

AIDS Briefing Note

Innocenti Insight on ‘Caring for Children Affected by HIV and AIDS’

Information Note and Examples from Countries/Regions

The *Innocenti Insight* on ‘Caring for Children Orphaned by AIDS’ highlights the **urgent need to support families and communities** to care for children orphaned by HIV/AIDS.

The report looks at how HIV and AIDS undermines health and schooling, and reinforces marginalization and deprivation. The impacts of HIV and AIDS reach in expanding circles, **not only affecting orphans but also children within extended families, and friends and neighbours** who help care for orphaned children. Families are carrying the main burden of care and support for children orphaned by AIDS.

Also highlighted are the many ways in which communities are managing to cope. In many communities, neighbours and volunteers are sharing the burden of care. Clubs and support groups where people can share their experiences, group-based credit and savings programmes, and health micro-finance schemes are all increasing the capacity of communities to care for children.

The report examines **alternative solutions when family care is not possible, including foster care and adoption**, but emphasizes that all childcare solutions need to keep children in a nurturing and supportive family environment and as close to child’s community whenever possible.

The report intends to advance the discussion on the impact of HIV and AIDS on children in three key ways:

- by drawing attention to the situation of children orphaned by AIDS
- by reviewing the options for the care of these children, highlighting effective experiences and lessons learned from family and local approaches; and
- by identifying ways in which local, national and international actors can effectively fulfill their responsibilities to safeguard the human rights of children, with particular focus on children orphaned by AIDS.

Recognizing the inextricable **linkages between HIV, AIDS and poverty**, this *Insight* supports a growing movement among the international community to **develop social welfare strategies as a vital safety net to reach the growing numbers of vulnerable children** and in this context the report will serve as an advocacy tool.

Languages of the report:

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The report is available in English, French, Italian and Spanish. Media materials in English and Spanish are also available. The Insight will be distributed in print format and can also be downloaded from the UNICEF IRC website, <www.unicef-irc.org>.

Snapshot of HIV/AIDS around the world

Global highlights:

Globally, as of 2005, an estimated 15.2 million children had lost one or both parents to AIDS. It is estimated that by 2010 more than 20 million children will have been orphaned by AIDS.

In many regions of the world, new HIV infections are heavily concentrated among young people (15–24 years of age). Among adults 15 years and older, young people accounted for 40 per cent of new HIV infections in 2006.

Less than 10 per cent of children who have been orphaned or made vulnerable by AIDS receive support or services from outside their communities.

Sub-Saharan Africa: The region continues to bear the brunt of the epidemic. Two thirds (63 per cent) of all adults and children with HIV globally live in sub-Saharan Africa, with its epicentre in southern Africa. Some 80 per cent of children who have lost one or both parents – about 12 million – live in sub-Saharan Africa.

In several countries, there appears to be progress in improving access by orphaned and vulnerable children to education, as seen in ratios of orphaned children to non-orphaned children aged 10–14 currently attending school. Currently, in sub-Saharan Africa, for every 100 per cent of children living with one parent who attend school, 80 per cent of orphaned children attend school. Part of the progress is a result of the abolition of school fees, as in Kenya and Uganda.

Several countries are making progress in the provision of a minimum package of services for orphans and vulnerable children, which includes access to education, health care, social welfare and protection services.

In South Africa, the country with the largest number of orphans due to AIDS, more than 7.1 million children under 14 years of age and living in poverty, representing 79 per cent of those eligible, were benefiting from child support grants by April 2006. That figure represents a two-thirds increase since 2004, and a twenty-fold increase since 2000.

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In Swaziland, 41 per cent of households with at least one orphan receive some form of external support for the care of orphans and vulnerable children, in other countries the proportion is as low as 1 per cent.

Asia: In the past two years, the number of people living with HIV increased in every region in the world. The most striking increases in the number of people living with HIV have occurred in East Asia and in Eastern Europe and Central Asia, where the number of people living with HIV in 2006 was over one fifth (21 per cent) higher than in 2004.

Central and Eastern Europe/Commonwealth of Independent States: Young people in the region are at high risk of HIV infection. Almost one third of newly diagnosed HIV infections are in people aged 15–24 years.

The majority of young persons with HIV live in two countries: the Russian Federation and Ukraine which, together, account for approximately 90 per cent of all people living with HIV in this region.

Latin America and the Caribbean: New infections in the region 2006 remained roughly the same as in 2004.

The most serious epidemics, in terms of adult HIV prevalence, are in Haiti, the Bahamas, Trinidad and Tobago, Belize and Guyana.

Two thirds of the estimated 1.7 million people living with HIV in Latin America reside in the four largest countries: Argentina, Brazil, Colombia and Mexico.

Middle East and North Africa: Sudan has by far the biggest AIDS epidemic in the region, with some 350,000 people living with HIV. There were an estimated 63,000 children orphaned by AIDS in 2006.

The region has the lowest estimated coverage of antiretroviral treatment (6 per cent), with only 5,000 of the 77,000 people in need estimated to be receiving treatment at the end of 2006.

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Country and regional highlights taken from the *Insight*

CEE/CIS	Ukraine: The majority of the people infected with HIV in the region live in two countries: the Russian Federation and Ukraine.
	Romania: At Casa Speranta (House of Hope), HIV infected and uninfected children live together in family units with trained foster mothers and HIV awareness is incorporated into children's daily lives. Casa Speranta also integrates HIV-positive children into the wider community and challenges the severe discrimination that infected children face in Romania. Local public schools have accepted many of the children and some have been adopted or placed into foster care..
	<p>Russian Federation: The country has the largest AIDS epidemic in all of Europe. In the Russian Federation, between 20 per cent and 25 per cent of children born to HIV-positive mothers are abandoned at birth. Many of these children are left in hospitals, deprived of adequate personal as well as medical care. In the 1990s, the Samara region significantly increased its capacity for foster care and guardianship, nearly doubling the number of guardians. Among the key measures taken in this relatively well-off region were: paying caregivers; providing index-linked benefits; and offering a range of support for children including health camps, extra schooling and financial housing support at age 18. Additionally, foster care programmes were set up to serve children with complex needs – an estimated three out of five children. The number of children involved in programmes rose rapidly from 200 in 1996 to 1,109 in 1999. This was partly due to more flexible eligibility criteria for caregivers (e.g. accepting single parents and eliminating requirements for higher education), and the provision of generous social support for them. Between 1992 and 1999, Samara closed three infant homes and three preschool children's homes, while actively promoting adoption and introducing a range of family support services for children. One notable outcome was the drop in re-referrals of children left without parental care – only 14 per cent at the end of the period.</p> <p>This suggests that when community-based support and alternatives are available, parents may be less likely to abandon children or to place them in institutions.</p>
EAPRO	
	Cambodia: A home-care programme for people with HIV/AIDS, supported by the government and NGOs, actively seeks to correct misconceptions and prevent stigmatization of persons affected by HIV/AIDS. The programme consists of home visits, counselling and care and treatment that focuses on altering public perceptions about contact with those affected by HIV and AIDS.
	China: A national policy for comprehensive prevention, care and treatment of HIV and AIDS has not only focused attention on the disease but has also helped to generate and

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	strengthen local actions. The 'Four Frees and One Care' policy aims to provide: 1) free schooling for children orphaned by AIDS who have lost both parents; 2) subsidy provisions to affected low-income families; 3) free antiretroviral drugs to people living with HIV who have financial difficulties; and 4) free treatment for prevention of mother-to-child transmission of HIV.
	<p>Mekong subregion: In Cambodia, Myanmar, Thailand and Viet Nam, Buddhist temples that operate 'temple schools' are increasingly active in supporting orphans and children living with HIV, helping them to stay in families and to participate in school and the community.</p> <p>In China, Lao PDR and Viet Nam, mass organizations for women and young people, which were originally formed to support national solidarity in the context of economic and political reforms, have become increasingly important partners in social and other forms of development, including in efforts against HIV and AIDS.</p>
	Thailand: In northern Thailand, the Community Preservation Network and Rung Rueng Tham Christ Church in Chiang Rai instruct elderly caregivers on how to care for orphans and children living with HIV. They are also building and strengthening youth networks by training youth volunteers in counselling techniques to conduct home visits to affected children, primarily those who are in the care of grandparents.
	Viet Nam: A Viet Nam assessment found that 12 per cent of the country's most vulnerable children were affected by HIV and AIDS, and that there were many enabling conditions to support existing and expanded community-based care. Buddhist temples that operate 'temple schools' are increasingly active in supporting orphans and children living with HIV, helping them to stay in families and to participate in school and in the community
ESARO	
	Namibia: The Window of Hope programme, begun in 2004, provides 10- to 14-year-olds with the skills to cope with HIV and AIDS in their personal lives, in school and in the wider community. The programme, implemented by the Ministry of Education with support from UNICEF and bilateral donors, recognizes that early adolescence provides a critical window of opportunity to deliver prevention messages and prepare young people to take on the challenges posed by HIV and AIDS. Children are able to build on their skills in secondary school when they are introduced to My Future is My Choice, the country's school-based life skills intervention for 15- to 18-year-olds.
	South Africa: To prevent long-term care in hospitals and institutions, the Child and Family Welfare Society of Pietermaritzburg placed children who testing positive for HIV in a foster care project. Training was offered, with a strong emphasis on HIV and AIDS awareness, information and practical aspects of care. Foster caregivers were eligible for an allowance through the state foster care grant, for which they could apply. Some foster caregivers rallied networks of social support, for example, from a church community, resulting in 'clusters' of both children and adults within mutually supportive networks. The foster placements were supervised and supported by welfare society staff. The majority of children placed were under two years of age.

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	<p>Swaziland: Neighbourhood Care Points – a house, church, school or in some cases even the shade of a tree – have been established to encourage neighbours to come together to provide care for local children. Preschool children are cared for by adults in the community, enabling older children who are often responsible for their younger siblings to attend school.</p>
	<p>Uganda: Uganda Women’s Effort to Save Orphans (UWESO) is administered through groups of five women, who each support one another and guarantee each other’s loans. Training is provided, focusing on group formation, financial management and topical issues, such as health, sanitation, nutrition, agriculture and HIV and AIDS. Functional literacy is offered where needed. ‘Children’s Days’ are held to provide an opportunity for further discussion and training in children’s rights issues and HIV and AIDS. The rate of loan repayment has been high and the scheme has brought results: better food security and school attendance, a greater degree of financial independence and an enhanced sense of confidence among group members.</p>
	<p>United Republic of Tanzania: The youth-led Vijana Simama Imara Organization (VSI), which means ‘Adolescents Stand Firm,’ is open to young people between the ages of 13 and 20 who have lost at least one parent to an HIV-related illness. Club members support one another in a number of ways including by providing funds for peers in need. This may include helping with the cost of the customary meal following a funeral or pitching in to build a house for another member. One of the most important aspects of VSI is the sense of family that it creates.</p>
	<p>Zimbabwe, The Farm Orphan Support Trust (FOST) in Zimbabwe was established in 1997 as a community response to meet the needs of the growing numbers of orphans living on their own in commercial farming areas. Many of these orphans were children of migrant farm workers who had become detached from their extended families and communities of origin. FOST was officially registered as a Private Voluntary Organization. The first priority for FOST has been to support orphans within their extended families. Where that is not possible, foster relationships are established with volunteers from the community</p>
ROSA	
	<p>India: The dowry system in India may discourage families from taking in additional girls. In these circumstances, children may end up with caregivers who are not relatives. Some children may search for their own solutions, such as living on their own, or seek support from a range of households. This may place them at even greater risk if they end up living on the streets, where they become vulnerable to violence and exploitation.</p>
	<p>Nepal: In Nepal, Save the Children UK mobilized large numbers of young volunteers in several districts to become involved in a wide range of activities aimed mainly at raising awareness of HIV and AIDS, including visiting the homes of people living with AIDS. The volunteers themselves eventually assumed full responsibility for this initiative and took over the training and mobilization of other young volunteers. These initiatives demonstrate that children and young people, in particular, have an important role to play in strengthening community responses to HIV and AIDS.</p>
	<p>Sri Lanka: In Sri Lanka, children’s clubs, supported by Save the Children UK, provide</p>

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	<p>children with safe spaces to develop knowledge and awareness of HIV and AIDS issues. These clubs also provide opportunities for children to receive psychosocial support, share experiences and address problems they may otherwise have to face on their own, such as sexual abuse, exploitation or alcoholism in the family. Also in Sri Lanka, Save the Children Norway and a local NGO, the Eastern Self-Reliant Community-Awakening Organization (ESCO), have developed residential workshops to provide war-separated children, living with their extended family or in foster care, with opportunities to share their experiences. The workshops bolster children's confidence and self-esteem, enabling them to deal better with their problems.</p>
TACRO	
Dominican Republic and Mexico	<p>Dominican Republic, Preventing Child abandonment. An order of Catholic Church and a Local NGO united in preventing child abandonment. In order to curb child abandonment and support women with HIV in the Dominican Republic, the Adoritrices, an order of the Catholic Church, together with Centro de Orientación e Investigación (COIN), a local NGO, established a day centre for children of Sex workers and HIV positive women. Children under five years of age received meals, played, and participated in organized activities run by psychologists and secondary school students and in hygiene education. Staff also met with the Mothers and held training sessions, mainly focused on child health and education.</p> <p>Mexico-PROGRESA programme is an example of how regular cash transfers can help poor families cope. Cash transfers, provided on a regular and predictable basis, can provide crucial support to families affected by HIV and AIDS. Cash transfer schemes of different types have been introduced or are being piloted in countries around the world. Evidence is growing that they can help tackle hunger, increase living standards and improve the education and health of the poorest families. PROGRESA, a programme in Mexico, which provided cash benefits to poor households since 1990s, shows that the transfers have reduced the poverty gap, reduced child stunting and rates of adult and childhood illness in participating households, and increased school enrolments particularly among girls.</p>
WCARO	<p>Burkina Faso: health micro-insurance schemes have been established and in some areas members have agreed to include services for people living with HIV, thereby enabling them to be treated for opportunistic infections like tuberculosis. Members of a scheme in one village contribute an additional US\$0.50 per person per month to help people living with HIV gain access to treatment, including antiretroviral drugs.</p>
	<p>Liberia: In the Sinje refugee camp in Liberia, clubs of 'boys' and 'girls' were set up by Save the Children to address problems faced by separated children. Issues addressed were initially sexual violence, early marriage, sexuality and unwanted pregnancy, and eventually it evolved into a broader programme of activities. The 'girls' and 'boys' supported foster children both formally through child advocates and informally, with the help of young people who had</p>

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	been aware of the children rights and protection. The clubs later formed part of a wider range of community-based protection mechanisms, including a mutual support group of foster parents.
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