

Supporting community action on AIDS in developing countries



Building Blocks: Asia

Briefing notes for communities working with orphans and vulnerable children

Overview

Acknowledgements

What is the International HIV/AIDS Alliance?

The International HIV/AIDS Alliance (the Alliance) is the European Union's largest HIV-focused development organisation. We were established in 1993 as an international non-governmental organisation to support community action on HIV/AIDS. Since then, we have worked with over 2,000 community-based organisations in over 40 countries, reaching some of the poorest and most vulnerable communities with HIV prevention, care and support and improved access to treatment.

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Background

The International HIV/AIDS Alliance, with funding from USAID, has produced this series of practical briefing notes to assist policy-makers, programme managers, non-governmental organisations (NGOs), community-based organisations (CBOs), local government and communities to respond to the needs of children affected by HIV and AIDS¹ in Asia. The briefing notes focus on how programmes can strengthen the capacity of children, families and communities. They do not include general information on HIV and AIDS, as this is available in many other publications.

These briefing notes are part of a set of seven, comprising six topics and this overview:

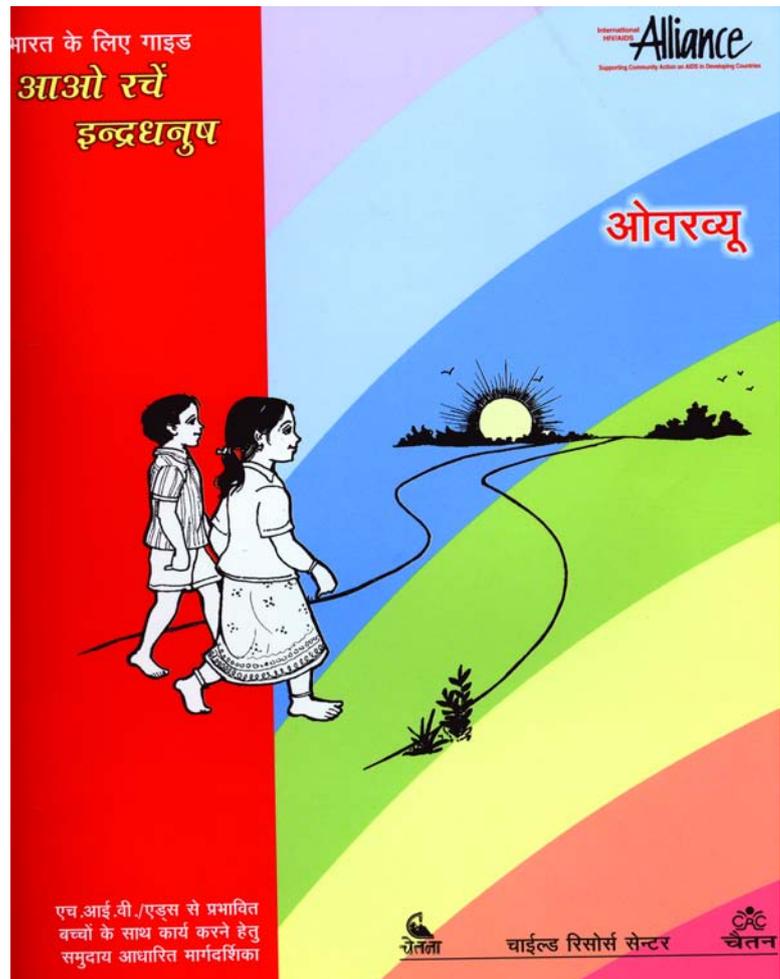
- Health and nutrition
- Livelihoods and economic strengthening
- Education and training
- Care and psychosocial support
- Social inclusion
- Protection

All these areas are important and should be considered together in an integrated response. Each briefing note introduces issues, and provides principles and strategies for guiding the response, while also offering examples of best practice from programme experience. The strategies reflect international good practice and the experience of people working with orphans and vulnerable children in Asia. Some of the guides also include case studies from Africa to illustrate practical actions that can be taken.

The briefing notes were developed through a highly participatory process, guided by an international advisory board. Initial content for the notes was developed during a workshop in Chiang Mai by members of the development group for Building Blocks: Asia, acknowledged above. This was then written up in English by a consultant, Kathy Attawell, and then translated, reviewed and revised in Cambodia, India and Thailand. These revised editions are available in Khmer, Hindi and Thai – see www.aidsalliance.org for more information on these publications. This English edition is based on the original content developed during the Chiang Mai workshop, with revisions and editions based on the country-level reviews and feedback from the international advisory board. Examples and case studies from this process have been noted as coming from a ‘Member of the development group for Building Blocks: Asia’.

¹The term ‘children affected by HIV and AIDS’ includes children living with HIV as well as those who have lost family members to AIDS or who are living in families or communities affected by HIV and AIDS.

Background



The briefing notes in Hindi

The briefing notes are all divided into three sections:

Introduction

This section explains the topic and how it relates to children and families affected by HIV and AIDS.

Issues

An outline of the impact of HIV/AIDS on children.

Principles and strategies

Guidelines and possible ways of taking action to strengthen support for orphans and vulnerable children.

Introduction

An orphan is a child (under the age of 18) who has lost one or both parents. In 2003, 7.3% of Asian children were orphans, over a third of these had lost one or both parents to AIDS (UNICEF, 2004). By 2010, the proportion of children in Asia orphaned due to AIDS is expected to grow from 2.8% to 7.5% (UNAIDS, 2002).

In addition, the number of children infected with HIV is increasing. In South and South-east Asia, the number of children living with HIV/AIDS was estimated to be 160,000 (UNAIDS, 2004). The majority of these children were infected through mother-to-child transmission, despite the availability of proven interventions to reduce the risk of transmission.

Despite this situation, many programmes in countries in Asia focus only on HIV awareness-raising and prevention, and limited attention has been paid to the provision of care and support for children affected by HIV and AIDS. Many of the programmes that provide care and support focus on meeting only the basic material needs of these children. It is important for programmes to pay attention to their equally important educational, psychological and emotional needs, and to protecting children from stigma and discrimination, abuse and exploitation.

Issues

The HIV/AIDS epidemic threatens children's rights to survival, health, development, education, leisure and protection from abuse and neglect and from sexual and economic exploitation. Children affected by HIV and AIDS may be more likely to:

- Have poor health and nutrition, and have less access to health care.
 - Do badly at school or drop out of school.
 - Have poor educational, vocational training and employment opportunities.
 - Begin work early and work in dangerous or hazardous conditions.
 - Lose their rights to family property and land.
 - Experience stigma, discrimination and social exclusion.

Children may have to work in harmful environments



Introduction

The following case studies illustrate how HIV and AIDS affect children.

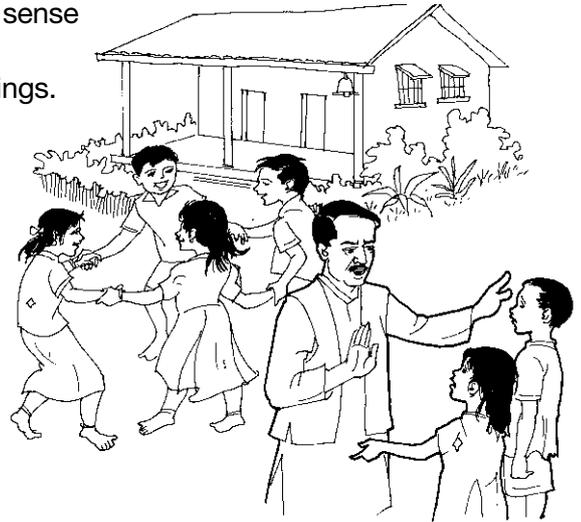
"I am 13 years old. Both my mother and father have died from AIDS. I and my two sisters live with my aunt who already has 11 family members to feed. I am worried because my aunt borrowed money to pay for treatment for my mother and may have to sell her house and land to repay the debt. My sisters and I do not have enough to eat or money to pay for schooling, and we have no property, skills or job."
 - KHANA, 2000. *Children affected by HIV/AIDS: appraisal of needs and resources in Cambodia.*

A seven-year-old boy with HIV said: "I want to be strong, to not get sick. I want to have friends, to go to school. Neighbours say I am infected with AIDS. AIDS is very fearsome. Don't you feel frightened of me? I don't go to school because of AIDS. My friend is afraid of me. No one plays with me. I will accept taking the bitter medicine, lots of medicines. I will not cry if the doctor punctures my blood vessel because I will be stronger and can go to school. I will have friends who play with me happily. I don't want my friends to be afraid of me."
 - AIDSNet Newsletter Vol. 4, April, September 2003.

"I am 15 years old. I have four brothers and sisters. My father left us and has remarried and my mother is chronically ill. She is unemployed and is very worried about our future. Sometimes my mother is too ill to go and find food. I decided to stop going to school to find money to help my family. I have a job cleaning and sometimes go to the forest to fetch vegetables to sell at the weekends."
 - KHANA, 2000. *Children affected by HIV/AIDS: appraisal of needs and resources in Cambodia*

Two girls aged eight and ten years have lived with their mother since their father died two years ago. The mother herself became sick. The children had to start taking care of themselves as well as of their mother. Eventually the mother became so ill the girls had to ask the neighbours to help take her to hospital.
 - Member of the development group for Building Blocks: Asia.

- Lose their home, sense of identity and contact with siblings.
- Lack love, care and attention.
- Lack emotional support to cope with grief.
- Experience long-term psychological problems.
- Abuse drugs and alcohol or become involved in crime.
- Experience sexual abuse and exploitation, including child prostitution and trafficking.



Children may be excluded from school due to stigma and discrimination



Some families are too poor to send their children to school

Increased vulnerability of children to HIV infection

Orphans and children living in families affected by HIV and AIDS may be more vulnerable to HIV infection, because:

- They have fewer employment opportunities if they miss out on school and may be forced into risky sexual behaviour to survive. Girls who are supporting themselves and their younger siblings may have little option but to exchange sex for economic support.

Introduction

"I have been looking after my five grandchildren aged between 4 and 17 since their parents died of AIDS. I managed to start a small business with money donated at the mother's funeral and a small grant from a local NGO. The NGO has been giving 10kg of rice to the family each month but has said it will not be able to continue with this. The oldest sister has given up studying to help earn money. The youngest child has HIV and is sick very often. The other children still go to school, but I am worried because the teachers ask for extra payment for private classes and I cannot afford this." - KHANA, 2000.

Children affected by HIV/AIDS: appraisal of needs and resources in Cambodia

- They may be sent away from home to work where they are vulnerable to sexual abuse by employers or sexual exploitation through sex work.
- They may get involved in risky sexual behaviour because of lack of parental love and guidance.
- They may end up living on the streets where they are at risk of rape, sexual exploitation and are likely to start sexual activity at a younger age than other children.
- They may abuse drugs or alcohol, which increases their vulnerability to risky sexual behaviour.
- They are socially excluded and lack access to education, information and services.

In planning programmes to support families and communities, it is important to understand the particular problems of children and families affected by HIV and AIDS, what resources are available to them and how they are already coping with these problems. However, addressing the specific needs of a community can be guided by some general principles and strategies. These include those outlined in *The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS* (UNICEF, 2004).



Children without family care may be vulnerable to sexual exploitation

Principles & strategies

UN CONVENTION ON THE RIGHTS OF THE CHILD

Four general principles:

- The best interests of the child (Article 3).
- Non-discrimination (Article 2).
- Survival and development (Article 6).
- Children's participation and influence (Article 12).

UNGASS DECLARATION OF COMMITMENT

Obligations of states in relation to care and protection of orphans and other children made vulnerable by HIV and AIDS:

- By 2003 develop and by 2005 implement national policies and strategies to build governmental, family and community capacities to provide a supportive environment for orphans and boys and girls infected and affected by HIV and 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 (Article 65).
- Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of destigmatisation of children orphaned and made vulnerable by HIV/AIDS (Article 66).

1 Protect children's rights

Programmes should promote and protect the rights of children and should be consistent with the general principles of the UN Convention on the Rights of the Child and the obligations set out in the Declaration of Commitment by the UN General Assembly Special Session on Children.



Protect our rights!

More specifically, programmes can consider the following strategies:

- Ensure that governments protect the most vulnerable children and provide essential services.
- Promote awareness of the rights of children and encourage communities to protect children's rights.
- Highlight gender discrimination and pay particular attention to promoting the rights of women and girls.
- Provide support for all children who are vulnerable or living in difficult circumstances, not just children with or affected by HIV and AIDS.
- Work with communities, schools, health services and other organisations to reduce stigma and discrimination.
- Advocate for laws and policies to protect children from abuse and exploitation.

Principles & strategies

2 Strengthen the capacity of families

Families and extended families are the first safety net for households experiencing difficulties. Most children who lose their parents live with extended family, such as grandparents, aunts or uncles. Children develop and grow better in a caring family environment, and programmes should prioritise efforts to ensure that children can stay with their families. This includes prolonging the lives of parents and providing economic, psychosocial and other support.



A community worker encourages a family to care for their orphaned niece



More specifically, programmes can consider the following strategies:

- Direct support to the family rather than to children.
- Involve affected families in developing solutions; for example, including parents or grandparents on community committees.
- Provide families with holistic support, in particular strengthening their economic coping capacity and their capacity to provide children with psychosocial and emotional support.
- Motivate families to take responsibility and to make a contribution, to avoid creating dependency.
- Establish and support self-help groups.

Principles & strategies

3 Mobilise and support community-based responses



Neighbours can support families affected by HIV and AIDS in many ways

Communities are the most important resource for affected families and children.

Programmes should focus on mobilising and empowering communities to take responsibility for children affected by HIV and AIDS and to support families caring for orphans and vulnerable children.

More specifically, programmes can consider the following strategies:

- Promote overall community development (rather than just focus on HIV and AIDS) and integrate responses into existing services.
- Encourage communities to create a supportive environment for children and families affected by HIV and AIDS.
- Use and strengthen existing community skills and resources, and ensure that external support does not undermine community initiative and motivation.
- Build on traditional values and use culturally appropriate approaches.
- Engage local leaders in responding to the needs of vulnerable community members.
- Develop a multi-sectoral response that involves partnerships, coordination and linkages at all levels to meet the range of needs of children and families.
- Work with communities to define needs and identify vulnerable children and households, and to decide on the most appropriate ways to provide support.
- Encourage communities to take responsibility for child protection.

Principles & strategies

4 Ensure access for orphans and vulnerable children to essential services

Orphans and children living in families affected by HIV and AIDS often have difficulties accessing essential services, including education, health care, birth registration and others. Programmes can help to extend the reach of these services, including supporting government service provision.

More specifically, programmes can consider the following strategies:

- 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.

5 Ensure that governments protect the most vulnerable children

Although families and extended families are the first safety net for children, national governments have the ultimate responsibility to protect children and ensure their well-being. Governments must find ways to bring together ministries of education, finance, health, social welfare and others to respond in a coordinated and effective way. Programmes can consider the following strategies:

- Lobby governments to adopt national policies, strategies and action plans
- Support enhanced government capacity by sharing knowledge, skills and experience on best practice
- Develop and support funding mechanisms that ensure that resources reach communities
- Lobby for the development and enforcement of supportive laws.

6 Raise awareness to create a supportive environment

It is important to reduce stigma and discrimination of orphans and vulnerable children as well as families affected by HIV/AIDS. Supporting social inclusion requires increasing access to information, challenging myths and changing people's understanding of HIV/AIDS. Programmes can consider the following strategies:

Principles & strategies

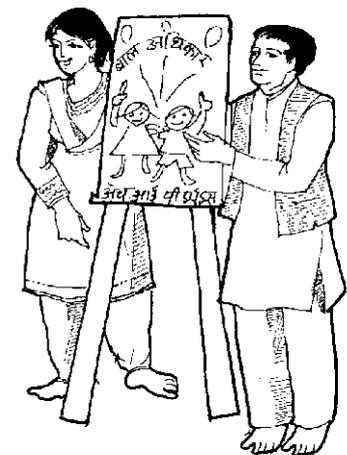
- Mobilise influential leaders to reduce stigma, silence and discrimination
- Strengthen and support social mobilisation efforts by the community.

7 Build the capacity of children to support themselves

Programmes should strengthen the capacity of children to express and meet their own needs. Children have the potential – provided they are given the opportunity – to develop appropriate knowledge and skills, and to participate in decisions that affect their lives.

More specifically, programmes can consider the following strategies:

- Make sure children are aware of their rights
- Promote the active participation of children in identifying problems and developing solutions, and in planning, design and implementation of activities
- Support peer approaches to education, counselling and support
- Meet children's needs for education and vocational training
- Provide children with psychosocial support and emotional care, as well as practical and material assistance
- Involve children in planning for their future
- Reduce children's vulnerability to HIV infection through providing appropriate information and education, promoting access to child-friendly services, and developing life skills.



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Useful resources

Useful websites

www.ovcsupport.net

This website, established by the International HIV/AIDS Alliance and Family Health International, contains over 600 resources covering 70 areas of programming on community-based support to orphans and vulnerable children.

www.synergyaids.com/Caba/cabaindex.asp

This listserv is specifically dedicated to issues concerning children affected by HIV/AIDS, managed by The Synergy Project.

www.childrensaidsfund.org

Organisations that care for children infected, affected, and orphaned by HIV/AIDS throughout the world are described in this searchable online database. The database, launched jointly by the Pendulum Project and the Children's AIDS Fund, aims to link programmes to one another to share knowledge and network services. It also links potential donors of financial and resource assistance to grassroots programmes.

www.unicef.org

This website provides a range of information relating to children, young people and HIV/AIDS.

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