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Agenda item 43
Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

High-level meeting on HIV/AIDS

Discussion paper for the round table on orphans and children made vulnerable by HIV/AIDS, to be convened by the United Nations Children's Fund and the World Food Programme

Summary

The present paper is aimed at stimulating discussions in the round table and should be read in conjunction with the forthcoming report of the Secretary-General on progress towards implementation of the Declaration of Commitment on HIV/AIDS.

A summary of the discussions, which are expected to be lively, open and interactive, will be conveyed to the High-level Plenary Meeting of the sixtieth session of the General Assembly in September 2005 so that it may undertake a comprehensive review of the progress made in the fulfilment of the commitments contained in the United Nations Millennium Declaration, including the internationally agreed development goals, and of the progress made in the integrated and coordinated implementation and follow-up to the outcomes of the major United Nations conferences and summits in the economic, social and related fields.

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1. Poverty, conflict and HIV/AIDS are undermining childhood in a way that is devastating and long lasting for individual children and their families.[1] The impact of HIV/AIDS is large and growing and, despite the increase in funds allocated to HIV/AIDS programmes over the past few years, massively underresourced. Without addressing the fundamental factors that threaten, marginalize and kill children, we will not reach the Millennium Development Goals, the 2001 Declaration of Commitment on HIV/AIDS adopted by the General Assembly at its twenty-sixth special session, the goals on HIV/AIDS outlined in a World Fit for Children or ensure the protection of the rights enshrined in the Convention of the Rights of the Child.

2. The response for children and AIDS should take into consideration a number of issues.

I. Defining vulnerability: re-examining the evidence

3. As more studies are conducted and evidence emerges, the validity of factors once thought to be likely to determine the vulnerability of households and, specifically, the children in those households are being questioned. Recent evidence from southern Africa dispels some previous assumptions. For instance, it was thought that households caring for orphans or families with high dependency ratios (i.e., with many children and elderly family members who are supported by few productive adults) were those most likely to experience food insecurity. Data from the community household survey carried out by the Consortium for Southern Africa Food Security Emergency (C-SAFE) and the World Food Programme (WFP) show that a lack of assets is a much greater determinant of households in need. Moreover, this six-country data set, conducted in two rounds over two years, shows that the presence of a chronically ill person is much more important as a factor of food insecurity than the presence of orphans. In other words, the presence of orphans does not automatically mean household vulnerability.

4. We also now know that the impact of HIV/AIDS on children extends beyond those who are orphaned. A number of studies have shown that children who are living in households with sick or dying parents are often more vulnerable, disadvantaged, malnourished and less likely to go to school than children who have actually lost their parents. A small survey in Blantyre, Malawi, found that children with a chronically ill parent or adult in the household, or who had recently experienced the death of an adult in the household, are less likely to have basic material needs and are more likely to be in households that lacked adequate food.

5. In southern Africa, WFP and C-SAFE are working together to assess and analyse vulnerability characteristics within vulnerable populations. To date, consolidated data analysis has not been able to identify significantly different conditions for orphans and orphan-hosting families. In future analysis, further disaggregation of the data by type of orphanhood and relation to the head of household may provide more detailed insights.

6. **More work is needed in defining which children are vulnerable, when they are most vulnerable, what kinds of services they need and at what stage they need them. How can we work together to test assumptions and widely held myths about the impact of AIDS on children's vulnerability and dispel them in order to improve the delivery of services for vulnerable children?**

II. Making education accessible

7. HIV/AIDS is having a tremendous impact on children's access to education. As Governments and donors seek to improve education systems so that all children can go to school, they must consider the special vulnerabilities of children affected by HIV/AIDS and the particular obstacles that children from households affected by HIV/AIDS face in getting an education. We need to start collecting data not only on children who have been orphaned, but also those who are in households with chronically ill or dying parents. We need to understand how to reach children who are out of school and especially how to reintegrate back into the classroom those who have dropped out because of illness or the death of a parent.

8. Additional food in the form of take-home rations can also be directed to children affected by AIDS who are attending school. They provide a benefit for HIV/AIDS-affected households that do not have enough to eat. These kinds of programmes make it possible for caregivers to send children — girls in particular — to school instead of requiring the child to work for additional household income. In addition, it is important to recognize that children may in many cases be the primary caregivers for their ill parents and grandparents. The duties they perform are a reality that cannot be ignored. While ensuring universal access to primary education is the goal, in situations where that is not possible in the short term, children need direct support and skills training in addition to psychosocial support.

9. **Children's access to schools is hampered by financial costs and the need to fill productive roles at home. How can we work together to design realistic programmes that benefit the most vulnerable children and not lapse into traditional responses that ignore the hardships and realities faced by those same children we aim to serve?**

III. Maximizing the protective effect of education

10. It is clear that a strong investment made in the education sector will have a great impact on the chances of the next generation remaining HIV-free. Indeed, structuring school systems in a way that ensures access for affected children is likely to promote enrolment for all vulnerable children. Ensuring school access, including through the abolition of school fees and the provision of school meal programmes, must be a priority. According to the recently released *Report of the Commission for Africa: our common interest* (2005), the removal of school fees would help girls in particular, as would school meals and school attendance grants. Removing school fees in Uganda almost doubled the number of very poor girls in school. According to the WFP school feeding survey in 2004, providing additional take-home rations for girls can improve attendance and result in dramatic increases of over 30 per cent in school enrolment. The proven cost-effectiveness of school feeding programmes, at just 19 cents a day, promises not only to be a way to ensure the education of vulnerable children but also to be an efficient model to achieve desired scalability. Governments need to plan more systematically for measures that will achieve greater educational equality for girls.

11. While no one disputes the need to increase efforts around universal primary education, the current emphasis on primary education may be too limiting as far as reaping the benefits of education is concerned, especially for adolescent girls.

According to the World Bank (2002), education can protect women in particular from HIV infection by providing knowledge that has a long-term impact on their behaviour. Education reduces the social and economic vulnerability that exposes women to a higher risk of HIV/AIDS than men, including the need to engage in sex work or other forms of economic dependence on men. Schools not only provide education, knowledge and life skills that help young people to avoid HIV, they can encourage communities to form groups that also promote prevention (Gregson and Terceira, 2001). Importantly, further evidence for the protective effect of education can be found in Zimbabwe, where girls aged 15 to 18 years who dropped out of high school were six times more likely to be HIV-positive than those who were still enrolled (Gregson and Waddell, 2001); in Zambia, where there was a marked decline in HIV prevalence rates among adolescents aged 15 to 19 years with medium to high levels of education, but increased rates among those with lower educational levels (Kelly, 2000); and in Uganda, where rural youth with secondary education are three times less likely to contract HIV than those with no education (De Walque, 2004). All of these examples point to the need to focus on secondary education, especially for girls, if we want to have a real impact on the spread of the epidemic among young people.

IV. Monitoring the response

12. Despite the commitment made by Governments to ensure the well-being of children affected by AIDS at the special session of the General Assembly on HIV/AIDS in 2001, there is little data available to develop a baseline on their situation, which is necessary to evaluate the response.

13. However, an increasing number of Governments are conducting analyses and developing action plans. Sixteen countries in sub-Saharan Africa have accelerated national planning for children and AIDS through the rapid assessment, analysis and action planning process. Based on data collection and analysis using a set of standard tools, these countries are now in the final stages of action planning and developing monitoring and evaluation frameworks.

14. Indicators to measure the situation of children affected by AIDS can be difficult for a number of reasons. Countries vary in defining the children whose well-being needs to be monitored. Governments need to monitor the situation of orphans, as well as a subgroup of “vulnerable children”. Defining this subgroup can be controversial as it may result in targeting the very children being monitored, which leads to poor programming practices and possibly increased stigma and discrimination. In addition, information from community-based organizations on the number of children receiving services is often poor. This leads to the risk that children are “double counted”, thus hampering the measure of service coverage.

15. **Countries must ensure that children in need are being reached and followed effectively through sound monitoring and evaluation systems. How can Governments hold themselves accountable for assessing, analysing and improving the situation of orphans and other children affected by HIV and AIDS pursuant to the commitments made by Governments in the Declaration of Commitment?**

V. Framework for action

16. It is time to move beyond the wide endorsement of principles and strategies and into action-oriented responses. The *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*[2] describes broad strategies that should underpin all quality responses for children affected by HIV and AIDS:

(a) 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;

(b) Mobilize and support community-based responses;

(c) Ensure access for orphans and vulnerable children to essential services, including education, health care and birth registration;

(d) Ensure that Governments protect the most vulnerable children through improved policy and legislation and by channelling resources to families and communities;

(e) Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV and AIDS.

17. Within these strategies, evidence on the specific and variable impacts of HIV/AIDS on children must guide programming and policy decisions. Particular emphasis is needed in priority areas, including: ensuring vulnerable households' food security and economic capacity, keeping HIV-positive parents healthy, enabling education, providing psychosocial support and strengthening capacity for monitoring and evaluation. These actions must be taken forward in support of Government-owned HIV/AIDS, sectoral and poverty-reduction plans.

18. **A concerted effort by all is required to improve the situation of vulnerable, food insecure and AIDS-affected households. Strengthening the family's capacity to take care of itself is at the heart of an effective HIV/AIDS response. How can we work together to implement the Framework and strengthened partnerships across sectors that will reduce the impact of the epidemic on children?**

VI. Maintaining and strengthening household capacity

19. Families and households are the first line of support for children affected by HIV and AIDS. Keeping children within family situations is dependent on the survival of the household. Programmes that contribute to the economic strengthening of vulnerable households help to ensure that children remain in the family, have access to food and education and contribute to the long-term survival of the household. Ensuring the legal protection of assets and inheritance intended for the child is also critical to preventing children from being deprived of many of their rights by being removed from parental care, separated from family and possessions and by becoming exposed to abuse and exploitation.

20. The best way to reduce AIDS-related vulnerability in children is to keep parents and caregivers HIV-free, and healthy if infected. The "three by five"

initiative led by the World Health Organization is crucial to reducing the vulnerability of children affected by AIDS. This means working in partnerships to expand access to care, support and treatment for parents, including through scaling up the comprehensive mother-to-child transmission plus initiative to prevent new infections in parents and infants, to prevent unintended pregnancy and to expand treatment access to families, especially the over 2 million children living with HIV/AIDS. Programmes that provide nutritional support help keep HIV-positive parents healthy for as long as possible. Community-based food and nutrition programmes are essential to ensuring the nutrition and education of the children in the family.

21. Children of all ages are vulnerable to the emotional stresses of losing caregivers and being dislocated from home and community. The long-term consequences for children who experience profound loss can include psychosomatic disorders, chronic depression, low self-esteem, inadequate life skills, learning disabilities and disturbed social behaviour.

22. Care and support for vulnerable children have tended to focus on meeting material needs; few programmes have addressed the psychosocial needs of children affected by AIDS. Communicating with children and gaining their trust is an important source of support for children and counselling assistance of this kind can be provided by trained non-professionals. Play and learning are important compensatory experiences for children and can assist children to recover from trauma and distress. Several approaches have been developed to train sensitive lay counsellors to give assistance to affected children and their families. Guardians, teachers, health workers, faith-based groups and youth volunteers can be trained to identify children's emotional needs and support children.

23. **There is a need to increase resources and interventions to ensure that children receive care and support, especially treatment for opportunistic diseases and antiretroviral therapy. How can we work together to ensure that programmes targeting children affected by AIDS address their comprehensive needs with both direct short-term support as well as longer-term strategies for survival?**

Notes

[1] United Nations Children's Fund, *The State of the World's Children 2005* (New York, 2004).

[2] UNICEF and partners, New York, 2004 (see www.unicef.org/aids/files/Framework_English.pdf).