support family-based placements for children without adequate family care
- Establishing specific standards for alternative care of children without family support, including steps to prevent separation of siblings; first preference for family-based placements; use of institutional placements as a last resort and temporary measure; and the involvement of children in decisions regarding their placements



Establishing mechanisms to ensure information exchange and collaboration of efforts

AIDS and poverty make government responsibility to realize children's rights an especially arduous task. To meet their commitments, governments must find new pathways and models. They must share with communities decision-making power and access to resources. New and strengthened partnerships are needed with the private sector, donors, international agencies, faith-based and non-governmental organizations as well as with neighbouring countries. Mechanisms must be established to ensure that various activities are well coordinated, non-duplicative and designed to achieve agreed upon objectives and that information on programme effectiveness is readily disseminated and used to improve quality and impact.

In sum, strong, visionary national leadership is needed for governments to fulfil their responsibility to children. Leaders must give greater priority to basic education, health, nutrition, child welfare and other essential services. They must be committed to policies that increase the capacity of women and children to support themselves and to protect their earnings and resources. Leaders must also prioritize and generate increased resources to support community efforts and key services. Finally, leaders must speak out against exclusion of affected children and discrimination against people living with HIV and AIDS.

5. Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV/AIDS.

From the beginning, the HIV/AIDS epidemic has been accompanied by fear, ignorance and denial, leading to silence and inaction on the part of governments and other stakeholders as well as stigma and discrimination against people living with HIV and AIDS. Orphans and vulnerable children as well as their families are frequently victimized in this way. Stigma and discrimination give rise to rejection, hostility, isolation and human rights violations. Reducing stigma and discrimination will require increasing access to information, challenging myths and transforming the public perception of HIV/AIDS. All stakeholders have a role to play in building a more supportive environment.

RAISE AWARENESS TO CREATE A SUPPORTIVE ENVIRONMENT

- Conduct a collaborative situation analysis
- Mobilize influential leaders to reduce stigma, silence and discrimination
- Strengthen and support social mobilization activities at the community level

Conduct a collaborative situation analysis

A situation analysis of children and youth affected by HIV/AIDS will assist partners in acquiring a common understanding of the factors that fuel vulnerability. It will also enable them to identify opportunities for mitigation. To be effective, a situation analysis needs to be more than a technical exercise carried out by a single party. It should be a collaborative process, usually led by government but involving a wide range of stakeholders. It is critical that the process itself be designed to heighten stakeholders' awareness of the epidemic's impact on children and families and to increase their awareness of possible responses. It should also provide an opportunity for forging agreement on the identification of problems and mobilizing collective action.



Involving children and young people in situation analyses can provide unique insight and acutely relevant recommendations for action.²⁷

Mobilize influential leaders to reduce stigma, silence and discrimination

The initial targets of an awareness campaign should be public figures that can convey key messages to diverse groups of people. Such figures include government leaders, representatives of the media, religious leaders, popular figures in sports and entertainment, youth leaders, employers and others. Presenting the findings and recommendations of a situation analysis in a broadly inclusive national workshop can be a good way to influence leaders and the public at large.

Political leaders, in particular, must have the courage to talk openly about HIV/AIDS. In countries such as Brazil, Senegal, Thailand and Uganda, where strong political leadership has fostered openness about the wide-ranging issues surrounding AIDS, the tide is turning and clear successes are being achieved. Influential leaders must also speak out openly, consistently and strongly on behalf of orphans and vulnerable children. In Kenya, both awareness and support were elevated by making the plight of orphans and vulnerable children a campaign issue in recent elections.

Strengthen and support social mobilization efforts at the community level

Faith-based organizations, civic associations and other non-governmental organizations can play an important role in raising awareness and promoting community responsibility to help those affected by HIV/AIDS. In many countries, religious networks are more extensive than those of government. Faith-based and other community groups can also play a critical role in identifying the most vulnerable among those affected and help mobilize community responses. A good situation analysis, particularly one that has included broad participation among stakeholders, can provide much of the raw material needed for this kind of social mobilization.

Programming Guidance

Valuable lessons have been learned through the many small-scale programmes for orphans and vulnerable children around the world. These lessons can help guide implementation of the strategies described above. *Children on the Brink 2002* features a widely recognized set of programming principles. Others have been put forward by various organizations working in support of orphans and vulnerable children.²⁸ The guidance provided in this framework brings together common elements and key themes from these efforts and is integral for both governments and civil society seeking to strengthen their response at the community, district and national levels.

²⁷ For a more detailed discussion of collaborative situation analyses, see Williamson, J., A. Cox and B. Johnston, *A Framework and Resource Guide: Conducting a situation analysis specific to orphans and vulnerable children affected by HIV/AIDS*, USAID Africa Bureau and the Population, Health and Nutrition Information Project, Washington D.C., 2004 (in press).

²⁸ See, for example, Family Health International, *Care for Orphans, Children Affected by HIV/AIDS and Other Vulnerable Children: A strategic framework*, The IMPACT project, Family Health International, Arlington, Virginia, June 2001; International Federation of the Red Cross and Red Crescent Societies, *Orphans and Other Children Made Vulnerable by HIV/AIDS: Principles and operational guidelines for programming*, International Federation of the Red Cross and Red Crescent Societies, Geneva, 2002; International HIV/AIDS Alliance, *Building Blocks: Africa-wide briefing notes: Resources for communities working with orphans and vulnerable children*, International HIV/AIDS Alliance, Brighton, United Kingdom, 2003.



Focus on the most vulnerable children and communities, not only children orphaned by AIDS.

Programmes should not single out children orphaned by HIV/AIDS. Rather, they should direct services and community mobilization efforts towards communities where the disease is making children and adolescents more vulnerable. Orphans are not the only children made vulnerable by AIDS. All children living in communities hard hit by the epidemic are affected.

Targeting specific categories of children can lead to increased stigmatization, discrimination and harm to those children while, at the same, deny support to other children in the community whose needs may be profound. Targeting in two stages has been found to be an effective approach to supporting children affected by HIV/AIDS. The first stage is to geographically target areas where families and communities are having the greatest difficulty protecting and providing for the needs of their children. While no area is likely to be spared by HIV/AIDS, the impact of the epidemic and coping capacities will vary significantly among geographic areas and segments of the population. The second stage is to identify individuals and families in need. That stage is best carried out by communities themselves, who often know better than outsiders the local factors that contribute to vulnerability and which individuals are at greatest risk.

Define community-specific problems and vulnerabilities at the outset and pursue locally determined intervention strategies.

The circumstances of any given community will be unique in terms of the problems experienced, priorities identified and the resources available. An essential aspect of programming to support orphans and vulnerable children is to engage community members in assessing their needs and priorities so that locally tailored interventions can be developed.

The identification of orphans and vulnerable children and the collection of baseline information about them, including the households in which they live, are necessary before support activities can be designed. The more central the role that communities can play in this process, the more likely it is that they will have a sense of ownership over and responsibility towards any new interventions that may emerge. The value of close consultation with communities is reflected in the identification of new, community-defined indicators of vulnerability that relate to the local social, economic and cultural context and are linked to local practices surrounding child-rearing. This process has, in many cases, led to a revitalization of traditional support measures for children.²⁹ Community monitoring of programmes once they are operational is vital to continued learning and programme improvement.

Involve children and young people as active participants in the response.

Children and young people are not simply a passive, powerless target group to be aided. They are part of the solution to the HIV/AIDS epidemic and, as noted throughout this framework, can play a vital role in mitigating its impact. Young people can help communities to identify and understand the most critical problems faced by orphans and vulnerable children. They can visit with children and include them in recreation and other social activities to promote social integration and a sense of connection to the greater community. They can also help affected households with basic tasks. In addition, children and young people can use drama and other means to inform the community about HIV/AIDS, how to avoid infection and the need for humane, informed action. Involving youth in addressing community-wide problems can lead to an increase in self-esteem and sense of control over their lives, while contributing to responsible and compassionate behaviour.

²⁹ White, Joanne, 'Children Orphaned or Otherwise Made Vulnerable by HIV/AIDS: Examples of UNICEF's response in East and Southern Africa' (draft), June 2003.



Give particular attention to the roles of boys and girls, men and women, and address gender discrimination.

Much of the burden of caring for people with HIV or AIDS and for orphans and vulnerable children falls on women and girls. When illness strikes a family or children are orphaned, very often it is the girls who first drop out of school, care for the ill and younger siblings, and take on adult tasks. Particular attention needs to be given to protecting and supporting girls in these circumstances. Measures such as providing school meals and take-home rations, offering child-care services and flexible schedules for schooling, increasing access to safe water and sanitation and other time-saving interventions can enable affected girls as well as boys to get an education.

Due to their lower social status, girls and women in many circumstances are more vulnerable to sexual abuse and exploitation than boys and men. This vulnerability is even greater in situations of armed conflict. Girls often lack the skills or the power to exercise their own choices regarding sex, which can increase their risk of HIV infection. Orphans and children living in HIV-affected households are especially vulnerable, and programme interventions to protect them from abuse and possible HIV infection are needed. To further reduce vulnerability, the demand side of child abuse and prostitution must also be addressed, including norms about male sexuality, gender inequity, and the sexual exploitation of children and youth.

It is important that men assume greater responsibility in child-rearing, in providing care for those who are ill and in daily household tasks. This often requires a societal shift that allows men to feel comfortable in assuming new responsibilities, and it can be encouraged through community dialogue, training in child-care practices and public advocacy.

In many countries, women are discriminated against by statutory or traditional laws that do not allow them to own land or that prohibit widows from inheriting land or property. Such laws and policies – along with systems for the administration of justice – must be changed to protect the basic rights of women and children.

Strengthen partnerships and mobilize collaborative action.

The impact of HIV/AIDS on children, their families and their communities is far too broad and complex to be addressed without active collaboration and coordination among stakeholders. The resources needed to respond to HIV/AIDS – often scarce in even the best of times – are being severely depleted by the expanding crisis. At every level – global, regional, national and local – stakeholders must find ways to piece together a set of responses that collectively matches the scale of the impact of HIV/AIDS on children. This requires the active involvement of government structures, international agencies, non-governmental, faith-based and community organizations, donors, businesses, the media and others. Good examples of assessment, planning and collaborative action are being demonstrated by many grass-roots groups in impoverished communities that have come together to use their own resources to support orphans, vulnerable children and people living with HIV and AIDS. Those at other levels can learn from these community efforts.

Link HIV/AIDS prevention activities and care and support for people living with HIV and AIDS with support for vulnerable children.

Programmes that target children affected by the epidemic are often undertaken in isolation from those working to prevent the spread of HIV or to provide care to people living with HIV and AIDS. Often, they are also separate from programmes aimed at children in general, such as health services, education and social protection. HIV/AIDS interventions have typically fallen into such categories as



'prevention for youth', support for 'home-based care', and 'orphans' programmes'. Support for home care of people living with HIV and AIDS is often focused solely on the health of people who are ill, and not on the economic and psychosocial condition of their children and families. Yet HIV/AIDS has an impact on all members of a household.

Programmes also tend to be organized around specific professional capabilities, such as palliative care or treatment of specific infections (provided by health professionals), spiritual support (by religious communities), prevention efforts (by community outreach workers or youth peer educators), and support for orphans and vulnerable children (by social welfare workers). The HIV/AIDS-related problems of children and families, however, are complex and interlinked, and cannot be adequately addressed by any single intervention. They demand holistic, multisectoral and mutually reinforcing programme strategies.

Providing care for children and adults affected by HIV/AIDS can be especially effective in HIV prevention. Caring for people with HIV or AIDS keeps awareness levels about the epidemic high. It informs both children and adults about how people get infected, how the illness progresses and the potential consequences it can have on them and their families. Both adults and young people are more likely to adopt safer and more caring behaviours if they are looking after those affected. Many caregivers, for example, have begun to promote prevention because of their familiarity with the disease and recognition of the urgent need to prevent additional sickness, death and orphaned children. And, as demonstrated in India, linking programmes to meet the needs of an entire affected household can have a synergistic effect, improving the quality and impact of all interventions.³⁰

Use external support to strengthen community initiative and motivation.

Generous outside funding or material assistance, while urgently needed, can have a detrimental effect on government incentive and community solidarity and can undermine local initiative. This becomes an even greater problem if external assistance ends, or if local organizations shift their programmatic focus because of donor-driven funding conditions and priorities. To prevent such dependencies, local and national mechanisms must be in place to reinforce and expand upon what is already being done.

In addition, governments, donors, non-governmental, faith-based and community organizations must focus on strengthening and supporting the ongoing efforts of communities themselves. It is these groups that are at the front line of the response to HIV/AIDS and have demonstrated enormous capacity to care for and support vulnerable children and adolescents. Community organizations and inter-organizational mechanisms can be bolstered through training and technical assistance, organizational development and sustained financial and material support.

Furthermore, programme interventions with children and communities must take into account the long-term nature of the AIDS crisis. Interventions developed today must respond to the need for large-scale, long-term efforts that address both the direct and indirect impact of HIV/AIDS on children, families and communities. Successful experience and lessons learned in supporting community initiative need to be widely disseminated and replicated rapidly.

Monitoring Progress Towards Goals

A key challenge in responding to orphans and vulnerable children is the lack of data for monitoring and evaluation. Having information available that is reliable and consistent within and among

³⁰ Monk, N., 'Children of the HIV/AIDS Pandemic: The challenge for India, *Orphan Alert 2*', Association Francois-Xavier Bagnoud. [<http://www.albinasactionfororphans.org/learn/inform.html>]



countries is essential for planning and monitoring policies and programmes, national and global advocacy, making decisions about the support that should be provided to families and communities, and providing focus for the different sectors and actors involved.

In order to monitor progress toward the goals outlined in the UN Special Session's Declaration of Commitment on HIV/AIDS, a core set of indicators was developed.³¹ Although an indicator was defined that related specifically to orphans (orphan school attendance), this is insufficient to guide countries, organizations and agencies involved in the response to orphan needs.

During April 2003, the UNAIDS Inter-Agency Task Team on Orphans and Other Vulnerable Children³² convened a broad coalition of stakeholders and reached consensus on a set of core indicators to measure progress at the national level.

Working from the Declaration of Commitment, the group of experts distilled 37 specific activities for improving the welfare of orphans and vulnerable children into 10 key domains that need to be addressed and monitored at the national level. As outlined below, the domains reflect the strategies defined within this framework.

The core indicators will be field tested and disseminated along with monitoring guidance. Complementary efforts to build national monitoring and evaluation capacities will be required.

In addition to national level monitoring, efforts to systematically monitor programme effectiveness and quality must be strengthened and expanded. Identifying and disseminating best practices and lessons learned will contribute to continual programme improvement and rapid expansion of responses that work. Both national and programme level monitoring are of critical importance in ensuring the quality of interventions, validating response strategies and ensuring accountability for the attainment of global goals.

CORE NATIONAL LEVEL INDICATORS

Domain	Indicator
Policies and strategies	Policy and strategy index reflecting the progress and quality of national policies and strategies for the support, protection and care of orphans and vulnerable children
Education	School attendance ratio of orphans as compared to non-orphans
Health	Health care access ratio of orphans as compared to non-orphans
Nutrition	Malnutrition ratio of orphans as compared to non-orphans
Psychosocial support	Proportion of orphans and vulnerable children that receive appropriate psychosocial support
Family Capacity	Proportion of children that have three, locally defined basic needs met Proportion of orphans that live together with all of their siblings
Community capacity	Proportion of households with orphans and vulnerable children that receive free basic external support in caring for the children
Resources	Government expenditure per child on orphans and vulnerable children
Protection	Per cent of children whose births are registered Per cent of widows that have experienced property dispossession
Institutional care and shelter	Proportion of children who are living on the street or are in institutional care (as an indicator of family breakdown)

³¹ Joint United Nations Programme on HIV/AIDS, 'Report on the Technical Consultation on Indicators Development for Children Orphaned and Made Vulnerable by HIV/AIDS', UNAIDS, Botswana, April 2003.

³² This UNAIDS Inter-Agency Task Team on Orphans and Other Vulnerable Children, which is convened by UNICEF, includes all UNAIDS co-sponsors, the Displaced Children's and Orphans Fund/USAID, International Federation of Red Cross and Red Crescent Societies, Save the Children Fund - UK, Hope for African Children Initiative, USAID, and the International HIV/AIDS Alliance.

THE NEED FOR INCREASED INTERNATIONAL SOLIDARITY AND SUPPORT



Clear consensus has evolved around the global goals for orphans and vulnerable children. With the development of this framework, the groundwork exists for greater and more effective collaboration and solidarity among global constituents. International partners have a vital role to play in accelerating the response. They must help to mobilize substantially increased resources, forge and maintain new partnerships, advocate to keep orphans and vulnerable children high on the global agenda, and continue to work in close collaboration through periodic consultations, joint programme reviews and specific task forces established to address key challenges.

External resources are urgently required to help countries scale up and sustain an adequate response. As described in this framework, external financial and material support should be provided to affected countries and channelled to communities in such a way as to build on local capacities and structures.

There will be no quick fix. International partners, including bilateral and multilateral donors, have a key role to play in assessing and increasing their resource commitments and reaching out to mobilize additional funding from new sources. In the face of this massive and long-term crisis for children, international agencies and donor governments must forge new development and relief assistance pathways and models. A key milestone would be the extension of budget commitments and programming cycles beyond the traditionally short time-frames allowed.

Dynamic, multimedia communication efforts to reduce the stigma and silence surrounding AIDS have had a positive and enabling effect on the environment and responses in some countries, including Senegal, Thailand and Uganda. These efforts have also encouraged support and positive living for people infected and affected by HIV. A global advocacy strategy is now needed that would provide consistent messages about the concerns surrounding orphans and vulnerable children worldwide.

International agencies and institutions can play an important role in influencing and facilitating cooperation and coordination among partners. United Nations agencies and other donors can help to ensure that all stakeholders have the opportunity to become and stay involved in the design, implementation and monitoring of the response.

The global goals for orphans and vulnerable children are ambitious in scope and time-frame. National governments will need the support of the international community to achieve these goals. In addition to advocacy and financial inputs, international agencies and institutions can provide technical support for implementation of the strategies described in this framework and assist in the identification and rapid dissemination of best practices and lessons learned across countries and regions.



THE WAY FORWARD

Notwithstanding the growing commitment and action in support of orphans and vulnerable children, the crisis is deepening and becoming more urgent. The impact of HIV/AIDS is enormous in scale, complex, multifaceted and continuously changing. And it will be with us for some time. To meet the challenge and achieve global goals, rapid acceleration of the response must begin now. Key actions include:

- Acceleration and support of national government efforts to attain the goals of the UN Special Session's Declaration of Commitment on HIV/AIDS by:
 - Conducting collaborative situation analyses;
 - Prioritizing orphans and vulnerable children and their families in national development agendas;
 - Implementing national policy and legislation to protect orphans and vulnerable children, including the ratification of ILO Convention No.182, which calls for eliminating the worst forms of child labour;
 - Establishing mechanisms to enhance collaboration across sectors and among partners;
 - Developing and implementing national action plans for the protection and care of orphans and vulnerable children;
 - Developing and implementing monitoring and evaluation mechanisms.
- Assessment by *all* governments of their budgets and resource allocations to the response. Financial commitments by all stakeholders must urgently be increased and sustained to meet long-term resource needs.
- Encouragement and support for innovative government strategies and mechanisms to channel resources to and ensure that services reach affected communities.
- Organized advocacy by all stakeholders to keep orphans and vulnerable children high on the global agenda and to reduce the widespread stigma and silence surrounding HIV/AIDS that continues to hamper the response at all levels.
- Collaborative development and implementation of a priority research agenda, including longitudinal studies to gain understanding of the potential long-term consequences of large numbers of orphans and vulnerable children in societies (such as child-headed households, the involvement of children in labour, and lack of education facilities capable of dealing with the problems) and stepped up operational research on programme effectiveness.
- Implementation of the newly developed set of core indicators and monitoring guidance for assessing national level progress towards goals.
- Use of programme level monitoring and evaluation to maintain and enhance the quality of interventions to ensure optimal use of limited resources in reaching orphans and vulnerable children and improving their well-being.
- Adequate measurement of progress over time in closing the gap between what is being done and what must be done to adequately fulfil the needs and rights of orphans and vulnerable children.



Creating a viable future for orphans and vulnerable children is a daunting task, one in which we all must take an active part. Creative, committed action at community, district, national, regional and international levels has demonstrated that a better future for millions of affected children can be achieved. While the pain these children experience can never be erased, it can be eased. Our collective compassion and effort can enable their voices to be heard and their fundamental needs met. We must aim to ensure that their rights are protected, respected and fulfilled, so they grow into a strong generation, one able to contribute to repairing the profound social and personal damage caused by HIV/AIDS.



ANNEX 1

A DECADE OF EVENTS RELATED TO ORPHANS AND VULNERABLE CHILDREN

There have been many international and regional events that have shaped global thinking and planning around orphans and vulnerable children (OVC), the more significant of which are listed below:

In **1994**, at a workshop in Zambia on support to children and families affected by HIV/AIDS, the Lusaka Declaration was adopted. Issues such as the need to assess the magnitude of the problem, the place of institutional care, the need for material and financial support for affected families, survival skills and vocational training for OVC, and their right to basic education, were all reflected in the declaration.

In **1998**, a United Nations General Discussion on 'Children living in a world with AIDS' was held. The committee stressed the relevance of the rights contained in the Convention on the Rights of the Child to prevention and care efforts, recalling that HIV/AIDS was often seen primarily as a medical problem, while the holistic, rights-centred approach required to implement the convention was more appropriate to the much broader range of issues that must be addressed.

In June **1998**, a regional Children in Distress (CINDI) conference was held in Pietermaritzburg, South Africa, at which country representatives committed to setting up OVC Task Teams in their countries.

In November **2000**, the first East and Southern African regional meeting on OVC was held in Lusaka Zambia, at which countries made commitments and plans to address the issue of the growing numbers of OVC in their countries.

In June **2001**, the United Nations General Assembly Special Session (UNGASS) met to review and address the problem of HIV/AIDS in all its aspects as well as to secure a global commitment to enhancing coordination and intensifying efforts. The resulting Declaration of Commitment on HIV/AIDS includes a specific section and set of policy and strategy actions on OVC for signatory states (see page 12 under Global Goals).

In **2002**, a United Nations Special Session on Children resulted in the World Fit for Children declaration. [This declaration reaffirmed the goals set in June 2001.]

In April **2002**, in the spirit of the Pietermaritzburg and Lusaka meetings, a regional workshop on OVC was held in Yamoussoukro for Central and West African countries with representatives from 21 countries. Country representatives committed to setting up task teams in their countries to develop action plans to ensure the realization of the targets pertaining to OVC set forth in the UNGASS declaration.

In September **2002**, an Africa Leadership Consultation entitled 'Urgent action for children on the brink' aimed at developing consensus on priorities for a scaled-up response to the OVC crisis and proposed actions to mobilize the leadership, partnerships, and resources required to deliver on the UNGASS commitments.

And, in November 2002, an Eastern and Southern Africa workshop on OVC (with representation from 20 countries) was held in Windhoek, Namibia, to assess the progress of countries toward meeting the UNGASS goals.

Source: Smart Rose, *Policies for Orphans and Vulnerable Children: A framework for moving ahead*, The Policy Project, Washington, D.C., July 2003.



GUIDANCE PROVIDED BY THE CONVENTION ON THE RIGHTS OF THE CHILD

Globally, the Convention on the Rights of the Child is the principle framework to guide action on behalf of children. As such, it is the single most important reference point concerning orphans and other vulnerable children. The following provisions are especially relevant:

- Article 3 includes the provision that the 'best interests of the child' shall be a primary consideration in matters concerning children.
- Article 5 recognizes the responsibility of members of the extended family, community or legal guardians to provide for the child in a manner consistent with his or her evolving capacities.
- Article 6 recognizes that every child has the inherent right to life.
- Article 8 concerns the right of a child to preserve his or her identity, including name and family relations.
- Article 9 concerns a child's right not to be separated from parents.
- Article 12 recognizes a child's right to freedom of expression and to be heard in any proceedings that concern him or her.
- Article 16 concerns a child's right to be free from arbitrary attacks on honour or reputation (stigma).
- Article 17 recognizes the right of access to appropriate information.
- Article 18 recognizes the responsibility of the State to support parents and legal guardians in their child-rearing responsibilities and to develop services for the care of children.
- Article 19 concerns the protection of children from abuse, neglect, maltreatment or exploitation.
- Article 20 concerns the responsibility of the State to provide special protection for a child deprived of his or her family environment.
- Article 21 addresses safeguards regarding adoption.
- Article 24 recognizes the right of children to the highest standard of health and access to health services.
- Article 25 concerns the periodic review of the situation of a child who has been placed in care.
- Article 27 recognizes the right of children to an adequate standard of living.
- Article 28 concerns the right of every child to education.
- Article 31 recognizes a child's right to rest, leisure, play and recreation.
- Article 32 addresses the protection of children from economic exploitation.
- Article 34 concerns the protection of children from sexual exploitation and abuse.



ANNEX 3

WHAT ABOUT ORPHANAGES?

While building more orphanages, children's villages or other group residential facilities would seem a possible response to caring for the growing number of orphans, this strategy is not a viable solution.

Care provided in institutional settings often fails to meet the developmental and long-term needs of children. Children need more than good physical care. They need the affection, attention, security and social connections that families and communities can provide. Countries with long-term experience with institutional care for children have seen the problems that emerge as children grow into young adults and have difficulty reintegrating into society. In Ethiopia, Rwanda and Uganda, for example, evaluations of children's long-term stays in orphanages led these governments to adopt policies of de-institutionalization and support for family-based care.

Orphanages are more expensive to maintain than providing direct assistance to existing family and community structures. Institutional care would be prohibitively expensive for the vast majority of countries. The annual cost per child tends to be from \$500 upwards in Africa. Research by the World Bank in the United Republic of Tanzania, for example, found that institutional care was about six times more expensive than foster care. Cost comparisons conducted in Uganda showed the ratio of operating costs for an orphanage to be 14 times higher than those for community care. Other studies have found a ratio of 1:20 or even up to 1:100. (*Children on the Brink 2002*)

The magnitude of orphans due to HIV/AIDS is so large that an institutional response – besides not being in the best interests of the child – will never be the answer. Orphanages for more than 14 million orphans simply cannot be built and sustained.

ACKNOWLEDGEMENTS



Organizations Participating in the Global Partners Forum

African Development Bank (ADB)
Association Francois-Xavier Bagnoud (AFXB)
Permanent Mission of Australia to the United Nations in Geneva
British Red Cross/International Federation of Red Cross and Red Crescent Societies (IFRC)
CARE
Columbia University, Earth Institute and Mailman School of Public Health
Comic Relief
Danish Ministry of Foreign Affairs
Department for International Development (DFID), United Kingdom
Displaced Children and Orphans Fund (DCOF), US Agency for International Development (USAID)
Family Health International (FHI)
Food and Agriculture Organization (FAO)/The Population Programme Service
Global Fund for AIDS, Tuberculosis and Malaria (GFATM)
Hope for African Children Initiative (HACI)
International AIDS Trust
International HIV/AIDS Alliance
International Labour Organization (ILO)/International Programme on the Elimination of Child Labour (IPEC)
Netherlands Ministry of Foreign Affairs
Norwegian Agency for Development (NORAD)
Oprah Winfrey Foundation
Pan African Children's Fund
Regional Psychosocial Support Initiative (REPSSI) /Salvation Army Regional Team
Save the Children UK
Swedish International Development Agency (SIDA)
Swiss Agency for Development and Cooperation
Joint United Nations Programme on HIV/AIDS (UNAIDS)
United Nations Children's Fund (UNICEF)
United Nations Development Programme (UNDP)
United Nations Educational, Scientific and Cultural Organization (UNESCO)
United Nations Population Fund (UNFPA)
United Nations Special Envoy on AIDS in Africa
United States Agency for International Development (USAID)



United States Committee for UNICEF
University of London, Partnership for Child Development
University of Pretoria, AIDS Centre
World Bank
World Conference of Religions for Peace (WCRP)
World Council of Churches
World Food Programme (WFP)
World Health Organization (WHO)
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REFERENCES



Catholic Relief Services and USAID, 'Report on the Mid-Term Review of the STRIVE Project', Catholic Relief Services/USAID, Zimbabwe, July 2003.

Child Protection Society Zimbabwe, *How Can We Help? Approaches to Community Based Care: A guide for groups and organizations wishing to assist orphans and other children in distress*, Child Protection Society Zimbabwe, Harare, Zimbabwe, 2000.

Family Health International, *Care for Orphans, Children Affected by HIV/AIDS and Other Vulnerable Children: A strategic framework*, The IMPACT Project, Family Health International, Arlington, Virginia, June 2001.

Foster, G., *Study of the Response by Faith-based Organizations to Orphans and Vulnerable Children: Preliminary summary report*, UNICEF and the World Conference of Religions for Peace, New York, 2003.

Foster, G. and L. Jiwli, *Psychosocial Support of Children Affected by AIDS: An evaluation and review of Masiye Camp*, Bulawayo, Zimbabwe, 2001.

Grainger, C., D. Webb and L. Elliott, *Children Affected by HIV/AIDS: Rights and responses in the developing world*, Working Paper 23, Save the Children, United Kingdom, 2001.

HelpAge International/International HIV/AIDS Alliance, *Forgotten Families: Older people as carers of orphans and vulnerable children*, HelpAge International/International HIV/AIDS Alliance, United Kingdom, 2003.

International Federation of the Red Cross and Red Crescent Societies, *Orphans and Other Children Made Vulnerable by HIV/AIDS: Principles and operational guidelines for programming*, International Federation of the Red Cross and Red Crescent Societies, Geneva, 2002.

International HIV/AIDS Alliance, *Building Blocks: Africa-wide briefing notes: Resources for communities working with orphans and vulnerable children*, International HIV/AIDS Alliance, Brighton, United Kingdom, 2003.

Joint United Nations Programme on HIV/AIDS, et al., *HIV/AIDS and Education: A strategic approach*, UNAIDS, Geneva, November 2002.

Joint United Nations Programme on HIV/AIDS, 'Report on the Africa Leadership Consultation: Urgent action for children on the brink', Johannesburg, South Africa, 9-10 September 2002.

Joint United Nations Programme on HIV/AIDS, 'Report on the Technical Consultation on Indicators Development for Children Orphaned and Made Vulnerable by HIV/AIDS', UNAIDS, Botswana, April 2003.

Joint United Nations Programme on HIV/AIDS, 'Report to the United Nations Secretary-General on Progress Towards Implementation of the Declaration of Commitment on HIV/AIDS' (draft), UNAIDS, July 2003.



Joint United Nations Programme on HIV/AIDS, 'The Role of Education in Supporting and Caring for Orphans and Other Children Made Vulnerable by HIV/AIDS' (draft discussion paper for the Global Partners Forum, October 2003, Geneva), UNAIDS, 2003.

Joint United Nations Programme on HIV/AIDS and the United Nations Children's Fund, *Children Orphaned by AIDS: Front-line responses from eastern and southern Africa*, UNAIDS/UNICEF, New York, December 1999.

Kelly, Michael J., *Slipping Through the Cracks: Education and health hazards experienced by the children of Africa*, University of Zambia, Lusaka.

Kelly, Michael J., *Standing Education on its Head: Aspects of schooling in a world with HIV/AIDS*, University of Zambia, Lusaka, Zambia, 2000.

Levine, C. and G. Foster, *The White Oak Report: Building international support for children affected by AIDS*, The Orphan Project, New York, 2000.

Monk, N., 'Children of the HIV/AIDS Pandemic: The challenge for India', *Orphan Alert 2*, Association Francois-Xavier Bagnoud. [<http://www.albinasactionfororphans.org/learn/inform.html>]

Morgan, Jonathon, et al., *Manual: Make your own memory box*, The Memory Box Project, which forms part of the AIDS and Society Research Unit (ASRU) of the University of Cape Town, South Africa, 2003.

Mugabe, M., M. Stirling and A. Whiteside, 'Future Imperfect: Protecting children on the brink', A discussion paper prepared for the Africa Leadership Consultation: Acting for Children on the Brink, Johannesburg, South Africa, September 2002.

Phiri, S. and D. Webb, *The Impact of HIV/AIDS on Orphans and Programme and Policy Responses*, AIDS, Public Policy and Child Well-Being, 2002.
[http://www.unicef-icdc.org/research/ESP/aids/aids_index.html]

Rau, B., *Combating Child Labour and HIV/AIDS in Sub-Saharan Africa: A review of policies, programmes and projects in South Africa, the United Republic of Tanzania and Zambia to identify good practices*, ILO/IPEC, HIV/AIDS and Child Labour Paper, No. 1, International Labour Organization/International Programme on the Elimination of Child Labour, Geneva, 2002.

Rau, B., *HIV/AIDS and Child Labour: A state-of-the-art review with recommendations for action*, HIV/AIDS and Child Labour Paper, No. 6, International Labour Organization/International Programme on the Elimination of Child Labour, Geneva, October 2003.

Regional Psychosocial Support Initiative (REPSSI), *Call to Action Security and Stability: What happens if we neglect children affected by HIV/AIDS?*, REPSSI, Bulawayo, Zimbabwe, 2002.

Regional Psychosocial Support Initiative, Resource CD on Psychosocial Support for Children Affected by HIV/AIDS, REPSSI, Bulawayo, Zimbabwe, 2003.



Save the Children, 'A Last Resort: The growing concern about children in residential care', International Save the Children Alliance, July 2003.

Smart, Rose, *Children Affected by HIV/AIDS in South Africa: A rapid appraisal of priorities, policies and practices*, Save the Children, United Kingdom, July 2003.

Smart, Rose, *Policies for Orphans and Vulnerable Children: A framework for moving ahead*, Policy Project, Washington, D.C., July 2003.

Stockholm Declaration (draft), Second International Conference On Children and Residential Care, May 2003.

Tarantola, D. and S. Gruskin, *Children Confronting HIV/AIDS: Charting the confluence of rights and health*, Health and Human Rights and International Quarterly Journal, Vol. 3, No. 1, Association Francois-Xavier Bagnoud and Harvard School of Public Health, Boston, Massachusetts, 1998.

Tolfree, David, *Roofs and Roots: The care of separated children in the developing world*, Save the Children and Arena, London, 1995.

United Nations, *Convention on the Rights of the Child*, UN, New York, 1990.

United Nations Children's Fund, *Africa's Orphaned Generations*, UNICEF, New York, 2003.

United Nations Children's Fund, *Orphan Assistance in South Africa: Developing partnerships and leadership in a new paradigm for community care*, Report of an Assessment of UNICEF Programming in South Africa for Families and Children Affected by HIV/AIDS, September 1998.

United Nations Children's Fund, Joint United Nations Programme on HIV/AIDS and World Health Organization, *Young People and HIV/AIDS: Opportunity in crisis*, UNICEF, New York, 2002.

United States Agency for International Development, Joint United Nations Programme on HIV/AIDS, and United Nations Children's Fund, *Children on the Brink 2002: A joint report on orphan estimates and program strategies*, Tvt Associates/The Synergy Project, Washington, D.C., 2002.

White, Joanne, 'Children Orphaned or Otherwise Made Vulnerable by HIV/AIDS: Examples of UNICEF's response in East and Southern Africa' (draft), June 2003.

Williamson, Jan, 'A Family is for Life' (draft), USAID and the Synergy Project, April 2003.

Williamson, John, and Mark Connolly, *Principles to Guide Programming for Orphans and Other Children Affected by HIV/AIDS* (draft), May 2003.

Williamson, J., A. Cox and B. Johnston, *A Framework and Resource Guide: Conducting a situation analysis specific to orphans and vulnerable children affected by HIV/AIDS*, USAID Africa Bureau and the Population, Health and Nutrition Information Project, Washington D.C., 2004 (in press).



Williamson, John, 'Strategic Action for Children and Families Affected by AIDS' (draft), November 2002.

World Bank, United Nations Children's Fund and Joint United Nations Programme on HIV/AIDS, *Operational guidelines for supporting early child development (ECD) in multi-sectoral HIV/AIDS programs in Africa*, World Bank/UNICEF/UNAIDS, Washington, D.C., 2003.

World Bank, *World Development Report 2004: Making Services Work for Poor People*, World Bank, Washington, D.C., 2003.

World Food Programme, *School Feeding Today*, WFP, Rome, 2003.

World Health Organization, *Global Health-Sector Strategy for HIV/AIDS 2003-2007*, WHO, Geneva, 2002.



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