

BACKGROUND INFORMATION

HIV/AIDS: CARE AND SUPPORT

It is difficult to overstate the trauma and hardship that the increase in AIDS-related morbidity and mortality has brought upon children all over the world. They are pressed into service to care for ill and dying parents, removed from school to help with the farm or household work or pressured to have sex to help pay for necessities their families can no longer afford. They receive less access to health care and are often denied the right to attend school due to stigma. The relatives and neighbors charged with caring for children orphaned frequently take the child's property or inheritance, leaving them more vulnerable to mortality, illness and exploitation. There is also social consequence of the epidemic as care givers and income generating members of the family die leaving behind orphans and other dependents. Beyond the trauma and hardship that children affected by AIDS are facing, they suffer from not attending schools. The UNICEF study in some 20 countries on the effects of being orphan and schooling and child labor has indicated that children aged 5-14 who lost one or both parents were unlikely to go to schools and may work more than 40 hours a week (*Children on the Brink 2002*). As several studies contend, even though all orphans are vulnerable to various kinds of economic and social problems, AIDS orphans are more affected by stigma and discrimination surrounding HIV and AIDS. Among others, both stigma and discrimination are blockades to preventing the infections, and providing the necessary care, support and treatment for those children and families affected and infected by HIV and AIDS.

According to the Ministry of Health report (2002), in Ethiopia it is estimated that there are 1.2 million children who are orphaned by AIDS. These numbers are expected to increase to 2.5 million by 2014. The tremendous strain on the social system is already being felt as families, communities and institutions struggle to cope with the large number of orphans and children affected by AIDS. Grandparents are often left to care for young orphaned children, and some families are headed by children as young as 10-12 years old. There are inadequate services, including health care, school fees and materials and shelter, in part due to a lack of information on specific families and children affected, lack of relevant policy regarding orphans and limited number of institutions (Governments and NGOs) working on care and support. Consequently, the number of street children is likely to increase as affected youth search for alternative means for survival. However, the current tide of the epidemic requires far-reaching programmes in place to provide appropriate care and support to orphans.

UNICEF/GOVERNMENT OF ETHIOPIA RESPONSE

- UNICEF is advocating for and supporting the rights of children affected by HIV, including efforts to alleviate the personal and social impact of the pandemic by ensuring comprehensive care and support to children and families infected by HIV and AIDS. To address the needs and concerns of children and families affected by HIV and AIDS, efforts are underway in all regions to mobilize communities, decision makers and religious leaders to help end the stigma and provide basic legal protection, human rights, schooling, skills training, care and support networks.
- Strategies include strengthening the capacity of extended families, mobilizing and strengthening community and home-based responses, strengthening the capacity of children and young people to meet their own needs, ensuring the government protects the most vulnerable children and provides essential policies and services and creating an enabling environment for HIV and AIDS affected children and their families. The role of faith-based organizations will be instrumental in providing support and building community networks.
- Assistance focuses more on increasing and strengthening community care rather than institutional care for children in affected households and fostering links between HIV and AIDS prevention activities and efforts to support vulnerable children and adolescents.
- Building the capacity of child rights committee at regional level through providing continuous training in child rights programming for concerned people.
- Conducting studies to identify potential partners to share experiences and scale-up sustainable community-based support for orphans and vulnerable children (OVC).
- Conducting conferences and meetings at different levels to advocate for OVC affected by HIV and AIDS in order to respond to the need of formulation of programmatic guidelines for OVC and the need of strengthening networking.
- Building partnerships with traditional funeral associations (*edir*) for supporting OVCs and care and support initiatives at different levels through providing training workshops for edir leaders and supporting them with small grants to extend interventions to reach more OVC.
- Mobilizing, collaborating and involving key religious institutions to address HIV and AIDS in particular to fight stigma and discrimination.