

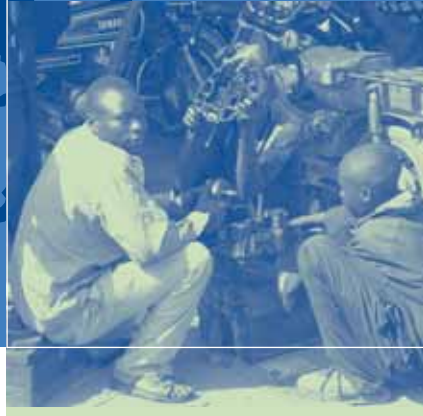
## Orphans and vulnerable children

This issue of *Exchange* magazine mainly focuses on programmes that strengthen the livelihoods of children affected or infected by HIV. The first article describes the development from exclusive attention being paid to 'AIDS orphans', now considered a highly stigmatizing term, to a focus on all vulnerable children living in societies highly affected by HIV and AIDS. The author calls this 'AIDS sensitive but not AIDS specific' programming. One of these AIDS-sensitive initiatives are social protection schemes aimed to assist poor and vulnerable children, including those affected by AIDS, through the transfer of cash (child grants). These strategies are currently being tried out, supported by UNICEF, in several countries.

Another article describes a comprehensive support programme in Cambodia for children living with or affected by HIV. At a new day-care centre, Cambodian children receive multi-disciplinary support, which aims to meet their medical, nutritional, psychosocial and educational needs. An article on India shows the lack of attention paid in this vast country to the problems and needs of children affected by AIDS and recent emerging trends in rectifying this situation. A programme in Uganda provides livelihoods options to young orphans and other vulnerable children, by offering them a combination of vocational skills building (through apprenticeships and practical education) and the tools to set up their own small business.

The remaining articles in this issue feature a project in Somaliland that strengthens the role of the media in providing correct information on HIV and AIDS and a project in Namibia that works with peer educators and adolescent-friendly clinics in providing sexual and reproductive health information and services to rural youth.

**Nel van Beelen**  
Managing editor



**Preparing orphans and vulnerable children for the future in Uganda**  
p.8



**Reaching the youth through adolescent-friendly clinics in Namibia** p.14

## From the individual to the system: the coming of age of programmes for orphans and vulnerable children

**The impacts of HIV and AIDS on children continue to evolve and the incidence of AIDS-related orphaning and its associated vulnerabilities have not yet stabilised. In sub-Saharan Africa, the most highly affected region in the world, the number of orphans from all causes is likely to top 50 million within the coming few years. Highly affected communities in southern Africa especially are seeing between one third and one half of their children losing one or both parents. The dynamism inherent in the HIV epidemic fuels an associated rapid evolution of the policy and programme responses aimed at curbing the impacts of AIDS on communities, families and children. The over-arching policy response has broadened dramatically in its scope in the last sixteen years, since the first UNICEF-hosted meeting on 'AIDS and orphans' in Italy in 1991. This article will outline this evolution, which resulted in the drive for systemic responses addressing all vulnerable children in AIDS-affected societies, and the need to better address the non-material aspects of the impacts of AIDS on families.**

The use of terminology and labels attached to those affected by the epidemic is illustrative of the rapid shift in programming responses. Early studies in Uganda and Tanzania pointed to the increasing orphan burden as a result of a rising AIDS mortality rate, which led analysts to focus on the 'AIDS orphan' as a symbol of the epidemic and its dire consequences. While the term captured the imagination of programmers, fund raisers and activists at the time, it quickly lost value with practitioners due to the misinterpretation in the public's mind as meaning 'orphans with AIDS'; an illusion also underpinned by the lack of

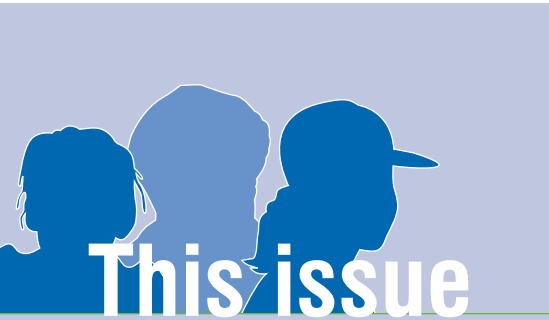
understanding around the perinatal transmission of HIV. While programming specifically for orphans of AIDS was never a strictly viable or attempted option, the recognition of more general child vulnerabilities beyond orphaning, such as chronic parental or guardian illness, chronic poverty or absence of household livelihoods, caused the broadening of programme targeting.

Recognition of AIDS as a principle 'driver' of child vulnerability allowed later concepts of 'children affected by AIDS' to encompass the majority of children in communities

with high rates of AIDS-related morbidity and mortality. The logical end-point of this programmatic shift is to target (and ensure that programmes do not exclude) poor or vulnerable children in contexts where AIDS is a factor determining the degree of child vulnerability, as one of a number of determinants. From a disease-

specific, almost pathological labelling of children at the outset of the response, programmers now work with 'children of the community' (Swaziland) or 'leaders of tomorrow' (KwaZulu-Natal). The transition from a representation of disempowerment to that of resilience and agency is dramatic.

child vulnerabilities, which are AIDS sensitive but not AIDS specific. A systemic response entails the full contribution of government to basic service delivery, (health, education and social welfare especially), partnering as appropriate with civil society. Systemic responses need not exclude community-based responses and in fact they are critical to scale up any response.



### AIDS sensitive but not AIDS specific

A significant factor in this rapid shift in the way we respond to children in contexts of HIV and AIDS has been the explicit need in rights-based programming to avoid discrimination, which in the case of child-focused programming entails decisions about who is included or excluded for the receipt of services or engagement in programme activities. The recognition of the value of full involvement of communities themselves in deciding on programme priorities and selection criteria has generally put an end to approaches where such decisions are made externally, criteria that often reflected the impressions or simplistic notions of the funding organization. A second and linked factor has been the consistent difficulty in demonstrating significant differences in vulnerability status between orphans and non-orphans. Whatever indicator is used, be it nutrition, access to primary education, shelter, access to basic material needs or services, the differences found are generally small, context dependent and not in themselves significant enough to justify externally-defined inclusion criteria. In contexts of AIDS, programmers are now concerned with systemic responses to

### Social protection and the impacts of AIDS

Greater coherence between state and civil society is probably best exemplified by the emergence of programmes in eastern and southern Africa that attempt to provide a minimum package of social protection to poor and vulnerable children. Social protection refers to policies that ensure

In contexts of AIDS, programmers are now concerned with systemic responses to child vulnerabilities, which are AIDS sensitive but not AIDS specific

that all people have adequate economic protection during periods they are unable to fully provide for their basic needs themselves. State social assistance includes the following four categories of benefits: those associated with old age, disability, child and family care, and poverty relief. The case for social protection in general, and cash transfers (e.g., child grants) in particular, can be made on both economics and human rights grounds. On economic grounds, the evidence demonstrates that grants enable productive investments which increase current income, consumption and health, as well as investments in children's education which leads to increases in future income and breaks the inter-generational cycle of poverty. On human rights grounds, the right to a minimum level of social services, and the right to social protection for vulnerable children are stated in Articles 22 and 25 of the Declaration of Human Rights, and in Articles 20 and 26 in the

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Photo: Bernd Schubert



A grandmother with a grandchild on her back receiving cash through a cash transfer scheme in Mchinji District, Malawi

Convention on the Rights of the Child. Thirteen countries have gone a step further in the Livingstone Accord of March 2006, agreeing to develop costed national social protection strategies, integrating them into national development plans, and initiating social cash transfers schemes by the end of 2008.

### Cash transfer schemes

In impacting on poverty and hunger, cash transfers have demonstrated effects on food expenditure, diet quality and the availability of high-caloric food of poor households. In Zambia and Ethiopia, studies show that 63 and 78% of the cash transfer, respectively, was spent on basic needs: food, health care and education. Importantly, none of these studies showed that the transfer led to an increase in spending on alcohol or tobacco.<sup>1</sup> Cash transfer schemes have had their most important impact on schooling children in recipient households. Not only does the infusion of cash lead to higher overall enrolment rates as demonstrated by evaluation results from Mexico, Colombia and Nicaragua, but quality of school achievement and transition from primary to secondary school also improve.<sup>2</sup> For example in Nicaragua, pass rates among programme children in Grades 1-4 increased by 6 percentage points, and transition to upper primary school (Grades 5 and 6) increased by 11 points.

An International Labour Organization costing exercise shows that a national poverty-targeted cash transfer programme would not exceed more than 0.5% of gross domestic product (GDP) in sample countries. A study by UNICEF finds a similar result for Mozambique. Social protection is undeniably affordable. In comparison, over 3% of GDP in South Africa is spent on social protection schemes and the average in Europe is around 10%.

### The role of community-based organizations

The key question is: do social cash transfer schemes in countries with high HIV and AIDS prevalence that target a broad spectrum of (extremely) poor households,



Grandmother in Mchinji District, Malawi, taking care of her orphaned grandchildren

Photo: Mayke Huijbrechts

but do not explicitly target HIV and AIDS-affected persons or households, have a significant AIDS mitigation impact? The answer is 'yes'. Through analysing literature on the biggest social cash transfer schemes in South Africa and data from pilot schemes in Zambia and Malawi, it is estimated that the share of HIV and AIDS-affected households as a percentage of all households reached by the respective scheme ranges from 50-70%.<sup>3</sup> How programmes use poverty ranking, labour

of the poor because targeting and approval is done in a multi-stage participatory process involving community level committees.

Reaching AIDS-affected children with social assistance through broader based poverty reduction programmes, only addresses the impacts of AIDS that are directly material or economic in their nature. Increasing evidence suggests that some of the most important impacts of adult illness and death are the sociological factors related to increasing social distance between children and their care-givers. Recent evidence from Nyanza province in Kenya suggests that orphaned girls have sex at a younger age compared to non-orphans, and interestingly are more likely to engage in first sex willingly rather than being coerced.<sup>4</sup> Are orphaned girls more likely to seek sexual relationships for anticipated material gain and/or the psychological need for intimacy with an older male? In addition, boys whose mother had died are more likely than other boys to report having first sex with someone older and having paid for sex. Sex itself was riskier, with lower reported condom use by orphans. The report concluded that *"lack of supervision and/or loving care by parents/guardians is perhaps the key factor that increases vulnerability to risky behaviour by children,*

### In impacting on poverty and hunger, cash transfers have demonstrated effects on food expenditure, diet quality and the availability of high-caloric food of poor households

availability in the household and orphan presence as criteria for inclusion will determine what proportion of child or care-giver beneficiaries are affected by AIDS. Community-based organizations are vital in assisting in the selection and follow up of households to ensure equity and that grants are used effectively. Schemes in Zambia and Malawi which transfer around \$15-20 per month to each household reach the poorest



## Resources

### on children affected by HIV and AIDS



#### **The role of the health sector in strengthening systems to support children's healthy development in communities affected by HIV/AIDS: a review**

L. Richter, World Health Organization, 2006 (82 p.)

This document is a review of the scientific evidence and practice experience in providing psychosocial programming and support for children infected with and affected by HIV, and their caregivers. Available evidence suggests that efforts to promote the psychosocial well-being of vulnerable children require conditions and assistance that go beyond psychosocial support programmes, and there is now a strong call for integrated services to families and children affected by HIV and AIDS. This publication explores the role the health sector can play in supporting community-based initiatives to provide assistance to affected children and their families.

PDF: [http://www.ccaba.org/resources/Strengthening\\_Systems.pdf](http://www.ccaba.org/resources/Strengthening_Systems.pdf)



#### **Enhanced protection for children affected by AIDS**

UNICEF, 2007 (60 p.)

This companion paper to 'The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS' discusses the protection issues facing children affected by AIDS and outlines the actions needed to reduce their vulnerability. It calls for enhanced social protection, legal protection and justice, and alternative care, underpinned by efforts to address the silence and stigma that allow discrimination, abuse and exploitation of children to continue.

PDF: [http://www.unicef.org/publications/files/Enhanced\\_Protection\\_for\\_Children\\_Affected\\_by\\_AIDS.pdf](http://www.unicef.org/publications/files/Enhanced_Protection_for_Children_Affected_by_AIDS.pdf)



#### **Keep the promise. To children living with HIV/AIDS**

Ecumenical Advocacy Alliance, 2007 (10 p.)

This paper looks at the issues that prevent children from being tested for HIV and from receiving antiretroviral treatment, including the lack of research and development of diagnostic tests and treatments adapted for use in children; inadequate capacity to procure and supply medicines; unaffordable prices of paediatric antiretroviral treatment; and insufficient numbers of and insufficiently knowledgeable/trained healthcare professionals skilled in ensuring appropriate use of medicines for children.

PDF: <http://www.e-alliance.ch/media/media-6996.pdf>

*and orphans were felt to be at increased risk because of this”.*

So while material deprivation of orphans may be a widespread problem, this is only part of a generalised and normalised child deprivation. Programmers need to somehow account for the various ‘psychologies’ related to family functioning in the case of parental and caregiver illness and death. Surveys from Zimbabwe and South Africa are now reporting higher HIV and STI rates amongst adolescents and adults who have been orphaned. The roles of child protection and HIV prevention are thus intertwined and should increasingly recognise common objectives, against a background where social protection for all children must become a reality.

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