

CHAPTER 5

CALL TO ACTION: WHAT DO WE DO?

Stefan Germann

Introduction

The crisis of orphans and other children made vulnerable by HIV/AIDS is a catastrophe of unprecedented scale and hurt.¹ The previous chapters have presented an in-depth analysis of the situation of children in Southern Africa in general and the impact of HIV/AIDS on children in particular. The importance of resilience and coping was highlighted and mechanisms of formal and informal support to orphans and other children made vulnerable by HIV/AIDS were illustrated. As important as this wealth of information and analysis is, unless it leads to decisive action at family, community, national and international level, this monograph will amount to little more than interesting intellectual stimulation. As Nelson Mandela recently challenged us:

Of course, we need to do careful planning and deliberation about the actions we shall take, but any moment spent on deliberations that does not lead to decisive action in support of orphans and other children made vulnerable by HIV/AIDS is a moment tragically wasted.²

This chapter is a call to action for all members of society collectively to mitigate the long-term consequences of HIV/AIDS for both children and society in Southern Africa. To this end, this paper first considers the issues policy makers should be aware of in designing interventions. It highlights programmatic responses used successfully to date in the region, before finally bringing together the lessons learned from such programmes. However, although this paper focuses on children affected by HIV/AIDS, it is important to note that the programme responses shared below do not singularly target such children, but aim to improve the quality of life of all vulnerable children in the community.

Why is urgent action needed?

The orphan and vulnerable children crisis is big, rapidly growing and long term.³

Current responses are inadequate and while families and communities in the region are currently managing to absorb many of the impacts of the epidemic, without appropriate intervention such mechanisms are likely to become increasingly unable to cope. Many of the developmental gains of the past few decades also stand to be undermined and the Millennium Development Goals will not be met if HIV/AIDS is not substantively addressed in the SADC region.⁴

Long-term impact

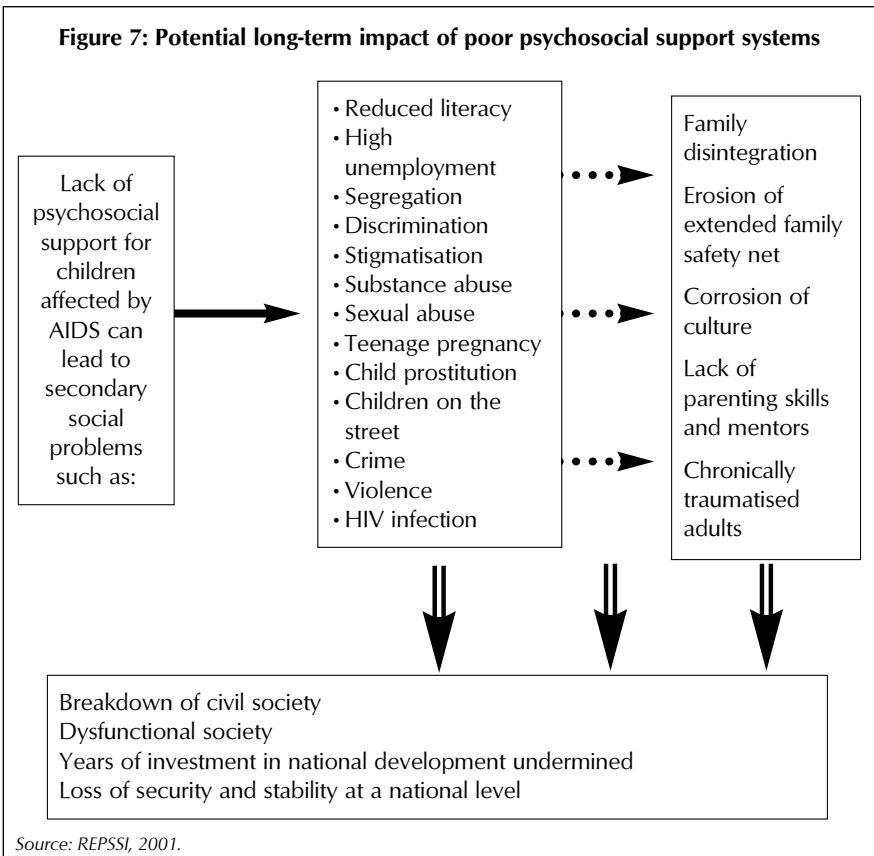
In history, large-scale orphaning has been a short-term, sporadic problem mainly caused by war, famine or short-term disease. HIV/AIDS, however, is transforming orphaning into a large-scale, long-term, 'chronic' problem that will extend through at least the first half of the 21st century.⁵ This is likely to have major implications for both the children left orphaned and vulnerable by HIV/AIDS and the societies in which they live.

The epidemic harms children through its impact at all levels of society. HIV/AIDS is creating and exacerbating not only physical poverty but also emotional, psychological and social poverty in the lives of HIV/AIDS-affected children. Every human need if unsatisfied can create poverty and any poverty can degenerate into destructive pathology that may have personal, familial and societal implications for a nation's security and stability.⁶ The situation is made worse as the impacts are bi-directional, leading to a vicious cycle; as societies are destabilised, the situation for individuals and communities deteriorates further.

The death of parents due to AIDS can lead to serious psychosocial consequences for children, as they lose nurturing, family stability, social connectivity and often their economic income base. Furthermore, because children often suffer multiple losses—losing several family members as a result of AIDS-related death, as well as siblings, friends, familiar surroundings, schooling opportunities and even their childhood and hope in the future as a result of the poverty and migration that often follow such deaths—they may suffer sequential trauma associated with continuous traumatic stress syndrome.⁷

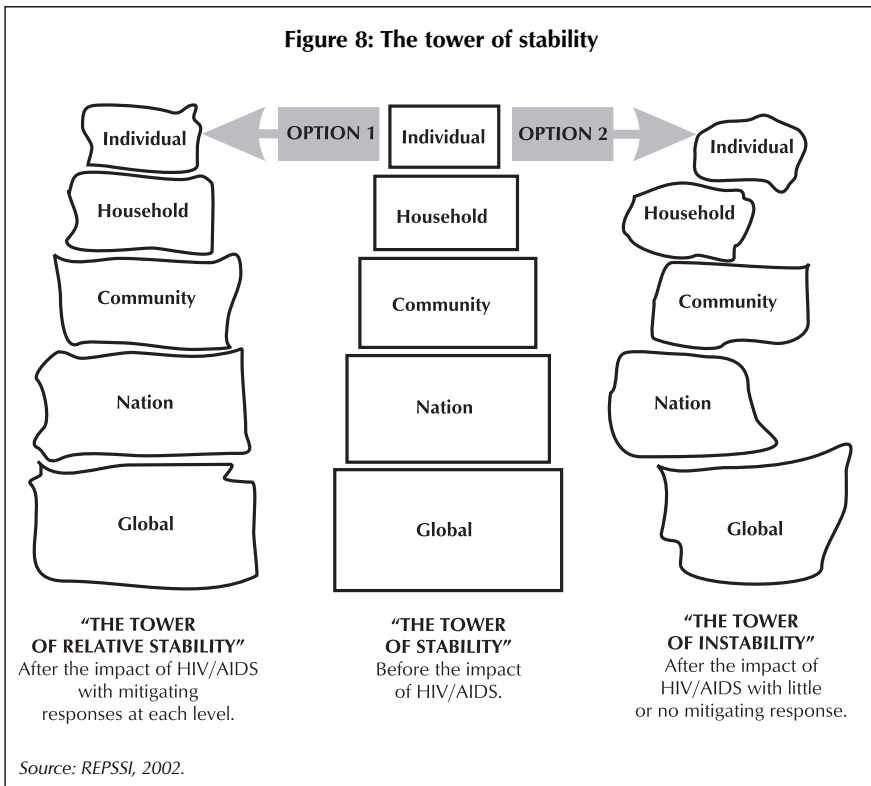
It is difficult to predict what the long-term consequences of such psychosocial trauma for children affected by HIV/AIDS in Africa will be and there are no

longitudinal impact studies available to assist in this endeavour. Studies in developed countries, however, suggest that children with continuous traumatic stress, even of a mild form, suffer long-term negative developmental consequences.⁸ Since the psychosocial impact of HIV/AIDS on children in developing countries and developed countries is similar, it may be assumed that the same applies to the long-term consequences of continuous traumatic stress.⁹ In a scenario where a large number of children affected by HIV/AIDS in Africa and other parts of the world are exposed to on-going traumatic stress, failure to support children to overcome such trauma will not only jeopardise personal development but, given the scale of the problem, could also undermine years of investment in national development as such children grow to adulthood and are required to take on productive, leadership and parenting roles (see Figure 7).¹⁰



The 'tower of stability'

Despite such bleak predictions, societal breakdown and dysfunction are not inevitable. At every level those affected by the epidemic are responding to various degrees, and although many current responses are inadequate and weak, others are strong and innovative. The extent to which the latter are harnessed and developed at national, regional and international levels to mitigate the impact of HIV/AIDS on children will determine the degree to which HIV/AIDS will impact on society over the next 50 years. If strong mitigation strategies are put in place at every level, it will be possible to minimise the negative impacts of the epidemic on both individual children and society more broadly. Should we fail to put in place such responses, however, the implications of the epidemic could be profound. Starting from the *tower of stability*, where the foundation for individual and household well-being is a healthy community and a stable nation within a secure world, Figure 8



illustrates these alternative scenarios. It should be noted that although few societies live up to the ideal portrayed, the tower of stability represents the generally more stable situation that existed prior to the emergence of HIV/AIDS.

The need for psychosocial support for children

In recent years, a multitude of responses in support of children made vulnerable by HIV/AIDS have emerged. Unfortunately, many of these responses have been in reaction to the dire visible needs of these children, and have often regarded them as helpless victims. Such approaches are problematic for two reasons. First, they can have serious long-term consequences as they undermine children's own coping capacity and both create and reinforce a 'dependency syndrome' that may have serious long-term consequences for the SADC region. Second, such approaches tend to be biased towards children's material and formal educational needs and often fail to address the less obvious social, mental and emotional needs that children have.

Psychosocial support is an ongoing process of meeting a child's intra-personal and inter-personal development needs. This incorporates physical, emotional, mental and spiritual dimensions. Given that HIV/AIDS is creating and exacerbating not only physical poverty but also emotional, psychological and social poverty in the lives of affected children, and that such poverty can have profound personal, familial and societal implications,¹¹ it is imperative that psychosocial support is strategically integrated into programmes for children affected by HIV/AIDS.¹² A number of low-cost, culturally appropriate responses have been shown to improve the resilience and coping capacity of affected children.¹³ Some of these practical responses are discussed below.

Good practice, programme principles and guidelines

Based on over two decades of experience in designing programmes for orphans and vulnerable children, a 'normative framework' for a scaled-up response has now largely been put in place. Drawing on good practice programmes, this section will begin by discussing this framework before outlining a simple step-by-step programme guideline for a comprehensive response.¹⁴ It must be noted at the outset that a key commonality of good practice responses is that they do not singularly target children affected by

HIV/AIDS but work with communities to improve the quality of life of all vulnerable children.

Good practice at the local level

In response to the massive numbers of children affected by HIV/AIDS, thousands of communities have put in place responses at local level. Yet, the coverage, reach and impact of most responses have remained limited. With this in mind, the following three case studies of local responses from Tanzania, Uganda and Zimbabwe illustrate different local responses to improve the quality of life for children affected by HIV/AIDS.

The Humuliza programme in Tanzania is addressing psychosocial support needs for orphans and vulnerable children in the rural Kagera District. In March 2000, during an HIV/AIDS prevention workshop with teenage orphans, some participants decided that they wanted to start their own organisation. These youths asked two programme staff from Humuliza to support them in their endeavour. The objectives of the proposed 'orphans organisation' were to:

- assist members with accessing schooling;
- work collectively to improve the image of orphans in the community;
- start up a youth bank to provide small-scale credit and saving mechanisms;
and
- ensure mutual assistance in the case of illness and death of family members.

They choose the name *Vijana Simama Imara* (VSI), meaning 'Youth Standing Firm'. Contrary to the common view that organised orphans would become more stigmatised and alienated, interviews among adult community members have shown a positive reaction to these children. People appreciate the children's active self-reliance and praise their willingness to contribute to community development.¹⁵ Furthermore, VSI frees children from being victims, giving them a stronger position in the community and influencing local power relationships in their favour. Indeed, as an organised body VSI is currently negotiating with local authorities on behalf of its members for reduced taxes, access to education and free medical services.

This programme example demonstrates that children are able to participate and take leadership in positively influencing their environment and improving their quality of life. This confirms findings from West Africa, which have documented the successful conceptual shift from 'projects for children' to 'projects with children', in the form of children's trade unions.¹⁶

In Zimbabwe, *The Salvation Army's Masiye Camp* began a programme in 1998 for children infected or affected by HIV/AIDS. The camp facilitates and provides psychosocial support to orphans and vulnerable children and youth in sub-Saharan Africa through coping, capacity-building and life-skills training activities.¹⁷ Based on the tradition of 'initiation camps', where young people in many African societies are initiated into adulthood, these activities take the form of ten-day camps for boys and girls of various ages. Local youths are trained as camp counsellors to facilitate psychosocial support for these children.

The experiences of the children who visit the camp confirm that the prolonged illness and subsequent death of a parent (or, worse still, both parents, as is often the case with HIV/AIDS) causes severe trauma and can stunt children's development. Indeed, many of the children who visit the camp have poor life skills and show symptoms of psychosomatic disturbances, depression, low self-esteem, disturbed social behaviour and hopelessness. However, the experience of Masiye Camp has also shown that the resilience and coping capacity of these children can be enhanced using relatively simple, direct and culturally appropriate psychosocial support mechanisms.¹⁸

Since its inception, over 4,300 children have participated in Masiye's life skills camps, and case-based documentation of the children participating in these camps shows that they have had a significant impact on the coping capacity of such children.¹⁹ Experience would also seem to support research findings to the effect that young people who are drawn in to providing psychosocial support and care for other children are likely to adopt less risky sexual behaviour.²⁰

In addition to such individual initiatives it was recognised early on that networking and collaboration are key strategies in mitigating the effects of HIV/AIDS. A good example of such networking was the *Uganda Community-Based Association for Child Welfare (UCOBAC)*, established in the early 1990s. This organisation focused on facilitating collaboration and information exchange, and also provided capacity-building and training in such areas as

Box 2: A teenager's voice from Bulawayo

I am 17 years old and head our household of three. My two younger brothers are still going to school. Our father died in 1998 after our mother died the year before. My father was a tailor in the informal sector and trained me when I was still young. He left behind a sewing machine and some material. However, after the loss of my father I did not touch these things.

I attended a Teenage Parenting and Household Management course offered by Masiye Camp for the members of child-headed households. During this course we had sessions on small business skills and informal sector market analysis. The activities I participated in at the camp, as well as being with others who face the same difficulties as me, gave me new confidence and trust.

When I returned home, I took out my father's sewing machine and started to sew some clothes and school uniforms. After two weeks I boarded a bus to the rural areas and sold these items. There I bought some bags of dried mopane worms. Back in town I managed to sell these at a nice profit, which I used to buy more material and to pay school fees for my younger brothers. The camp really helped me and it makes me proud to support my little brothers.

programming for vulnerable children, proposal writing and the national and international legal and policy environment.²¹ It was started with support from UNICEF and a number of international NGOs.

With a secretariat in Kampala, UCOBAC established affiliate groups of small NGOs and CBOs in most of Uganda's districts, and helped to link these affiliates to information and resources in the capital as well as giving them a voice to input into the development of national policy concerning children. UCOBAC also developed a 'grants bank' approach that helped to link donors with grassroots efforts to assist vulnerable children. The organisation did not channel funds itself, but through its district affiliates helped donors to identify and support small projects. It also played a monitoring and support role for such projects. Unfortunately, however, this network collapsed when UCOBAC was pressured by a donor to take on an implementation role and the organisation began to function as a regular NGO rather than as a network.²²

Good practice at the national level

Namibia and Zimbabwe represent good examples of national responses to the challenge faced by countries to respond to large numbers of children affected

by HIV/AIDS. In the case of Namibia, extensive stakeholder participation facilitated the development of a comprehensive national orphans policy, while relatively early in epidemic Zimbabwe introduced a national strategy which focused on community-based orphan care and discouraged institutionalisation of children.

Presently, demographic projections suggest that by 2010 over 156,000 children will be orphaned in Namibia, the majority of them (76%) by AIDS. This represents nearly 20% of all Namibian children. Over 62,000 of these children will be double orphans. Compared with other countries in the region, Namibia was relatively slow in responding to the issues of AIDS-related orphaning and the vulnerability of children orphaned by AIDS. Once these issues were recognised as posing a major challenge to national development, the government of Namibia responded effectively by engaging all major stakeholders in a national situation analysis of orphans and vulnerable children in 2002.²³

Key partners from civil society, such as the Namibian Chapter of Catholic AIDS Action, supported the government in its national response—using the experience gained from supporting over 6,000 orphans to formulate national policy.²⁴ A permanent Orphans and Vulnerable Children Task Force was also established, which engaged key government ministries in thinking and planning around the vulnerable children issue. Key areas of focus included:

- policy formulation and law review;
- access to education;
- access to social services and getting resources to the community level;
- health, nutrition and food security;
- psychosocial support; and
- a range of crosscutting issues, such as gender and HIV/AIDS prevention.²⁵

The end product of these consultations was a multi-sectoral approach to the national orphan crisis. This process also clearly demonstrated that with the political will and commitment of the political leadership, a comprehensive national policy and plan of action for orphans and vulnerable children can be developed in a short space of time (in this case, less than 24 months).

Zimbabwe presently has more than 1,018,000 orphans; the majority orphaned as a result of AIDS.²⁶ As early as 1993, Zimbabwe held its first national

conference on orphans and other children made vulnerable by HIV/AIDS.²⁷ A direct result of this consultation was the formation of national, provincial and district child welfare forums to co-ordinate government, NGO and civil society responses in support of children affected by HIV/AIDS. Under the guidance of this National Child Welfare forum, a national orphan care policy was formulated and adopted by Cabinet in 1999. The policy is built around the Zimbabwean cultural adage that a child belongs not only to his/her immediate family but also to the community at large, and clearly promotes extended family and community care for orphans. It draws its strength from the collective efforts of families, communities, NGOs and government in monitoring the situation of children and responding to their needs.²⁸ The policy discourages institutional responses.

Inspired by the achievements of the 2002 Eastern and Southern Africa Regional Workshop on Children Affected by HIV/AIDS, a steering group was established to organise a national stakeholders' meeting aimed at formulating a plan of action to achieve the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS goals on orphans and vulnerable children (discussed later in this chapter).²⁹ In June 2003, over 250 participants, including 50 children and youth, came together in a co-ordination and planning workshop to draft the national plan of action for orphans and vulnerable children.³⁰ This in turn led to the formulation of a national orphan policy, signed into effect by the minister of Social Welfare in 2002, which is to be operationalised by the National Plan of Action. The weakness of this process is that other key ministries have not been engaged in the endorsement process.

Good practice at regional level

Good practice responses at regional level are few. However, the collaborative effort of a number of organisations are worth mentioning, notably the Hope for African Children Initiative (HACI),³¹ the Regional Psychosocial Support Initiative (REPSSI)³² and the Eastern and Southern Africa Regional ad hoc Task Force on Orphans and Vulnerable Children, operating under the auspices of UNICEF.³³

The *HACI* was initiated in 2001. It was born of a recognition that the enormous challenges faced in supporting children affected by HIV/AIDS could best be addressed by collective action and consists of a unique partnership between five international organisations, namely CARE, Plan International, Save the

Children, the Society for Women and AIDS in Africa and the World Conference on Religion and Peace.

Over the next few years the initiative will focus on ten countries in Africa, with four main strategic objectives, namely to:

- build awareness and reduce the stigma that affects children affected by HIV/AIDS;
- extend the life of parent–child relationships;
- prepare families for transition and support parents as they plan the best possible future for their children; and
- improve access to education and skills as the basis for enabling children to attain better livelihoods in the future.

In contrast to many orphan and vulnerable children programmes managed by international NGOs, which often have overheads in the region of 20–30%, the initiative has committed itself to spending at least 80% of its funding in support of community programmes, with a further 10% of its funding earmarked for regional advocacy work. It is envisaged that less than 10% of its income will be used to cover administrative and overhead costs.³⁴ This marks an important shift in practice, as the magnitude of the HIV/AIDS problem requires that maximum resources and support are channelled directly towards children.

REPSSI was formed after a specific need for advocacy around these issues was identified by participants at two regional workshops held in 2000 and 2001.³⁵ Four organisations—the Salvation Army Africa, *Terre des Hommes* (Switzerland), the Southern Africa AIDS Training (SAT) Programme and the International HIV/AIDS Alliance—provide the platform for this initiative.

REPSSI started in 2002 and is presently working with more than 50 key NGO partners in the SADC region, with the goal of scaling up psychosocial support for children affected by HIV/AIDS. In this regard, *REPSSI* facilitates the joint development of training and resource materials that can be used to build psychosocial programme capacity at all levels. Through its partners in the region, the programme also aims over the next five years to provide

psychosocial support to more than 300,000 children affected by HIV/AIDS. In collaboration with SADC itself, REPSSI also aims to develop the capacity of the SADC Human and Social Development cluster by financing an orphans and vulnerable children programme officer post within the SADC secretariat.

The *Eastern and Southern Africa Regional ad hoc Task Force on OVC*, was established in 1998 and brings together UN agencies, international NGOs, governments and donors, with the aim of co-ordinating collective efforts to increase care and support to orphans and vulnerable children across the region. In addition to organising a regional consultation on orphans and vulnerable children in Lusaka in 2003, this task force organised the 2002 Regional Workshop on Children Affected by AIDS, mentioned earlier. Held in Namibia, this workshop critically reviewed national progress in meeting the UNGASS goals concerning orphans and vulnerable children and sought agreement on how to develop national plans of action for such children.

The workshop required the co-operation of more than nine agencies to successfully plan, implement and fund it, and demonstrated the willingness of such organisations to work together and follow the call of former USAID HIV/AIDS Programme Director, Dr Paul De Lay, who stated that “the impact of HIV/AIDS on children and their families is so vast that it is only by working together that we can begin to respond to this crisis of unprecedented magnitude”.³⁶

Programme principles and strategies

On the basis of years of programme experience in different settings—including the lessons learned from the initiatives highlighted above—UNICEF, UNAIDS and USAID have over the past five years provided leadership in developing a set of principles and strategies for use in programming for orphans and vulnerable children. These principles are guided by global human rights principles and the Convention on the Rights of the Child, and provide a normative framework for action in support of children affected by HIV/AIDS. They suggest that organisations working in support of orphans and vulnerable children should aim to:

- strengthen the protection and care of orphans and vulnerable children within their extended families and communities;

- strengthen the economic coping capacity of families and communities;
- enhance the capacity of families and communities to respond to the psychosocial needs and rights of both orphans and other vulnerable children and their caregivers;
- link HIV/AIDS prevention activities and care and support for people living with HIV/AIDS to efforts to support orphans and other vulnerable children;
- focus on the most vulnerable children and communities, not only those orphaned by AIDS;
- give particular attention to the roles of boys and girls, men and women, and address gender discrimination;
- ensure the full involvement of young people;
- strengthen schools and ensure access to education;
- reduce stigma and discrimination;
- accelerate learning and information exchange;
- strengthen partners and partnerships at all levels and build coalitions among key stakeholders; and
- ensure that external support strengthens and does not undermine community initiative and motivation.³⁷

In emphasising the holistic support of children, these principles represent a broader international shift from a 'needs-based' to a 'rights-based' model of support, which focuses on the whole child and promotes the effective realisation of all their rights. Under this model, providing for the needs of a few children in a context where thousands have their rights violated is simply not good enough, and programmes are challenged to shift from a service-delivery approach to an advocacy and community-mobilisation approach to fulfilling the rights of all children affected by HIV/AIDS.³⁸

Step-by-step programming guideline

Based on the above programming principles, the International Federation of Red Cross and Red Crescent Societies developed practical step-by-step programming guidelines for communities across Africa to respond to the psychosocial implications of HIV/AIDS.³⁹ These guidelines are based on recognition that in order to mitigate successfully the negative impacts of the epidemic, all communities in severely affected countries will need to develop community-based orphan care responses. The 12 steps described below cover the key aspects of community-orientated advocacy, support and care for orphans and vulnerable children. As with all guidelines, they can and should be adapted to local socio-economic and cultural contexts.

- *Step 1: Consult with and sensitise the community:* Responses in support of orphans and vulnerable children need to be sustained for at least the next 40 years. Community ownership of programmes for orphans and vulnerable children is therefore essential. Before starting a care and support programme, it is necessary to ensure that the community is involved in and committed to sustaining such a programme.
- *Step 2: Analyse the situation:* It is important to understand the local context, both in terms of culture and other key factors such as the number of children affected and how communities respond to such children.⁴⁰ It is also important that communities are fully involved in the situation analyses conducted prior to introducing new projects and programmes. Participatory methodologies that include data collection, processing and analysis by community members can be used to ensure such participation.
- *Step 3: Become good advocates for orphans and vulnerable children:* Once communities have assessed their situation and planned their response, selected volunteers are ideally placed to become good advocates for orphans and vulnerable children at community level. Such volunteers can act as 'lay child advocates' and can both visit orphans in their households and advocate for access to education, health care, nutrition and psychosocial support on their behalf.
- *Step 4: Work to reduce stigma and discrimination:* It is important to ensure that children continue to feel accepted and part of the community: do not refer to children as 'AIDS orphans' or 'OVC' as these labels further isolate

and stigmatise them; target all vulnerable children in severely affected communities—not just orphans.

- *Step 5: Make sure you work with the whole household and integrate family care:* Integrating home-based care and orphan care programmes is crucial. Children belong to the family and not even the best care and support programme should seek unnecessarily to change this situation. Removing children from familial care should only be considered as a last resort in instances where children suffer neglect or abuse.
- *Step 6: Help children in child-headed households and keep siblings together:* Where children have lost parents it is of great importance that, wherever possible, siblings stay together. Keeping siblings together preserves their sense of identity and shared family history and helps to maintain access to family assets such as a home and land.
- *Step 7: Provide psychological, emotional and social support:* The material and educational needs of children often overshadow a dire need for psychosocial support. However, unless adequate community-based psychosocial support is provided, other forms of support will not sustain the healthy development of children.
- *Step 8: Help children to remain healthy and provide access to primary health care:* Access to health care is a basic human right and children affected by HIV/AIDS need to be helped to access vaccination, health education and other health services available to them in their community.
- *Step 9: Work with schools and religious groups:* Probably most important of all is to ensure that children remain in school, not only because education ensures children a better future, but because schools and teachers are a key community resource. Schools and religious groups can play a vital role in identifying and supporting orphans and vulnerable children, while the extensive coverage of these two institutions combined makes working through them one of the most effective ways to reach large numbers of children.
- *Step 10: Help children to learn about HIV/AIDS prevention:* Due to the vulnerable circumstances in which many children affected by HIV/AIDS live,

they are often at higher than average risk of contracting HIV. It is therefore imperative that all orphan support and care programmes integrate effective HIV awareness and prevention components.

- *Step 11: Help the family to resolve legal matters related to the children's future:* Insecurity of tenure and dispossession of assets constitute tremendous sources of vulnerability for children affected by HIV/AIDS. Legal support in the writing and execution of wills, as well as information about inheritance and property issues, are vital in mitigating the impact of HIV/AIDS on families and children. Children and their surviving relatives also often need advice on the bureaucratic processes relating to such issues.
- *Step 12: Monitor and evaluate initiatives:* It is essential to monitor and evaluate programmes continually. This requires documenting programmes right from the start, so that one can monitor progress and, if necessary, adjust one's response. It is important to strive towards improving the quality of one's response and learning from the experience of established programmes that can assist in achieving such improvements.

Call to action

An understanding of the responses, principles and strategies discussed above will not result in change unless this knowledge translates into the political commitment to drive decisive, large-scale action.

The following section will look at commitments made in response to orphans and other children made vulnerable by HIV/AIDS during both the UNGASS on HIV/AIDS in June 2001 and the Africa Leadership Consultation on urgent action for children held in September 2002.

UNGASS goals related to children

At its concluding session, the UN General Assembly adopted a Declaration of Commitment which obliged its member states to a range of actions to address the HIV/AIDS crisis. This declaration acknowledges that children orphaned and affected by HIV/AIDS need special assistance and articles 65, 66 and 67 relate directly to children orphaned and made vulnerable by the virus. These articles urge states to do the following:

65. By 2003 develop, and by 2005 implement, national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psychosocial support, ensuring their enrolment in school and access to shelter, good nutrition and health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;

66. Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatisation of children orphaned and made vulnerable by HIV/AIDS;

67. Urge the international community, particularly donor countries, civil society, as well as private sector, to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa;⁴¹

By signing the UNGASS Declaration of Commitment on HIV/AIDS, all Southern African leaders pledged to accelerate their response to the orphan crisis. Yet despite this expression of commitment, the actual response to date has been “limited in scale, fragmented and shamefully short of what is required to halt this preventable tragedy. The challenge, therefore, is to revise this situation”.⁴²

In response to this challenge, Nelson Mandela and Graca Machel, in collaboration with the UN Secretary-General’s Special Envoy for HIV/AIDS in Africa, Stephen Lewis, convened a meeting in Johannesburg for African Leadership in September 2002. Under the banner of ‘Urgent action for children on the brink’, the consultation sought to develop priorities for a scaled-up emergency response to growing numbers of children and young people orphaned and affected by HIV/AIDS in Africa. Key issues raised during the consultation are summarised in Table 10 (*over page*). Such consultations have in the past few years created a growing consensus among governments, UN agencies and civil society on a number of practical action points.⁴³ They highlight the importance of:

Table 10: Key points from African Leadership consultation⁴⁴

| Area | Key points |
|------------------|---|
| Demographics | HIV/AIDS is changing the demographic profile of nations, with potentially enormous implications for parenting and care. There is an urgent need to analyse both these changes and their long-term implications for societies in the region. |
| HIV prevention | Reducing new HIV infection is clearly the most effective means of preventing orphaning due to AIDS. |
| Care and support | It is essential to keep mothers alive as long as possible, as protecting the mother's health keeps families intact, delays orphaning and enhances child survival, development, growth and care. |
| Leadership | Governments have a critical role to play in providing leadership and should be held more accountable for doing so. To date most governments in Southern Africa, together with most civil society and international agencies, have failed to meet the challenge of orphans and other children made vulnerable by HIV/AIDS. Public discussion about HIV/AIDS and its consequences for children needs to be increased. |
| Planning | It is of concern that there is almost no reference made to children and young people affected by HIV/AIDS in the planning documents of regional bodies, such as SADC, or within documentation of NEPAD. The issues surrounding children affected by HIV/AIDS need to be included in both these documents and in national Poverty Reduction Strategy Papers (PRSPs). |

- *Strengthening the engagement of parliamentarians and religious leaders:* There is need for parliamentary debates on the issues surrounding orphans and vulnerable children in order to sensitise national leadership and engage politicians to shift vulnerable children issues to the centre of public policy and action. Religious leaders also need to be engaged to achieve large-scale social mobilisation in support of the traditional African concept of 'everyone's child'.
- *Documenting, monitoring and reporting country progress:* By signing the UNGASS Declaration on HIV/AIDS, governments in the region committed themselves to acting on the declaration's goals concerning orphans and vulnerable children. Part of this commitment involves documenting and monitoring progress made in achieving these goals. In April 2003, an

international technical consultation on national orphans and vulnerable children programme indicators was held in Gaborone, Botswana. This technical consultation agreed on ten basic indicators for reporting the progress of national programmes.⁴⁵ Within two years countries in the region will be expected to use these indicators to collect data, through demographic health surveys and other data collection tools, and to report to the UN Secretary General on progress made to achieve the UNGASS goals concerning orphans and vulnerable children.

- *Universal access to education:* Free primary school education is needed more than ever. Education is fundamental in order to secure the future of orphans and vulnerable children. The HIV/AIDS epidemic and its impact on children is a humanitarian crisis and requires bold crisis responses. Collectively, there is a need to advocate for the channelling of funds directly to schools in order to support universal access to primary education.⁴⁶
- *Children and young people's participation:* Presently most responses to orphans and vulnerable children are reactive and treat children as helpless victims in need of our assistance. This approach has potentially negative long-term consequences as it creates a new generation of adults dependent on 'hand-outs'. Young people must participate in policy formulation, programme planning and implementation at both the local and national level, not only because their experience and perspectives are crucial in developing an appropriate response, but because such involvement develops their belief in their own abilities and enables them to contribute at an early age towards national development.
- *Resource mobilisation:* In order to avoid unnecessary competition for resources, there is need for resource requirement frameworks at national and regional levels. In this regard, there is a need at national level to cost national plans of action for orphan and vulnerable children support. There is also a need to strengthen or establish effective mechanisms to support community-based responses, and to scale-up the implementation of successful mechanisms.
- *Strengthening partnerships, co-ordination and co-operation:* The magnitude of the challenge is so great that no single response will be adequate. It is vital that role players at all levels work together or work better together; we must

look for synergies and complementarities in all aspects of our work in support of children.

- *Capacity building at all levels:* There is no 'quick fix' to the orphan and vulnerable children issue. We need critical analysis of both capacity gaps and opportunities for strengthening our capacity at the local and national level—for example, what is required to support teachers and who can strengthen their capacity to respond to the problem of orphans and vulnerable children in their communities?

This paper has demonstrated that efforts to mitigate the impact of HIV/AIDS on children at local, national and regional levels can be effective. It is equally apparent, however, that the current scale of these responses is insufficient to reverse the negative impact the present situation has on countries in the region. Progress in the action areas highlighted above is critical if we are to respond effectively in supporting children left orphaned and vulnerable by HIV/AIDS.

Conclusion

The HIV/AIDS epidemic will cause major social changes in Southern Africa, and will most likely change the face of communities and societies in ways that we now find hard to imagine. In particular, the long-term consequences of the trauma many children will experience could be severe if adequate psychosocial care and support are not provided to all children affected by HIV/AIDS in the region.

Examples of good practice at the local, national and regional level clearly demonstrate that community institutions, governments and international agencies can put in place effective programmes to improve the quality of life for orphans and other children made vulnerable by HIV/AIDS. Yet despite the proven utility of such programmes and the proliferation of guiding principles and simple step-by-step guidelines, the coverage, reach and impact of the response to date remains very limited. This is in part due to the fact that most agencies have been overwhelmed by the complexity and scale of the challenge posed by children affected by HIV/AIDS. It is also due to the general failure to mobilise effectively decision makers and opinion leaders, as well as the collective inability to ensure that resources reach the families and communities providing assistance to children.

The Declaration of Commitment on HIV/AIDS adopted by the UNGASS on HIV/AIDS provides a clear mandate for governments to ensure care and support for the millions of children affected by HIV/AIDS in the region. However, unless these written commitments lead to decisive action by all stakeholders at all levels, it will not be possible to mobilise the necessary human and financial resources to address this crisis of unprecedented magnitude.

Notes

- 1 UNICEF, statement by C Bellamy, UNICEF executive director during Africa Leadership Consultation—Urgent Action for Children on the Brink, Johannesburg, 10 September 2002.
- 2 UNICEF, statement by Nelson Mandela during Africa Leadership Consultation, op cit.
- 3 UNAIDS, UNICEF & USAID, *Children on the Brink 2002: A joint report on orphan estimates and orphan strategies*, July 2002.
- 4 T Barnett & A Whiteside, *AIDS in the twenty first century: Disease and globalization*, Palgrave Macmillian, Hampshire and New York, 2002.
- 5 G Foster, *Security and stability: What happens if we neglect children affected by HIV/AIDS?*, unpublished REPSI report, 2003, <www.repssi.org>.
- 6 S Germann, *The impact of AIDS on children in Southern Africa*. Paper prepared for the Southern African Regional Poverty Network (SARPN), April 2002.
- 7 G Straker, *Phases of revolution: The psychological impact of violence in townships in South Africa*, David Philips, Johannesburg, 1992.
- 8 P Silverman & JW Worden, Child bereavement study, *Omega—Journal of death and dying*, 33, 1996.
- 9 S Germann, op cit.
- 10 Ibid.
- 11 Ibid, p 4.
- 12 *Investing in our future, psychosocial support for children affected by AIDS*, UNAIDS best practice document, Geneva, 2001.
- 13 G Foster & L Jiwli, *Masiye Camp: External evaluation report*, Salvation Army, Buluwayo, July 2001. A copy of the report can be requested from <info@byo.masiye.com>.
- 14 UNICEF, Full report of the Africa Leadership Consultation—Urgent Action for Children on the Brink, Johannesburg, 10 September, 2002; UNICEF, *Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS*, July 2004, <http://www.unicef.org/aids/index_documents.html>.
- 15 M Butler, *Vijana Simama Imara: Youth standing firm*, evaluation report, *Terre des Hommes*, Nshamba and Basel, 2002. A copy of the report can be requested from <Kurt@repssi.org>.
- 16 F Terenzio, From projects for children via projects with children to children's trade unions—description of a development in Africa, cited in M Lebel, B Overwien & A Recknagel, *Working children's protagonism—social movements and empowerment in Latin America, Africa and India*, Iko Publishers, 2001.
- 17 For information on Masiye Camp, visit <www.masiye.com>.
- 18 UNAIDS, *Report on the global HIV/AIDS epidemic*, Geneva, 2002.
- 19 S Gelman, *Children growing up without parents: A study of parental bereavement in the context of the AIDS epidemic in Zimbabwe (Masiye Camp)*, Department of Psychology MA thesis in clinical psychology, University of Tel Aviv, 2003.

- 20 G Foster & L Jiwli, op cit.
- 21 G Foster, M Lorey and J Williamson, *Mechanisms for channeling resources to grassroots groups protecting and assisting orphans and other vulnerable children*, draft, September 2001. Unpublished paper, available from <gfoster@healthnet.zw>.
- 22 A description of UCOBAC is included in S Armstrong & J Williamson, *Action for children affected by AIDS: Programme profiles and lessons learned*, WHO and UNICEF, New York, December 1994, pp 17–20.
- 23 Government of Namibia, *A situation analysis of orphan children in Namibia*, SIAPAC, April 2002.
- 24 Catholic AIDS Action, *Annual report: April 2001–March 2002: With the courage to fight and the strength to care*, 2002.
- 25 M Loudon, *Report on the Eastern and Southern Africa regional workshop on children affected by HIV/AIDS*, UNICEF (ESARO), 25–29, November, Windhoek, Namibia, 2002.
- 26 UNAIDS, UNICEF and USAID, *Children on the Brink 2002*, op cit.
- 27 Government of Zimbabwe, *Report on national conference on orphans and other children made vulnerable by HIV/AIDS*, Mutare, Zimbabwe, November 1993.
- 28 Government of Zimbabwe, *Zimbabwe National Orphan Care Policy*, May 1999.
- 29 Government of Zimbabwe, *Zimbabwe country team report on outcome of the 2002 Eastern and Southern Africa workshop on orphans and vulnerable children*, 25–29 November, Namibia, 2002.
- 30 Government of Zimbabwe, *Draft national plan of action for orphans and other vulnerable children*, June 2003.
- 31 See <www.hopeforafricanchildren.org> for more information.
- 32 See <www.repssi.org>.
- 33 See <www.unicef.org>.
- 34 HACI: Community based action for children and families affected by HIV/AIDS, HACI brochure, 2001, <www.hopeforafricanchildren.org>.
- 35 These workshops were the Lusaka Workshop on Orphaned and Vulnerable Children, held in November 2000 and the Psychosocial Support ‘Think Tank’ held at Masiye Camp in August 2001.
- 36 USAID, *USAID project profiles: Children affected by HIV/AIDS*, October 2001.
- 37 UNAIDS, UNICEF and USAID, *Children on the brink 2002*, op cit.
- 38 S Germann, op cit.
- 39 IFRC, *Orphans and other children made vulnerable by HIV/AIDS—Principles and operational guidelines for programming*, Geneva 2002.
- 40 See the Family Health International website, <www.fhi.org>, for guidelines on situation analysis.
- 41 UNGASS on HIV/AIDS, *Declaration of Commitment on HIV/AIDS*, UNAIDS, June, 2001.
- 42 UNICEF, *Report on the Africa Leadership Consultation: Urgent action for children on the brink*, op cit.
- 43 M Loudon, op cit.
- 44 UNICEF, *Report on the Africa Leadership Consultation: Urgent action for children on the brink*, op cit.
- 45 UNICEF & UNAIDS, *Report on the technical consultation on indicators development for children orphaned and made vulnerable by HIV/AIDS*, Gabarone, 2–4 April 2003.
- 46 A Bhargava & B Bigombe, Public policies and the orphans of AIDS in Africa, *British Medical Journal*, 326(21), June 2003.