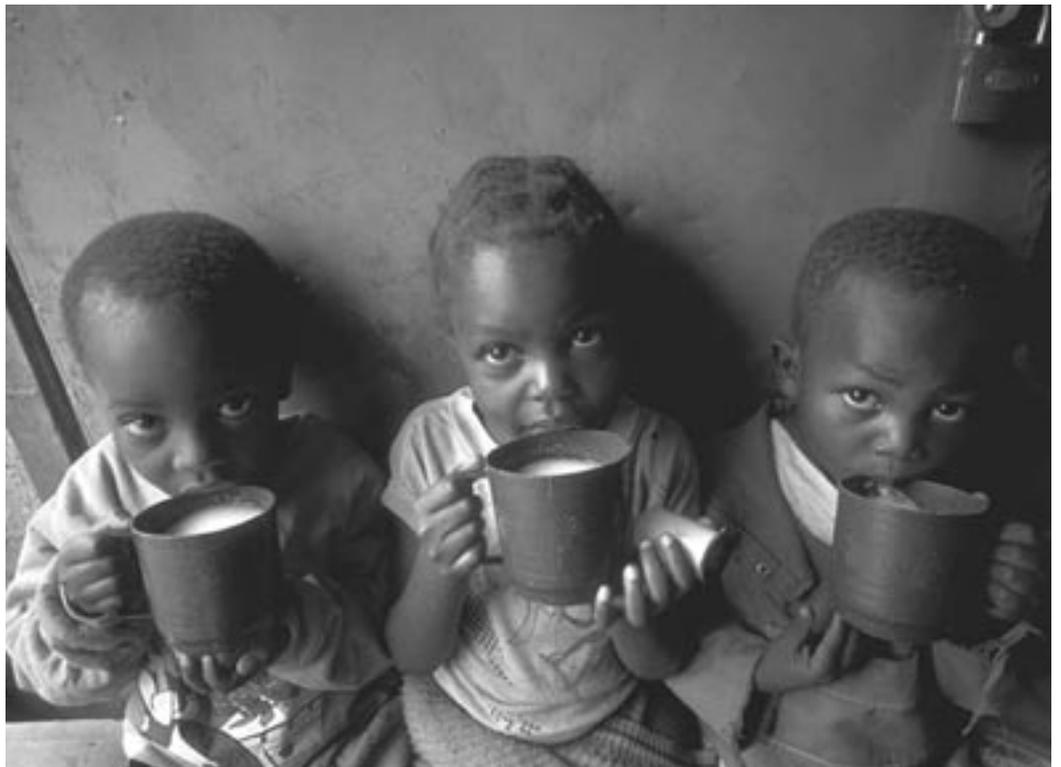


ORPHANS AND OTHER CHILDREN AFFECTED BY HIV/AIDS



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Fourteen million children have already been orphaned by HIV/AIDS. That number could nearly double by 2010.

By 2003, 14 million children under the age of 15 had lost one or both parents to HIV/AIDS. Because of the time lag (of roughly ten years), between infection and death the number of orphans will continue to rise for at least the next decade – even with no new infections. By 2010, as many as 25 million children are likely to become orphaned as a result of the disease.

A UNICEF FACT SHEET

Four out of five children orphaned by HIV/AIDS live in sub-Saharan Africa, straining both the capacity of communities to cope and the budgets for social services. In 2001, at least 15 per cent of children in 10 sub-Saharan countries had lost parents to the disease or other causes. Nigeria had approximately 1,000,000 orphans at the end of 2001; Ethiopia 989,000; Zimbabwe 782,000; Zambia 572,000; and South Africa 662,000.

As HIV/AIDS epidemics also worsen in other regions – such as the Caribbean and parts of Asia – the number of orphaned children there will increase dramatically.

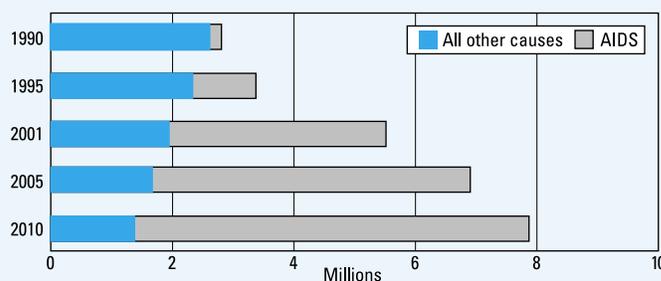
Children suffer profoundly when their parents become sick and die. Their experience is often characterized by:

- **Psychosocial distress.** Children are psychologically traumatized by the illness and death of their parents. The trauma is made worse by the shame and social stigma that accompany HIV/AIDS.
- **Economic hardship.** With parents unable to work and savings spent on care, children are forced to take on the adult role of supporting a family.
- **Withdrawal from school.** The pressures of caring for parents and siblings and trying to earn an income can lead children to drop out of school, even while their parents are living. The pressures to abandon schooling intensify when one or both parents die.
- **Malnutrition and illness.** Orphans and other affected children are more likely to be malnourished or to fall ill – and less likely to get the medical and health care they need. Poverty is the root cause of this vulnerability, but often neglect and discrimination by adults in whose care they have been left are also contributing factors.
- **Loss of inheritance.** When parents die, orphans are often cheated out of property and money that is rightfully theirs.

- **Fear and isolation.** Dispossessed orphans are often forced out to unfamiliar and even hostile places, be they camps for the displaced or the streets.

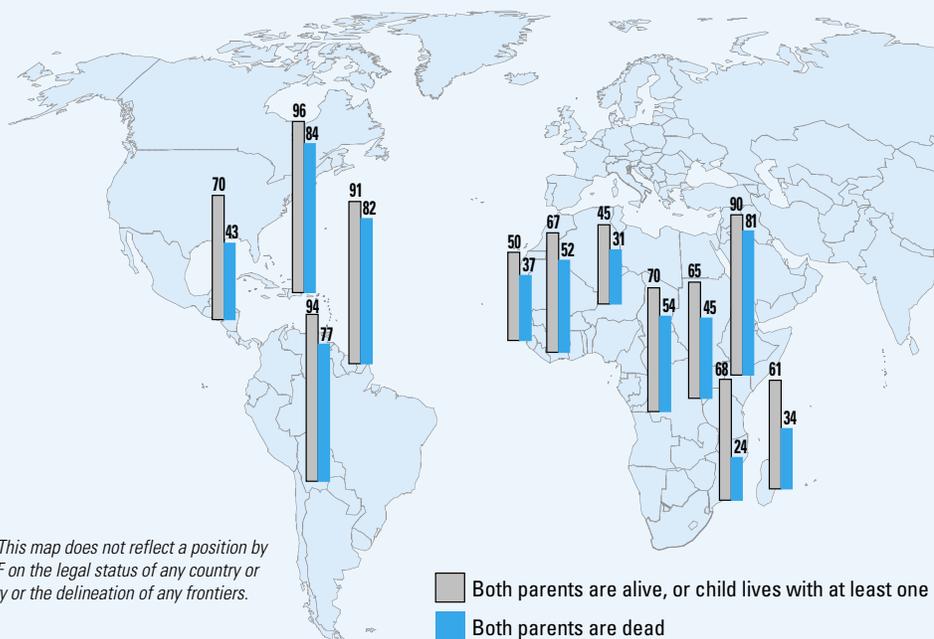
- **Increased abuse and risk of HIV.** Impoverished and without parents to educate and protect them, orphans and other affected children face every kind of abuse and risk, including becoming infected with HIV themselves. Many are forced into exploitative and dangerous work, including exchanging sex for money, food, 'protection' or shelter.

The number of children under age 15 who have lost both parents to AIDS is increasing in sub-Saharan Africa



Source: USAID, UNICEF and UNAIDS, *Children on the Brink* 2002.

Proportion of children aged 10-14 still in school, according to whether both parents are alive or dead



Note: This map does not reflect a position by UNICEF on the legal status of any country or territory or the delineation of any frontiers.

Legend:
 Grey bar: Both parents are alive, or child lives with at least one
 Blue bar: Both parents are dead

Sources: UNICEF Multiple Indicator Cluster Surveys; and Demographic and Health Surveys, Macro International, 1997-2001.

ORPHANS AND OTHER CHILDREN AFFECTED BY HIV/AIDS

INTERNATIONAL ACTION

The United Nations General Assembly Special Session on HIV/AIDS in June 2001, generated an unprecedented level of global leadership, awareness and support for overcoming the pandemic. Significantly, the plight of affected children was not forgotten. In the Special Session's Declaration of Commitment, countries and partner organizations agreed to:

"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 psycho-social support and
 - ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children."
- These actions will "protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance."
- In addition, they pledged that by 2005, significant progress will be made in implementing strategies to:
- "Strengthen family and community-based care, including that provided by the informal sector and health care systems, to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/AIDS...."

The Declaration of Commitment also asks governments and partners to ensure non-discrimination and equal enjoyment of all human rights by actively promoting the de-stigmatization of children orphaned and made vulnerable by HIV/AIDS. It urges all sectors of the international community to support national programmes for such children in affected regions, particularly in sub-Saharan Africa.

Institutionalized care for the majority of orphans is not a preferred option. Resources are more effectively used in strengthening the abilities of extended families and communities to care for orphans and other children left behind. Where institutional care is offered, programmes must be developed to integrate children back into their communities at the earliest opportunity.



GUIDING PRINCIPLES

At the XII International AIDS Conference in Durban, South Africa, in July 2000, consensus emerged among governments, international agencies, non-governmental organizations, community organizations and young people themselves on the principles that should guide programmes for children affected by HIV/AIDS:

1. Strengthen the protection and care of orphans and other vulnerable children within their extended families and communities.
2. Strengthen the economic coping capacities of families and communities.
3. Enhance the capacity of families and communities to respond to the psychosocial needs of orphans, vulnerable children and their caregivers.
4. Link HIV/AIDS prevention activities, care and support for people living with HIV/AIDS and efforts to support orphans and other vulnerable children.
5. Focus on the most vulnerable children and communities, not only those orphaned by AIDS.
6. Give particular attention to the roles of boys and girls, men and women, and address gender discrimination.
7. Ensure the full involvement of young people as part of the solution.
8. Strengthen schools and ensure access to education.
9. Reduce stigma and discrimination.
10. Accelerate learning and information exchange.
11. Strengthen partners and partnerships at all levels and build coalitions among key stakeholders.
12. Ensure that external support strengthens and does not undermine community initiative and motivation.

er their parents are alive



parent

ORPHANS AND OTHER CHILDREN AFFECTED BY HIV/AIDS

UNICEF'S RESPONSE

Fighting HIV/AIDS is a top priority for UNICEF since the epidemic is depriving millions of children of their right to survive, to develop, to be protected and to have a say in decisions that affect them. In this and other areas of its work, UNICEF is guided by the Convention on the Rights of the Child, the world's most widely embraced human rights treaty.

No single organization can defeat HIV/AIDS. UNICEF's response, therefore, hinges on partnerships at all levels. This includes partnerships with governments to develop policies on orphans and legislation to protect their rights, along with the development of community-based programmes to provide care and support for children and families in need.

Partnerships with traditional leaders, non-governmental and faith-based organizations are particularly important in tackling HIV/AIDS – and the discrimination that accompanies it – at the grass-roots level. Alliances are also being formed with organizations of people living with HIV/AIDS.

As a priority, UNICEF is working with these partners to support actions that:

- Provide appropriate counselling and psychosocial support to orphans and other children;
- Ensure their enrolment in school and access to shelter, good nutrition, health and other social services on an equal basis with other children;
- Strengthen the capacity of communities to identify and monitor vulnerable households;
- Provide care and support for orphans and vulnerable children in a supportive environment under the protection of responsible adults; and
- Protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.

Another critical aspect of UNICEF's work is advocacy for the protection, care and support of children orphaned by AIDS. In September 2002, for example, at the request of Nelson Mandela and Graça Machel, UNICEF convened the Africa Leadership Consultation on the Crisis of Orphans and Vulnerable Children in Africa held in

Johannesburg. Two months earlier, UNICEF had kept the issue high on the agenda of the XIV International AIDS Conference in Barcelona. Both meetings fostered commitment at the highest levels of government and this is yielding results. UNICEF offices in 61 countries reported that, by the end of 2002, national policies, legislation and action plans were being developed or were under implementation on behalf of children affected by HIV/AIDS.

MAKING AN IMPACT

Within the last three years alone, UNICEF:

- Teamed up with Buddhist monks across the Mekong region of **South-East Asia** to tear down the stigma surrounding AIDS and to educate and look after youngsters who have lost parents to the disease.
- Delivered support services to **Swaziland's** orphans through a grass-roots programme involving young people and traditional leaders.
- Supported community-based organizations in **Brazil** that provide psychosocial assistance to children living with HIV/AIDS.
- Facilitated the reunification of orphans with their extended families in **Eritrea**.
- Carried out advocacy that resulted in legislation guaranteeing the right of women to own and inherit property in **Lesotho** and **Mozambique**.
- Conducted a comprehensive analysis of the situation of orphans and other vulnerable children in **Zambia**.
- Worked with faith-based organizations and networks to stop the trafficking of girls and young women in the **Philippines**, and to increase their protection from commercial sexual exploitation.
- Supported community-based organizations that are registering and monitoring the situation of orphans in **Malawi**.
- Enhanced the capacity of schools to enrol out-of-school children in **Uganda** and the **United Republic of Tanzania**.



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