Since the AIDS epidemic began, 25 million people have died and more than 40 million are now living with HIV and AIDS. The epidemic has also had a devastating effect on the lives of children. Fourteen million children have already lost one or both parents to AIDS and this number is rising daily. Millions more children are caring for their sick parents and even more are made vulnerable through the impact of the epidemic on their communities.

The number of orphans and other children made vulnerable by HIV/AIDS will continue to rise for many years to come. Estimates state that the number of orphans will continue to increase until 2020 or 2030. Unlike other disaster situations where concerted action may be required for a short time only, commitment to HIV/AIDS programmes and particularly to orphans and other children made vulnerable by HIV/AIDS requires a sustained long-term commitment. It will also require a radical move away from the traditional one-year funding cycle. However, we do not face this challenge alone – it is essential that we collaborate with other stakeholders, and particularly with communities themselves. In order for programmes to remain sustainable, they must build on the strengths and resources of families and communities.

No other organization has the vast network of community-based volunteers that the International Red Cross and Red Crescent Movement has – volunteers who are known and respected by the community and its leaders. Our volunteers are in an ideal position to mobilize communities and advocate for community support and care for orphans and other children made vulnerable by HIV/AIDS. Countless Red Cross and Red Crescent volunteers are providing care and support for people living with HIV/AIDS every day. During their home visits to affected families, they are increasingly confronted with the difficult situation of the children whose parents are sick or dying – children who will soon become orphans.

We must not allow ourselves to be overwhelmed by the staggering statistics. These children need support now, and helping them will require a very long-term commitment. However, the cost of assisting them now, through ensuring that they have access to health care, good nutrition, education, and social and psychological support, will be significantly lower than the cost to society of a generation that grows up stigmatized, discriminated against, uneducated and destitute. Without education and support now, many of these children will not grow up at all but will become part of the many millions who will die from AIDS in the coming years.

This document provides guidelines for National Red Cross and Red Crescent Societies who are working on the front line in the fight against HIV/AIDS – helping communities and families to strengthen their traditional coping mechanisms, and meeting the challenge of addressing the needs of orphans and other children made vulnerable by HIV/AIDS.

The International Federation’s secretariat would like to thank all the members of the OVC working group and all those who gave us the benefit of their knowledge and experience. Thanks also to British Red Cross for their support for the production of these guidelines.
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Definitions/terminology

Orphan
UNAIDS defines an orphan as a child under 15 years of age who has lost his/her mother or both parents. However, this definition does not take into account children whose fathers have died, or orphans aged 15 to 18 years old.

In female-headed households, children may in reality be “double” orphans when the mother dies, as the father may have abandoned the family or may never have been present.

For the purpose of these guidelines, “orphan” refers to a child from birth to age 18 years who has lost one or both parents.

OVC
These guidelines use the term OVC – orphans and other children made vulnerable by HIV/AIDS. The term “AIDS orphan” should not be used, because of the stigma and discrimination that is still associated with HIV/AIDS.

Child
The definition of a child used in these guidelines is the one enshrined in the United Nations Convention on the Rights of the Child: “a human being under 18 years of age”.

In each country, the Red Cross and Red Crescent Society needs to operate within the framework of the governmental AIDS plan and its definitions of orphans and vulnerable children. The National Society link to the appropriate governmental departments and structures is crucial for programme success.

Abbreviations/acronyms

AIDS Acquired Immune Deficiency Syndrome
ARCHI African Red Cross and Red Crescent Health Initiative
CBO community-based organization
EPI expanded programme on immunization
HBC home-based care
HIV human immunodeficiency virus
NGO non-governmental organization
OVC orphans and other children made vulnerable by HIV/AIDS
PLWHA people living with HIV/AIDS
UN United Nations
UNAIDS Joint United Nations Programme on HIV/AIDS
UNICEF United Nations Children’s Fund
USAID United States Agency for International Development
Purpose and audience for the guidelines

As a result of the increasing imperative to respond to the needs of children, and the request for guidance from some National Red Cross and Red Crescent Societies in the countries hardest hit by the AIDS epidemic, a working group of National Societies, field practitioners and health and care advisors came together to draft these operational guidelines. The guidelines provide practical direction to National Societies who wish to work with orphans and other children made vulnerable by HIV/AIDS (OVC). All home-based care (HBC) programmes should include some element of advocacy and support for these children. Support for orphans and other children made vulnerable by HIV/AIDS should not be carried out in isolation but should be part of existing or planned Red Cross Red Crescent programmes. The guidelines are aimed mainly at branch-level HIV/AIDS and HBC programme managers, volunteers and practitioners in the field. However, this document may also be useful for more senior and national-level National Society staff dealing with HIV/AIDS programmes.

These guidelines should be considered in conjunction with other relevant International Federation documents (see References). With local adaptation, this publication can be used in many different countries. ARCHI (African Red Cross and Red Crescent Health Initiative) references are included as many of the ARCHI tools can be adapted for use in regions other than Africa.

What makes children vulnerable?

In severely affected communities, the epidemic affects all aspects of community life – agriculture, economic and social structures, business, health and education – and this in turn has a huge impact on children and increases their vulnerability in many ways. For example:

- withdrawal from school
- discrimination and stigma
- emotional needs and grief over illness and death of parent(s)
- increased poverty
- lack of adequate nutrition
- loss of property and inheritance rights
- material needs
- shelter needs
- inadequate health care
- vulnerability to physical and sexual abuse
- children become care providers for sick parents or for younger siblings
- children may have to resort to various forms of labour
- loss of parenting
Over the last few years, many organizations have been involved in experience and consensus building regarding the best care and protection for children orphaned and made vulnerable by HIV/AIDS. The Red Cross and Red Crescent can benefit from, and build on, this experience. For example:

**The Convention on the Rights of the Child**
(see Appendix 1)

The Convention on the Rights of the Child covers all aspects of children’s lives, including access to health and education, care, protection and identity, and rights to survival and development. It is the obligation of governments to ensure that children’s rights are respected and fulfilled. The Red Cross Red Crescent can play a complementary role based on its strength in advocating for those who are most vulnerable, including OVC. However, it is important to make a clear definition of the scope and range of activity where the Red Cross Red Crescent can focus its efforts on behalf of OVC, in order to ensure an appropriate allocation of human and other resources to achieve the greatest impact.

**Principles to guide programming for orphans and other children affected by HIV/AIDS – UNICEF/USAID** (see Appendix 2)

Since 2000, the need for guiding principles to protect and fulfil the rights of children and adolescents affected by HIV/AIDS has led to formal and informal consultations amongst many organizations and individuals worldwide. These consensus principles to guide programmes for children made vulnerable by HIV/AIDS now serve as a common point of reference for many organizations at all levels to encourage actions that are child-centred, family- and community-focused, and human-rights based.
Principles

Below are some of the guiding principles that set the foundations for working with OVC. Part 2 of this document addresses some of the ways that the principles may be converted into action for the benefit of OVC.

1. Participation of children and young people as part of the solution
2. Community-based care
3. Non-discrimination
4. Awareness of the needs of children at special risk
5. Collaboration and partnerships

1. Participation of children and young people as part of the solution

Participation is one of the four foundation principles of the Convention on the Rights of the Child (see Appendix 1). Children have the right to express their views and be listened to, and to have their views taken into account. As well as considering children’s vulnerabilities, it is essential to look at their potential and see them as a resource for their families and for their communities. By participating in decisions and solutions, children are also able to develop their knowledge and skills and to become better informed about HIV/AIDS.

- Prepare for the participation of children – assess their stage of development, their emotional stability and what support structures are available to them.
- Encourage children to define their own problems and needs – prepare children for this participation and support them.
- Ensure that children participate in decisions regarding their future care (see section on memory books).
- Help children to understand more about HIV/AIDS.
- Listen to children, and give them opportunities to express their desires and needs.
- Include children in programme design discussions.
- Include children in programme implementation and monitoring.
- Remember that the best interests of the child should be the primary consideration at all times.
2. Community-based care

Planning together with communities is vital and it is very important that we do not undermine community efforts or community coping mechanisms. Communities themselves must define who are the most vulnerable children, what are the primary concerns, and how they can be addressed. Communities are in a position to identify what resources and skills are available locally and how these can assist children and their families. The Red Cross and Red Crescent is not in favour of institutional care, such as orphanages, except as a last resort or a temporary measure. The best interests of the child must be the primary consideration when deciding where the child will live after the parent dies.

The Red Cross and Red Crescent advocates for:
- The importance of keeping orphans and other children made vulnerable by HIV/AIDS within families in their own communities.
- Strengthening the capacity of communities and families to cope.
- Keeping children in a familiar and stable environment and enabling them to feel part of their communities.

Community care or institutional care?

Community care
- Children are cared for by the extended family, neighbours or guardians from within the community in an environment that is familiar to them.
- Children remain integrated in their extended family, culture, language, religion and support network.
- The community and its leaders take responsibility for the care and support of the orphans and other vulnerable children, keeping them within their charge.
- Red Cross and Red Crescent volunteers are chosen from, and work in, their own community.
- Through their support to families affected by HIV/AIDS, Red Cross and Red Crescent volunteers are an extremely valuable resource in helping children to remain in their communities.
- Community members and Red Cross and Red Crescent volunteers can advocate on behalf of child-headed households to ensure that their needs are met.

Institutional care
- Institutional care (care in an orphanage) generally does not meet the development needs of children and often neglects their psychological and emotional needs.
- Institutional care is extremely expensive and not sustainable for large numbers of children over long periods of time.
- Institutional care often removes children from their communities and from their traditional support networks. It can be difficult for children brought up in institutions to reintegrate into their communities when they become adults.
- Children may be stigmatized because they are in an institution, particularly children affected by HIV/AIDS.
- The availability of institutional care may undermine the community's sense of responsibility for their most vulnerable children.
- The availability of places in institutions may encourage families facing hardship to place their children there in the hope that they will have a better life.
- Children may be placed in an institution, but only in emergency cases and as a last resort. Institutions should be used only as a very temporary place of safety while community and family alternatives are sought.
3. Non-discrimination

Stigma

The International Federation has acknowledged that fighting stigma and discrimination, prevention and access to support, care and treatment are inseparable and any successful community strategy to fight HIV/AIDS must address all of these factors.

One of the main principles of the Convention on the Rights of the Child is that of non-discrimination and yet orphans and other children made vulnerable by HIV/AIDS are having to face stigma and discrimination every day.

The stigma and discrimination associated with HIV/AIDS in many parts of the world increase the impact of the epidemic on affected individuals, families and communities and undermine prevention, care and treatment efforts:

- Without openness, it is difficult to mobilize communities to fight the epidemic.
- Fear and stigma may mean that those who are living with HIV/AIDS feel unable to reveal their health status or seek care and treatment.
- Sick parents in denial because of the fear of being stigmatized find it difficult to disclose their health status to their children or plan for their children’s future.
- Parents in denial find it difficult to teach their children how to avoid the dangers of HIV/AIDS.
- Children themselves are often stigmatized when their parents are sick or have died as a result of AIDS. They are especially vulnerable to discrimination at school and this may be one of the reasons that they drop out of school.
- Discrimination and stigma compound all the other fears and distress that the children suffer, and it can have a very damaging effect on their emotional and psychological health.
- The “silence” surrounding HIV/AIDS and the lack of communication with young people on issues of sexuality increase their vulnerability.

Gender

The HIV/AIDS epidemic tends to increase gender-based inequalities and discrimination that already exist. The burden of caring for people living with HIV/AIDS and for vulnerable children and orphans usually falls on women. It is necessary to ensure that gender perspectives are taken into account when planning and implementing OVC programmes. Some of the consequences of these inequalities include:

- Girl children tend to be the first to be withdrawn from school when household income is limited, and they have to take on more household tasks.
- Girls are particularly vulnerable to sexual and physical abuse and HIV infection, although boys may also be subject to abuse.
- When their husbands die, women – who are often the food producers in the family – may be obliged to produce more food to sell in order to raise income, or take on other income-generation activities. This adds to the already heavy burden of their other work and care-giving activities.
Women and girl children are disadvantaged by laws that do not allow women to inherit land or property.

It is difficult in some cultures for men to become recognized caregivers, although grandfathers and uncles are increasingly becoming the primary providers for OVC.

Volunteers working on home-based care programmes with affected families are mainly women.

4. Awareness of the needs of children at special risk

Although the focus of this document is orphans and other children made vulnerable by HIV/AIDS, it is important to be aware of the needs of children who are at special risk. Children living in some of the situations mentioned below may be predisposed to early sexuality, sexual violence or abuse which increases the risk of infection:

- Street children
- Internally displaced and refugee children
- Unaccompanied children – children separated from their parent(s) or guardian(s)
- Migrant children
- Children affected by armed conflict
- Children in abusive homes or environments
- Children living with elderly and frail grandparents
- Child labourers
- Disabled children
- Children in child-headed households (sometimes called sibling families).

5. Collaboration and partnerships

National Red Cross and Red Crescent Societies cannot tackle the problems of orphans and other children made vulnerable by HIV/AIDS alone. Collaboration should include the whole range of organizations that are working on issues affecting children in relation to HIV/AIDS.

- Collaborate with local government authorities, traditional structures, faith-based organizations, community-based organizations (CBOs), non-governmental organizations (NGOs), the local business community, women's groups, youth groups and others.
- Look for partners who can help to make a positive difference in the lives of OVC.

Partnerships with people living with HIV/AIDS

- Partnerships with people living with HIV/AIDS (PLWHA) and organizations of PLWHA are a vital part of effective support to OVC.
- Build partnerships with PLWHA to facilitate reaching children before the death of their parents, in order to identify solutions and plans for the children's future.
- The courage of PLWHA who are willing to speak out about their health status helps to break down stigma and discrimination which can isolate the whole family including the children.
- Involve PLWHA in prevention education work with children to make the message more personal and more meaningful.
Case study

Rwanda Red Cross

The Red Cross programme in Gisenyi in Rwanda aims to promote family and community involvement and participation in home-based provision of physical and psychological care for individuals and families affected by HIV/AIDS. It also aims to contribute to local efforts to reduce the spread of HIV and to fight the stigma and discrimination associated with HIV/AIDS.

People living with HIV/AIDS (PLWHA) in the community have set up their own association which is also open to non-infected community members. The members contribute a small monthly fee, and together with local churches and businesses they have raised funds and opened a bank account. The PLWHA have access to the fund for support for themselves or their families. This support includes school fees and assistance with food for children orphaned by HIV/AIDS. The PLWHA members have been trained as home-based care providers and co-opted into the Red Cross home-care programme.

The Rwanda Red Cross has demonstrated that trust in community coping mechanisms is vital for effective community mobilization.
Part 2. Practical programming step by step

The following steps address some of the ways that the principles of working with orphans and other children made vulnerable by HIV/AIDS can be put into action, in order that the children can be supported and cared for and their rights respected.

The steps cover the key aspects of advocacy, care and support for OVC. However Red Cross Red Crescent action in respect of these steps will depend on the local situation, the role of other stakeholders working with OVC in your area, and the capacity of the National Society.

Step 1. Consult with the community

Before starting an OVC programme, you will first need to ensure that the community is involved and committed to assisting OVC and that they feel ownership for any planned programme.

This consultation with the community will also provide an opportunity to increase people’s awareness and understanding of HIV/AIDS which helps to break down the myths and stigma surrounding HIV/AIDS. Orphans and other children made vulnerable by HIV/AIDS are a shared community concern.

- Consult with community leaders and ask them to organize information-sharing meetings with local government and traditional authorities, teachers, parents and children, people living with HIV/AIDS, and other influential members of the community.
- Ask them to identify the most vulnerable children in their communities and the resources available locally that could help the children – it is important to consider the capacities that exist in families and in the community, as well as the vulnerabilities.
- Remember that all communities have some existing resources and strengths that can be used – skills, knowledge, local networks, family and community relationships.
- Discuss with the community the information and resources that will be needed to set up an effective programme for OVC.
- Mobilize local resources and groups such as the local business community – in order to be sustainable, the programme cannot rely on external resources.
Step 1. Consult with the community

Step 2. Analyse the situation

Step 3. Become good advocates for OVC

Step 4. Work to reduce stigma and discrimination

Step 5. Make sure you work with the whole household – integrated family care

Step 6. Help children in child-headed households and keep siblings together

Step 7. Provide psychological, emotional and social support

Step 8. Children need to remain healthy and have access to primary health care

Step 9. Work with schools – they can assist the children in many ways

Step 10. Children need to learn about HIV/AIDS prevention

Step 11. Help the family to resolve legal matters related to the children’s future

Step 12. Monitoring and evaluation
Step 2. Analyse the situation

See the International Federation’s *Vulnerability and capacity assessment guide*.

To set up the programme, you will need to understand the local situation. Enquire whether situation analyses regarding OVC already exist in your area. It is essential to refer to any existing situation analyses in order to plan and implement relevant and effective programmes. On this basis, choices will have to be made regarding which children and families will benefit from scarce resources and services. If a situation analysis needs to be done, request community members, and people living with HIV/AIDS in particular, to play the major role in the analysis of the situation. Involving the community in the situation analysis will make it clear which children are most in need as defined by the community.

Through working with the community to assess the vulnerabilities, capacities and resources of children, their families and their communities, you will have a greater understanding of the problems they face and the ways in which you can assist them to build up their capacities and ability to cope with the impact of HIV/AIDS.

In some countries, the local authority in the community is ultimately responsible for registration/enumeration of orphans and vulnerable children. The Red Cross and Red Crescent advocates for registration but should not conduct it. However, you can direct the local social services to the most vulnerable children.

- Involve and collaborate with relevant stakeholders in the community when conducting the situation analysis. For example, health and care institutions, traditional and local authorities, the business community, faith-based groups, schools, NGOs and community-based organizations, people living with HIV/AIDS, women’s groups, youth groups, and others. See how Red Cross Red Crescent work can complement that of other local organizations in order to provide and advocate for the best services for OVC and their families.
- Ensure that you inform all stakeholders about the results of the situation analysis.
- Determine which existing health and care structures and organizations could assist the vulnerable children and their families. Identify those that are already assisting orphans and vulnerable children.
- Do a mapping exercise to identify the gaps and see where the Red Cross Red Crescent might most effectively become involved, bearing in mind the context of your country’s national AIDS plan.
- The assessment done before implementation must be conducted with the participation of people who have experience in work with children and young people to identify relevant needs and appropriate strategies. Needs might differ according to gender and location.
- Ask the community, especially PLWHA, to identify the families and children who are the most vulnerable in the community and on whom the impact of HIV/AIDS is the greatest.
- Involve children in identifying needs and seeking solutions (see section on participation).
- Remember that the situation will not remain static. The impact of the epidemic on the community will change over time. Monitoring is required to ensure that programmes remain relevant and continue to reach those most in need.
Step 3. Become good advocates for OVC

Red Cross and Red Crescent volunteers are ideally placed to become good advocates for OVC – to advocate for their access to health care, good nutrition, education, care, and psychological and social support.

- Become advocates for children at special risk (see Part 1, section 4).
- Advocate concerning children’s rights and access to available resources.
- Advocate for a similar level of access to health-care services as is available to other children.
- Advocate for birth registration.
- Lobby nationally and locally on behalf of OVC through National Society headquarters and branches.
- Advocate for laws and policies that will contribute to the realization and fulfilment of the rights of women and children.
- Advocate for a similar level of access to education as is available to other children.
- Advocate for local support for OVC.

Step 4. Work to reduce stigma and discrimination

Respect the human rights and dignity of those affected by HIV/AIDS and work to reduce stigma and discrimination.

- Ensure wherever possible that children continue to feel accepted and part of the community.
- Do not refer to the children as “AIDS orphans” – this further isolates and stigmatizes them.
- Direct programmes towards all children made vulnerable by HIV/AIDS in severely affected communities – not just orphans.
- Provide opportunities for children and young people affected by HIV/AIDS to discuss their concerns openly.
- Collaborate with organizations of PLWHA both locally and nationally. This is essential because the courage of HIV-positive people who speak openly about HIV/AIDS is the most effective means of breaking the silence.
- Collaborate with faith-based groups who have had some success in reducing stigma and discrimination.
- Fight stigma and discrimination through prevention education so that people know the truth about HIV/AIDS and pass it on.
- Take action in cases of discrimination.
Case study

Social clubs help reduce stigma
The Zimbabwe Red Cross runs 48 social clubs for both in-school and out-of-school young people, including orphans and vulnerable children. Through the clubs the children have the opportunity to relax and share experiences and coping strategies. They are involved in sporting events and practical activities such as gardening and running wood lots. The clubs’ sporting events are used to disseminate prevention information on HIV/AIDS to the public. The children also disseminate health education information through the churches. The clubs have drama groups which perform in schools and in the community, and the activities of the children have helped to break down stigma and discrimination related to HIV/AIDS. Local schools are institutional members of the Red Cross.

Step 5. Make sure you work with the whole household – integrated family care

See the International Federation’s Community home-based care for persons living with HIV/AIDS – a framework for National Society programming.

Find out whether your national AIDS control programme has a home-based care component or manual that might provide a framework in which to develop care for OVC.

- Focus on the affected family or household and not only on the individual living with HIV/AIDS. Assist them to build up their capacity to cope.
- Include elements of care, support and advocacy for vulnerable children and orphans in all HBC programmes.
- Ensure that OVC programmes are integrally linked to HBC programmes, prevention, peer education, anti-stigma campaigns, school-based programmes and so on.
- Red Cross and Red Crescent volunteers who are working with the families of PLWHA through HBC programmes develop relationships with the children in that family and are well placed to assess the situation and needs of the children. Children become vulnerable long before their parents die and it is important to provide support as soon as possible. (See section on memory books.)
- Assess the needs of the caregivers in the context of the family – particularly elderly people who may have cared for their sick and dying adult children, and now are also looking after large numbers of orphaned grandchildren – and refer them to the appropriate service providers.
- Encourage sick and dying adults to transfer skills to their children or other members of the family for economic security.
Help children in child-headed households and keep siblings together

When children have lost their parents, siblings should stay together if possible, in order to preserve their sense of identity and shared family history, as well as to maintain access to family assets such as their home and land. If no suitable guardianship arrangement is found after the parents have died, children may end up living together in child-headed households or some children may choose to remain in their parents’ home without an adult.

- Advocate on behalf of child-headed households to ensure they have access to:
  - practical, nutritional, health and material assistance;
  - psychological and social support;
  - protection from various forms of abuse and exploitation;
  - education and recreation;
  - access to training – in life skills and parenting skills and training for possible future employment; and
  - regular visits from Red Cross Red Crescent or other volunteers to provide adult contact and support.
Step 7. **Provide psychological, emotional and social support**

In addition to material needs, vulnerable children and orphans have psychological and social needs, although these may be less obvious and visible. Addressing psychological and social needs does not require special programmes but should be part of an integrated approach to family care.

Red Cross and Red Crescent volunteers are in an ideal position to understand and respond to the psychological and social needs of the children, as they are working closely with the affected families. Through Red Cross and Red Crescent home-based care programmes, volunteers can identify children at risk and refer them to support services.

- Help families and caregivers to provide children with appropriate information about their situation and an environment where they feel safe enough to express their feelings.
- Encourage caregivers to maintain familiar normal daily routines in and around the home. This helps to build a sense of trust and belonging.
- Suggest to caregivers that they give children the opportunity to influence what happens to them (see section on participation).
- Encourage the parents to work with their children on memory books/boxes and on planning together for the children’s future (see section on memory books).
- Investigate ways to enable children to continue their schooling. Attendance at school and playing with other children helps them to continue with the familiar aspects of their life. Teachers may also be in a good position to recognize the needs of children.
- Identify other social support structures in the community that help to provide a sense of security and belonging – schools, faith-based groups, youth groups, etc.
- Consider whether there is a need to set up support groups for children who are orphaned or children whose parents are dying – check if schools, faith-based organizations, local NGOs or young people themselves could set up such groups.
Step 8. Children need to remain healthy and have access to primary health care

See the International Federation’s *ARCHI toolkits*, particularly those on routine vaccination, diarrhoea, breastfeeding, latrines, bednets. Although these were designed for use in Africa, they can be adapted for use elsewhere.

The principles and practical elements of first aid in the community (CBFA) and the ARCHI toolkits can be adopted to build the capacity of children, their families and caregivers, and their communities to protect and promote health.

- Promote vaccination according to EPI (expanded programme on immunization) schedules through education of caregivers and inform them of local mobile outreach services.
- Provide education to caregivers, including children who are taking care of their sick parents, on prevention of infectious diseases within the household, including HIV infection.
- Promote access and uptake of ante-natal care for pregnant women including antiretroviral treatment (where available) to prevent transmission of HIV/AIDS from mother to child.
- Provide health-care education particularly in the treatment of dehydration due to diarrhoea and fever.
- Provide education to caregivers regarding infant and toddler feeding, for example, frequent feeding and hygienic food preparation, and consult the Ministry of Health for current guidance regarding infant feeding by HIV-positive women.
- Educate caregivers in safe water and protection from vectors (such as mosquitos bearing malaria) and in disposal of faeces, especially those of the toddler.
- Refer children who are acutely sick and those who are failing to thrive to the health-care services. This is a critical contribution to the well-being of the children.
- Talk to clinic and hospital staff concerning the need for child- and youth-friendly services and the need for confidentiality and respect for young people as well as adults.
- Identify potential problems – caregivers may have insufficient time to care for young children when they are sick, and may not be able to afford the cost of travel to a clinic – and assist with solutions.
- Work closely with the formal health services, traditional birth attendants, community health workers and other community groups and networks.
- Provide education and guidance to child-headed households regarding their health. Children looking after younger siblings may not be aware of the health-care needs of younger children.

Step 9. Work with schools – they can assist the children in many ways

Schools and teachers are a key community resource. Working in partnership with and through schools and teachers, and parent-teacher associations, provides a wider opportunity to address the needs and the rights of OVC. Schools can be used as centres for many kinds of education and community mobilization activities as well as provide a safe environment where children, parents, teachers and community members can come together for discussion and mutual support.

The Red Cross and Red Crescent should collaborate with school structures but should not attempt to replace them. Advocating for, and facilitating, children’s access to education may be one of the most cost-effective interventions in favour of OVC. School-based programmes should be supported
to provide HIV/AIDS awareness and prevention education for teachers and parents of affected and non-affected children.

- Encourage training of teachers in life skills education, sexual and reproductive health and HIV/AIDS and in responding to the social and psychological needs of children.
- Encourage teachers to identify children in their class who are vulnerable and need support.
- Schools can establish peer education programmes for all the children in school and provide outreach prevention education programmes for out-of-school youth.
- Identify possible interventions for OVC support through schools.
- Promote attendance at school.
- Advocate for easier access to schools for OVC.
- Focus on all children made vulnerable by HIV/AIDS, not just orphans.
- Provide school materials to the schools rather than to particular children.
- Partner with other groups to provide the community with material to produce school uniforms.
- Promote, support and build capacity of school committees.
- Promote the establishment of day-care centres for younger children as they can play an important part in community-based OVC care, relieving elderly caregivers and enabling older children in child-headed households to attend school while younger siblings are cared for. Day-care centres do not need to be sophisticated or expensive to run.
Case study

American Red Cross Maryland chapter sending school chests to Malawi

The American Red Cross has been working on the promotion of school chest programmes with a number of countries worldwide. In the past, the purpose was to support the re-establishment of an education system after a natural disaster. This is the first programme to help orphans and other children made vulnerable by HIV/AIDS to attend school. Although the data on orphans are assembled by the Ministry of Social Welfare within each district, there is no indication of the impact of HIV/AIDS on individual households. The schools do not keep data on children who do not participate in the education system. Therefore, the Malawi Red Cross has started consultations with the communities in each of the four districts where school chests are being distributed, to identify OVC within the community and to get the community to identify how the school chest materials will assist the local school. The programme will monitor whether the resources lead to increased student enrolment or increased attendance of already enrolled participants.

The school chests contain such articles as notebooks for 40 children, pencils and sharpeners, rulers and compasses, boxes of chalk and erasers, crayons and paper, and a soccer ball and skipping ropes for recreation.

Step 10. Children need to learn about HIV/AIDS prevention

See the International Federation’s Action with Youth, HIV/AIDS and STD, training manual for young people.

It is essential to link programmes that provide care and support for OVC to prevention programmes.

- Include OVC in peer education and awareness programmes on the prevention of HIV/AIDS.
- OVC programmes can provide an entry point for promoting prevention in the community.
- Children looking after their sick parents should be educated on how to avoid becoming infected by HIV and be provided with appropriate resources (e.g., gloves and disinfectants).
- National Society youth programmes on HIV/AIDS prevention should include orphans and vulnerable children in disseminating the prevention message to other peers as well as to their families and to the general public. Dissemination can be done through drama, poems, songs, in social clubs, etc.
- Educate all young people on fighting stigma and discrimination.
**Case study**

**Prevention activities by children in Côte d’Ivoire**

In a residential district of Abidjan, a group of homeless young people – newly trained as Red Cross peer educators – spend the afternoons spreading the word on HIV/AIDS awareness the way they know best: through music, dance and art.

They formed a band called “The heirs to the future”. Chosen from among the leaders of homeless youngsters because of the influence they have, the peer educators perform songs in styles ranging from rap and reggae to more traditional Ivorian tam-tam beats. All the songs contain lyrics about HIV/AIDS.

Narcisse explained what he gets out of being a peer educator: “The Red Cross trained us about HIV/AIDS, allowing me to really understand the disease and how to protect myself from it. It’s probably saved my life, and I am now able to help many other young people. Some I know who used to ignore the danger of HIV/AIDS are not only approaching me to talk more about it, but are asking for the condoms which I distribute free.”

The peer education project empowers some of the most marginalized and vulnerable members of society, who are also the most at risk from HIV/AIDS. In helping their community they help themselves; peer education builds self-esteem – something the young people need if they are one day to get off the streets.
Step 11. Help the family to resolve legal matters related to the children’s future

Involves legal experts on a voluntary basis in the programme. They can inform families and children of their rights and help them to get advice on legal and official bureaucratic matters and help to build capacity within the National Society on customary law and legal matters.

- **Birth certificates.** Encourage families to obtain a birth certificate for their child as early as possible. This will be very valuable in ensuring the child’s identity and access to assistance and education in the future.
- **Access to government pensions and grants.** Help sick parents, grandparents, guardians and child heads of households to access government grants and pensions that may exist for disability, old age, foster care and child support, and advocate for easier access to these funds for OVC and their caregivers.
- **Writing a will, succession and inheritance planning.** Assist families and direct them to legal support. Help them to learn the rights of their children and relatives in matters of inheritance, and encourage them to write clear wills to protect their children’s future (see Appendix 4).
- **Legal protection under the Convention of the Rights of the Child** (see Appendix 1). Advocate for improved implementation of laws and policies relevant to OVC and their families.

Step 12. Monitoring and evaluation

**Monitoring** involves the systematic collection and examination of data on a regular basis to ensure that the project is on track.

**Evaluation** involves examination of data at a specific point in time and with a particular focus, to assess how the project has performed in relation to its goals and objectives.

- Monitoring needs to be systematic and ongoing from the beginning of the project.
- Monitoring should be realistic, practical and appropriate – it does not have to be complicated.
- Monitoring must adhere to the organization’s or the programme’s rules concerning confidentiality.
- Monitoring needs to be flexible – make adjustments to the programme if necessary, as a result of monitoring.
- Remember to include the views of all stakeholders in the monitoring process, including the family, the children, the volunteers and staff, and the community, on whether they think the programme is effective.

Document your project from the start so that you can monitor the progress and adjust where necessary. Information on the quality and the quantity will help to build up a comprehensive picture of the impact of the programme and to benefit from lessons learned.

Collect data when children enter the programme so that you can measure their progress during monitoring (see Appendix 3).
Quantitative indicators

Below is a list of possible quantitative indicators.

- Number of children included in the programme.
- Number of children with improved way of life (number of meals per day; attendance at school, etc.).
- Number of community members involved in supporting OVC programmes.
- Number of children with memory books, ownership rights to their parents’ land and property, their own birth certificates and their parents’ wills.
- Number of children fully vaccinated.
- Number of children living with family members.
- Number of children receiving assistance from non-Red Cross Red Crescent sources (e.g., faith-based groups, government service, etc.).
- Number of visits per month to OVC by Red Cross Red Crescent volunteers/workers.
- Cost of the programme per child.

Qualitative indicators

Qualitative information is very useful but not as easy to collect. However it is part of the recommended approach to ensuring that the needs of these children are met. Below are some suggested qualitative indicators.

- Talking with the children and listening to them, individually or in small groups and getting their views.
- Minimum standard of protection: the child feels safe and trusts the significant others in their life such as siblings, relatives, guardian, teacher, and has hope for the future.
- Monitoring how the child is clothed and fed.
- Nutritional status of children.
- Collection of case studies.
Part 3.
Options for interventions

National Societies can consider the various options for supporting orphans and other children made vulnerable by HIV/AIDS and decide which is most suited to their resources and the local situation.

### Possible Red Cross and Red Crescent interventions

- Day-care centres for young children
- Memory boxes and memory books project
- Advocacy concerning children’s rights and access to available resources
- OVC support as part of home-based care programmes
- OVC support as part of programmes with schools
- Community and school gardens
- Skill-building activities
- Enabling children to remain in school – help them to access funds for school fees, uniforms, books
- Referral to other agencies for support – such as social welfare, health, nutritional and material support
- Include OVC in Red Cross Red Crescent youth programmes
- Include OVC in prevention programmes
- Psychological and social support

### Examples of interventions

#### Memory work: memory books and boxes

It is clear that children in AIDS-affected households become vulnerable in many ways, long before their parents die. Memory books or memory boxes are a way of empowering parents living with HIV/AIDS to communicate with their children and to start to plan with their children for the future.

Parents usually come together through support groups and are empowered by learning more about issues such as communicating with children, including possible disclosure of their health status, and creating memory books. Memory books provide information about the parents, the family history, stories about the parents and the child, photographs, drawings, special family memories and so on, and are a “treasure chest” of family information. The parent works with the child on putting together the memory book. The books aim to help children who are facing loss or separation from a parent to understand the past and feel more secure about their future so that if the parents do eventually die, the children have a sense of identity and belonging and they can plan for the future. It also gives the children an opportunity to ask questions about their parents’ illness and to be involved in discussions about who will care for them after their parents die.

Providing knowledge in this way is also a way of providing prevention awareness and fighting stigma and discrimination.
Case study

A pilot memory project

The project was first initiated through a meeting with care facilitators of the Zimbabwe Red Cross Society (ZRCS) home-based care programme and members of ZRCS support groups for people living with HIV/AIDS to obtain their views on setting up a memory project. The participants of the meeting were enthusiastic about the idea and plans were then made to hold the first training workshop for the pilot project. Ten care facilitators were trained, eight of whom work with PLWHA support groups and two who work with caregivers and guardians of children who have already lost their parents to AIDS. Some ZRCS provincial and headquarters staff also took part in the training workshop, as did a volunteer from Kenya Red Cross. (See photo of training workshop participants below).

Training topics included an introduction to the concept of memory books and boxes, group work skills, communicating with children, disclosure, planning with parents and children for the future, working with caregivers of orphans, writing a will, and evaluation and monitoring. Each trainee also started to make their own memory books and boxes.

During the pilot project, the care facilitators will pass on the skills acquired during the training workshop to approximately 100 members of the support groups at least once a week for ten weeks. After this, the first phase of the project will be evaluated before being extended to other areas of Zimbabwe where the Red Cross has an integrated HIV/AIDS programme.
Many OVC do not have adequate supplies of food or good nutrition. The Red Cross Red Crescent can encourage community solutions, such as the establishment and maintenance of communal plots which are farmed collectively to feed the most vulnerable children.

**Case study**

**Bindura irrigation project, Zimbabwe**

One of the Zimbabwe Red Cross Society’s eight supplementary feeding schemes for OVC, which are part of its integrated HIV/AIDS programme, has been set up in Bindura district. Ten years ago, the ZRCS received a plot of land from the authorities. This land is now under irrigation and supplies food for more than 300 children, including 60 orphans who are under 5 years old, who attend the local ZRCS day-care centre. The land is worked by parents, Red Cross volunteers and community members. The food produced goes to the children and to HBC clients. It is also used at the Red Cross tuck shop in Harare hospital. The proceeds from sales at the shop go back into helping the orphans and other children made vulnerable by HIV/AIDS.

In some countries, teachers concerned about the lack of good nutrition for their vulnerable pupils have set aside plots of school land and farmed them with the help of the children and members of the surrounding community. Some neighbours provide seed, others manure, while others help with the heaviest labour.
### Programming for orphans and other vulnerable children from a rights perspective is based on guiding human rights principles and the foundation principles of the Convention on the Rights of the Child.

#### Guiding human rights principles

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<thead>
<tr>
<th>Principle</th>
<th>Details</th>
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| Accountability   | - Children are holders of rights and have special rights because of their developmental and vulnerable state.  
                  | - Children are active agents in their own lives and within their societies, with a right to be heard and with responsibilities to society, not just beneficiaries of rights.  
                  | - States accept obligations and are accountable to respect, protect and fulfil the rights of children.  
                  | - Families are the primary caregivers and the protectors of children's rights.  
                  | - Governments, civil society, communities, families, parents and caregivers all have obligations to children. |
| Universality     | - Each and every child has equal and inalienable rights, all the time, no matter where he or she lives. |
| Indivisibility   | - All rights are equally important and are mutually reinforcing.                             |

#### Foundation principles of the Convention on the Rights of the Child

<table>
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<tr>
<th>Principle</th>
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<tr>
<td>Best interests of the child</td>
<td>- The child’s interests have equal status with the interests of parents, families, communities and the state. The best interests of the child should always be a primary consideration in actions that concern children.</td>
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<tr>
<td>Non-discrimination</td>
<td>- All children have the same right to develop to their potential: regardless of race, colour, gender, caste, language, opinion, origin, disability, birth, family status or any other characteristic.</td>
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| Right to survival and development              | - Survival and development are understood as the preconditions of all other rights.  
                  | - The right to survival and development includes the ability of children to benefit from governmental policies and actions which will help them progress into adulthood.  
                  | - Actions must be taken to provide special protection to the most vulnerable or most in need. |
| Respect for the views and participation of the child | - The views of the child are to be heard, respected and taken into account.  
                  | - Children have the right to participate in decision-making processes that affect them. |
Principles to guide programming for orphans and other children affected by HIV/AIDS (UNICEF/USAID)

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 psychological and social needs of orphans and 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.
Sample OVC data collection form

This is an example of a form that could be used to collect information about children when they enter the programme. Through regular monitoring, you can measure the children's progress to see if their situation has improved since the form was first completed.

**File number:**

**Child**

Name:

Date of birth: Age:

Place of birth:

Male/female:

Address:

Does the child have a birth certificate?  ○ Yes  ○ No

Does the child attend school?  ○ Regularly  ○ Not regularly  ○ Not at all

If so, in which grade/year?

Name of school?

Number and age of siblings?

If the child is an orphan, is he or she registered by the local authorities?  ○ Yes  ○ No

**Parents**

**Father**

Name: Age:

Address:

Occupation:

Is the father alive or deceased?

If deceased, date of death:

If alive, living with the family?  ○ Yes  ○ No

If alive, supporting the family?  ○ Yes  ○ No
**Mother**

Name:  

Address:  

Occupation:  

Is the mother alive or deceased?  

If deceased, date of death:  

If alive, living with the family?  

If alive, supporting the family?  

**Present guardian**

Name:  

Male/female:  

Age:  

Address:  

Occupation:  

Relationship to child:  

Number of other dependants:  

**Source of household income**

Cash-crop farming  

Small-scale business  

Formal employment  

Government assistance  

Other (specify)  

**Source of household food**

Subsistence production  

Staple food?  

Is food grown or purchased?  

How many meals a day does the child eat?
Does the child have health records?

Immunization records?

Is the child's HIV status known?

Distance to nearest health facility?

Is the child involved in a memory project?  
☐ Yes  ☐ No

Is the child assisted from other sources?

Faith based organisation

NGO

CBO

Government

School

Other (specify)

Additional important information about the situation of the child (including protection needs):

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Date:

Name and position of person completing the form:

Recommended review date:
Making a will

Please note that laws concerning wills vary in each country. Check that the guidelines given below meet the legal requirements in your country.

A will is a written document which makes clear what a person wishes to happen after his or her death.

- A will can ensure that your property, land and valuables are passed on to the people you want to receive them.
- It makes clear who will look after your property, land or valuables until your children are old enough to do so themselves.
- In a will, you can appoint a guardian to look after your children.

- In order for a will to be legal you need to:
  - write the date on which you wrote the will on every page;
  - sign or make your mark on every page in the presence of a witness;
  - ensure that the witness also signs the will on every page, in your presence; and
  - appoint an executor who is the person who will make sure that your intentions and wishes are carried out after you die.

The witness must be a person who is not mentioned in the will, which must be written when you are in sound mind and have not been forced to write the will by anyone else.

Appointing a guardian for your children

- It is important to choose a guardian for your children before you die.
- Talk to the person you have chosen and make sure that they are willing to look after your children.
- Consider starting the process of handing over guardianship of the children while you are still alive so that the children and the new guardian can get used to each other – arrange visits between the guardian and the children.
- The way you explain to your children about the future and appointing a guardian will depend on you and your situation.
- If the children are old enough, involve them in discussions about their future and who will look after them.
Sample will

Please note this is a sample will only – check that it meets the legal requirements in your country.

1. This is the last will of ____________________________ [put your name and place of residence here].

2. I want ____________________________ [put the name of the Executor here and his/her place of residence] to be the Executor of this Will.

3. I leave ____________________________ [put the property/land/valuables here] to ____________________________ [put the names of the people you wish to receive them after your death here].

4. I appoint ____________________________ [put the name and address of the person who you want to look after your children here] as the guardian for my children.

Signed at ____________________________ [place where you have made the will] on ____________________________ [day, month, year].

[sign here]

Witness: ____________________________ [put the name of the witness here]

[put the witness’s address here]

[the witness signs here]

Witnessed at ____________________________ [place] on ____________________________ [day, month, year].
Appendix 5

Volunteer management

The Red Cross Red Crescent publication *ARCHI 2010: Volunteers and community health: Sharing ideas and experiences* provides ideas on many issues related to volunteer management. Please refer to this document for practical guidance.

Please also refer to the International Federation's *Volunteering policy - implementation guide*.

Care for the carer

Working directly with children whose families are experiencing illness and death – often with little material and few medical and support resources – requires strength and dedication. For Red Cross and Red Crescent volunteers and staff working in this situation, it can become debilitating and stressful. Systematic and routine attention must be devoted to providing “care for the carers”.

- Recognize the risk of burnout and provide time and resources to manage stress among volunteers.
- Provide appropriate training so volunteers feel well equipped for their tasks.
- Provide adequate supervision and coaching for volunteers.
- Set aside a regular time each week when volunteers can share ideas, experiences and problems and spend social time together. For example, the care facilitators of the South Africa Red Cross programme in Soweto get together weekly to share ideas and experiences and sing together in the Red Cross choir.
- Provide volunteers with regular support and encouragement and recognize their valuable contribution to the programme.
- Ensure that volunteers have adequate rest and time with their own families.
- If possible, volunteers should work in pairs so they can support each other.
The following publications were very useful in the writing of these guidelines. Thanks to their authors.

- **Child Protection Society of Zimbabwe.** *Approaches to community based care.* Harare: Child Protection Society.
- **International Federation of Red Cross and Red Crescent Societies.** *ARCHI 2010 making a major difference to the health of vulnerable people in Africa.* Geneva: International Federation, 2000.
- **Save the Children/NACTT Project.** *Children Living with HIV/AIDS in South Africa – A Rapid Appraisal.* Save the Children UK/NACTT Project. 2000.
- **UNICEF/USAID.** *Principles to Guide Programming.*
- **Wakhweya et al.** *Situation Analysis of Orphans in Uganda,* February 2002 draft.