

# 9. CARE AND SUPPORT FOR CHILDREN AFFECTED BY HIV AND AIDS

Fifteen million children have been orphaned by HIV and AIDS. VSO believes, wherever possible, children should be cared for within their own extended families and communities, with financial resources and support given to their carers. Institutional care should only be an option where families and communities are unable to provide the necessary support due to the number of children affected by HIV and AIDS. Safeguards must be in place to ensure children are protected from abuse and institutions must strive to maintain a child's link with their community.

## WHY IS IT IMPORTANT?

Globally, 15 million children have been orphaned by the pandemic. Another 10 million will lose their parents by 2015. These children are often vulnerable to abuse and exploitation, and many have to leave school and have few vocational opportunities. They may also experience stigma and discrimination and lack emotional support.

## KEY DEBATES

Institutions, orphanages and refuges have provided care for vulnerable children for decades. However, there are growing concerns about the quality of care, varying standards and the risk of abuse and neglect.

There is a strong movement for responses that can be managed in community settings. A global framework was developed in 2004 and has become the accepted framework to support children affected by HIV and AIDS:

- **Strengthen the capacity of families** to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support.
- Mobilise and **support community-based responses**.
- Ensure **access for orphans and vulnerable children to essential services**, including education, health care, birth registration and others.
- Ensure **governments protect the most vulnerable children** through improved policy and legislation and by channelling resources to families and communities.
- Raise awareness at all levels to **create a supportive environment** for children and families affected by HIV and AIDS.
- Sensitise and empower communities to support and guide child-headed households.

UNICEF and UNAIDS (2004) *The framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS*

Girls and boys often have different experiences. For example, the gender division of labour in any society will impact on decisions about who should be withdrawn from school and other activities when family members become ill. A thorough gender analysis is therefore important in developing appropriate responses.



## VSO'S POSITION

VSO believes children affected by HIV and AIDS should be supported in a number of ways that recognise their rights and needs, and protect and maintain families' identities and culture. Children who lose one or both parents are most effectively supported and cared for in their own community by extended family or community members. VSO advocates for resources, finances, skills, legal and emotional support for these carers and their households. VSO programmes should only support the institutional care of children affected by HIV and AIDS where extended families and communities are overburdened by numbers of children, and should advocate for greater support for communities to take on the extra burden, so they do not have to rely on external institutions.

Where there is no alternative, VSO believes institutions providing care for children affected by HIV and AIDS must have the rights of the child at their core. Children should be able to maintain connections with their communities to ensure they maintain access and exposure to their culture, language and history. It is vital they learn about their families and their property, and are given the opportunity to develop the skills they would have learned from their parents or extended families, for example, through weekend visits or fostering arrangements.

## KEY PRINCIPLES

- Children must be empowered to make decisions about their care and design of services.
- Social protection, such as cash transfers to HIV- and AIDS-affected households, must be promoted.
- The rights of the child (including access to education, health, social support, property and inheritance rights) should be central to increasing the capacity of children and young people to meet their own needs. Birth registration is essential to protect the child's legal status.
- A child's protection from discrimination, abuse and exploitation should be paramount in decisions about their care.
- Emotional and psychological care should be delivered to children affected by HIV and AIDS.
- Appropriate treatment and access to paediatric antiretroviral programmes, including treatment literacy and adherence for children, must be scaled up.
- VSO programmes should promote children's access to essential services, including schooling, health and nutrition services, safe water and sanitation.
- VSO programmes should support parents living with HIV and AIDS to fulfil their parenting role, including succession planning through will-writing, family histories and memory books.
- VSO programmes should ensure the different needs of girls and boys are taken into account when planning, developing and delivering programmes.

## RESOURCES

- The AIDS consortium working group on orphans and other vulnerable children: [www.aidsconsortium.org.uk/OVCWorkingGroup/OVCIntro.htm](http://www.aidsconsortium.org.uk/OVCWorkingGroup/OVCIntro.htm)
- Firelight Foundation, Bernard van Leer Foundation, American Jewish World Service, Pan African Children's Fund (2005) *The Promise of a Future: Strengthening family and community care for orphans and vulnerable children in Sub-Saharan Africa*
- UN (1989) *The UN Convention on the Rights of the Child*
- UNICEF and UNAIDS (2004) *The framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS*

## LANGUAGE

- The term '**children affected by HIV and AIDS**' is the most inclusive and accurate to refer to children in this context as it includes children vulnerable to HIV infection, those living with HIV and AIDS and those caring for sick parents.
- Avoid using acronyms and abbreviations for groups of children such as **CABA** (children affected by HIV and AIDS) or **OVC** (orphans and vulnerable children) as they are de-humanising.
- Avoid using terms such as '**innocent children**' or '**victims**'. We want to promote the resilience and empowerment of children and young people in finding their own solutions to the issues they face.



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For the full positions visit  
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