



Protection of Orphans and Vulnerable Children

READ TO DISCOVER:

1. Who are orphans and vulnerable children (OVCs)?
2. What are the main difficulties that prevent OVCs from pursuing a better life?
3. What has the international community done regarding the protection of OVCs?

DESCRIPTION OF THE COMMITTEE

The United Nations Children's Fund was created by the United Nations General Assembly on December 11, 1946. Its original function and mandate was to provide emergency relief through food and healthcare to children in countries that had been devastated by World War II. UNICEF has evolved into a complex organization that is dedicated to providing long-term humanitarian and developmental assistance to children and families in lesser-developed countries.

UNICEF promotes social and economic development of United Nations member-states and works with member states to maximize collaboration efforts to overcome international development challenges.





INTRODUCTION

Around the world, hundreds of thousands of lives have been devastated by the HIV/AIDS **pandemic**. When disease strikes, children become one of the most vulnerable groups. Particularly in Africa, children have increasingly become the **heads of the household** because their parents have either contracted or passed away from HIV/AIDS. Robbed of their childhood, children are forced to take on responsibilities that demand a level of maturity they have yet to develop. They are not presented with the same opportunities that are given to most children with some opportunities being as basic as the opportunity to play or to be protected. Instead, they take on the role of the primary-care provider for their sick parents and younger siblings.

According to the World Health Organization (WHO), currently 33.4 million people live with HIV/AIDS worldwide. In 2008 alone, there were an additional 2.7 million people infected with the virus – the number of the newly infected continues to grow at a rapid rate. Approximately 64 percent of the world’s AIDS population lives in sub-Saharan Africa. More women than men are infected.¹ Despite **antiretroviral drugs**—drugs that target the HIV virus and slow the progression of HIV into AIDS—AIDS remains a fatal disease. As a result, it is estimated that 13.4 million children have lost parents to HIV/AIDS and millions more live in households where at least one parent has the disease.²



Children eating lunch at an orphanage in Sudan.
Source: UN Photo/Arpan Munier

Children affected by the AIDS epidemic are victims of social and economic forces they cannot control and have no hope of improving their situations. OVCs are often forced to act as the head of the household. This role often pressures them to provide for their family instead of attending school or participating in other activities.

Although traditionally the extended family would take the orphaned children, this is not always the case anymore. The AIDS epidemic has seriously crippled the extended family’s support system, and often times family members that might have cared for them are too old (grandparents) or sick themselves. Therefore, children have no other alternatives to seek assistance. Often times, OVCs are **ostracized** in their communities, purposely excluded and isolated due to the stigma that has been placed on them because of the death of their parents. There are also few that are taken into orphanages. However, orphanages are under-staffed, lack needed resources, and face overcrowding and basic **sanitation** issues.

Terms & Concepts

Pandemic: an epidemic—the infection of a large number of people—that has spread of a large region or even worldwide.

Heads of the household: the person who is in charge of the household.

Antiretroviral drugs: Drugs that target the HIV virus and slow the progression of HIV into AIDS.

Orphans & vulnerable children (OVCs): children who are not cared for when an adult who contributed to the care and/or financial support of the child dies.

Ostracize: to exclude someone from a community or group.

Sanitation: public health conditions such as clean drinking water and waste disposal.



BACKGROUND

HIV/AIDS

HIV stands for human immunodeficiency virus. It is the virus that causes AIDS, a disease that attacks **T-cells**. AIDS is the final stage of HIV. HIV is not transmitted through everyday contact such as shaking hands or hugging. The virus is spread through contact with bodily fluids such as blood. Typically it is transmitted through sexual intercourse, sharing needles or syringes, or from mother to child.

Terms & Concepts

T-cells: white blood cells that are necessary to fight infection.

Opportunistic infection: an infection that attacks the body when the immune system is weakened by HIV/AIDS.

Often, during the early stages of the disease, there are no symptoms. It is not until the disease progresses that symptoms begin to appear. There is no cure for HIV/AIDS. However, antiretroviral drugs can be used to slow the progress of the disease. Typically antiretroviral drugs are expensive, in limited supply, and need to be monitored closely. As a result, many areas of the world do not have access to affordable antiretroviral drugs. Because the disease weakens the immune system, a person with HIV is more susceptible to other infections as well. Frequently, more common drugs can be used to treat these **opportunistic infections** and prolong the life of the person with HIV.³

Who is an OVC?

The majority of children orphaned by AIDS live in developing countries with 82 percent of them living in sub-Saharan Africa. However, as infections continue to spread, the number of OVCs caused by AIDS in Asia, Latin America and the Caribbean, and Eastern Europe will increase.

Typically, the death of one parent at a young age is not linked with the death of the other parent. In other words, if a child loses a parent to cancer, it is unlikely that his or her other parent will die of cancer at around the same time. As a result, one event usually does not leave a child orphaned. However, because of the way HIV/AIDS is transmitted, there is a high likelihood that both parents will become infected. With a disease like cancer, one parent may be unable to work, but with HIV/AIDS it is highly probably that both parents will be ill at the same time. Then, many children lose both parents within a relatively short period of time. Children who have lost both parents are referred to as double orphans.⁴



UN Peacekeepers care for children at an orphanage in Haiti.

Source: UN Photo/Logan Abassi



Effects before Parents' Deaths

HIV/AIDS affects families long before the parents die. As the disease gets worse, the household may have less money if one or both parents become unable to work. Income can drop by more than fifty percent. In farming communities, the land used by a family can also become smaller if the head of the household becomes ill. Without this source of money and/or food, the family suffers. It can become difficult to meet even the basic needs of daily life.

The cost of treating HIV/AIDS and opportunistic infections also places a serious economic burden on families. In Côte d'Ivoire, HIV/AIDS affected households spend four times as much on health care as unaffected households. These costs, including funeral expenses, which can be over one third of the family's annual income, mean AIDS can cause extreme poverty even before the parents' death.⁵



AIDS orphans at their parents' graves in Tanzania.

Source: UN Photo/Louise Gubb



Children in Timor-Leste are able to attend school thanks to rations provided by the WFP.

Source: UN Photo/Martine Perret

One of the first effects of the disease for children is their ability to attend school. A lack of money and the need to care for sick parents and younger siblings often requires children to withdraw from school. In order to support their family, these children take on adult responsibilities and jobs, many of which are dangerous. Children are more likely to be working in commercial agriculture, domestic service, or get caught in human trafficking.⁶ These jobs often result in injury, sickness, and sometimes even death. Because they are not receiving an education, they are unable to get other, less dangerous jobs which require additional training.⁷

Without education, these children also miss out on essential services.⁸ Many programs created to assist orphaned and vulnerable children are distributed through local schools. Children who are not in school do not learn about the services they could be receiving. As a result, some organizations are using these programs, such as providing food, as a way of encouraging OVCs to attend school. Providing food to OVCs in school takes some of the burden off of child heads of household so they can attend school instead of having to work.



One of the keys to protecting OVCs is the health of their parents. Although there is no cure for HIV/AIDS, it is possible to slow the progress of the disease. However, access to new drugs is limited in developing countries. Further, the stigma of having HIV reduces the number of people who get tested. It is very important that people get tested for the disease, so that those who do have it can take the proper precautions to prevent spreading it. Also, if HIV/AIDS is caught early, more can be done to slow its progress. Even if antiretroviral drugs are not available, hospitals and home-care can provide those living with HIV/AIDS with treatments for common infections that may help them live longer. With treatment, those with HIV/AIDS are better able to lead productive lives, reducing the strain put on their children.⁹

Effects after Parents' Deaths

Terms & Concepts

Psychological problems: a mental or emotional disability often caused by distress.

Discrimination: treating a certain group of people unfairly.

Stigma: social disapproval or negative attitudes towards a person because of one or more of their characteristics, such as weight, gender, financial status, etc.

The death of a parent is terrible. For OVCs, it also sets them up for a lot of painful experiences. Often, after the death of a parent, the child will face economic hardship, withdrawal from school, malnutrition, illness, increased abuse and risk of HIV infection, and discrimination. In some cases, a child is left without regular care. This means they are without the love, attention and affection that they need to grow up.

Children's survival skills suffer when a parent is not present in their life. Many survival skills are passed from generation to generation through parental teaching and support. Without parents to provide this safety net, children and adolescents must improvise because they are forced to take on responsibilities they are not ready to handle. As a result, they are more vulnerable. They are also more likely to become infected with HIV/AIDS.

In the past, aid for OVCs has focused on material needs. However, after the death of a parent, the children face significant social and psychological needs. These children go without one of the most crucial aspects of childhood: the love and nurture of parents. This can result in depression and other **psychological problems**.

Discrimination is also a significant problem for AIDS orphans. As a result of their parent's death, some children become homeless. Living as 'street children', they face significant discrimination. There is a **stigma** associated with the term 'street children' because they are seen as a source of criminal behavior. Despite being one of the most physically visible groups of OVCs, they are often the most forgotten when it comes to receiving assistance¹⁰.

CRITICAL THINKING

Why might people treat OVCs differently than other children? What are some of the challenges they might face because of this?



Even within their own community, AIDS orphans are sometimes discriminated against. In some areas, there is a fear that these children are cursed by death so they are avoided. The discrimination and isolation they face can cause psychological problems. After suffering the loss of their parents, being cast out by their community can be devastating for these children.

Care for OVCs

Many orphaned children are cared for by older siblings or extended family, but some enter **institutionalized care**, or care provided by the government. However, orphanages are not usually the best solution for caring for OVCs. Not only are they more expensive to maintain, but they also fail to provide children with the necessary attention and love essential to development. Children in these situations have a difficult time reentering society when they leave. After studying the effects of orphanages, the governments of Ethiopia, Rwanda, and Uganda are moving away from them as a long-term solution for children's care.¹¹

Studies have shown that **foster care** is a better option. The foster care system has created many different common living arrangements. Each situation has benefits and problems. Female-headed households are more likely to take responsibility of orphans and they generally assume the care of more orphans than male-headed households.¹²

The number of grandparent-headed households is increasing. In the past, they have played an important role in caring for orphans but their role has noticeably increased. It has become more common for grandparents to take direct responsibility for the care of their grandchildren. There are also a small percentage of households headed by children under the age of 18. Typically, in these situations, extended family members watch over these households even if they are not providing day to day care.¹³

In some cases, adolescents feel more comfortable residing in a **group home** established and maintained by a **non-governmental organization (NGO)** than becoming part of a new family. These group homes avoid many of the problems of institutionalized settings while continuing to provide support to these children and adolescents. Often, group homes will tend vegetable gardens and raise farm animals to supplement the homes' income.¹⁴

For many children, these solutions do not prevent them from being separated from their siblings. Siblings are split up to distribute the burden of care. In Zambia, nearly 60 percent of orphaned children surveyed have been separated from their siblings.

Terms & Concepts

Institutionalized care: a living arrangement, such as an orphanage, that is provided by the state or a private organization to a large number of children.

Foster care: care provided by another family to a child. It may be temporary or long term, but the child is not adopted legally into the family.

Group Home: a home typically run by an NGO that is comprised of adolescents who are able to care for themselves but are not old enough to live on their own.

Non-Governmental Organization (NGO): an organization that is separate from the government but also works to make society better. NGOs work in many different areas including the human rights, health, disaster relief, and development.



Terms & Concepts

Child Soldier: a soldier who is under eighteen years of age. They are often forced to serve or highly encouraged to enlist because of their living situation. International law prohibits the use of children as soldiers in armed conflict.

CURRENT SITUATION

According to the WHO, worldwide in 2007 an estimated 15 million children had lost one or both parents to AIDS.¹⁵ These children are at greater risk of becoming victims of violence, exploitation, trafficking and other abuses. Parents provide a protective shield of life experience and authority that reduces the chance that a child will be harmed.

For children living in regions of armed conflict, the risks are even greater. Unaccompanied children are at a higher risk of being forced into participating in the violence as **child soldiers**. Girls without parents are at a higher risk of sexual abuse. Often, they do not have the skills needed to get a job that provides a sufficient income.

Despite efforts to improve conditions for OVCs around the world, these efforts continue to be affected by a lack of resources and insufficient capacities. Because of resource limitations, most state governments have difficulty implementing the materials and resources outlined by the current international conventions on the protection of OVCs.

Today, the international community is faced with the task of increasing the effectiveness of OVC programs worldwide by taking a wider approach to improving the conditions of OVCs. The international community currently calls for state-building programs in addition to an increase in access to food and education for OVCs.



Children at a rehabilitation center in the Democratic Republic of Congo.

Source: UN Photo/Myriam Asmani

INTERNATIONAL ACTION

In 1989, the *Convention on the Rights of the Child* (CRC) was adopted into international law. The CRC clearly establishes the basic rights of children, understanding children as those younger than eighteen years old, unless the country's laws recognize the age of maturity to be earlier. Under this definition, children are guaranteed the right to survival, well-being and development. Although a family has the primary responsibility of caring for its children, under Articles 20 and 22, in the case that the family is unable to care for a child, the state government is supposed to take responsibility for caring for children.



To fulfill its responsibility, the state must consider all the options available to make sure that the decisions made are in the best interest of the child. They must also protect all children without discrimination and respect the opinions of the child on all issues affecting them.¹⁶ For OVCs, this document establishes their rights to protection, care, and identity as citizens of the country in which they were born.

For most OVCs who are under 18 years of age, the CRC has been a foundation of their rights as well as representative of the responsibility of state governments to begin actively caring for those OVCs who are often without a primary care taker.



The signing of the Lusaka Protocol in 1994.
Source: UN Photo/B Mulenga

The *Lusaka Declaration* was adopted in 1994 to try to address many of the issues faced by children and families that have been affected by the growing AIDS epidemic. Delegates from 15 countries in East and Southern Africa met in Lusaka, Zambia to develop a plan of action in an effort to improve the conditions of OVCs in the region. Coordinated and organized by the United States Agency for International Development (USAID) and the United Nations Children's Fund (UNICEF), the countries shared their research and insight, specifically targeting regional ability to deal with OVCs. This work was significant because it paved the way for the acceptance of the draft document *Principles to Guide Programming for Orphans and other Vulnerable Children*, which was unique in that it created action plans that were country-specific in its implementation of mechanisms and goals.

In partnership with the USAID, UNICEF is working to help countries get the skills and expertise they need to care for OVCs. Emphasizing the principles outlined in the Lusaka OVCs meeting, the USAID/UNICEF partnership has worked to provide country-specific suggestions to countries struggling to meet the needs of OVCs. The organizations have also worked on fundraising projects for OVC programs. Under such leadership, the international community has further increased the effectiveness of the global response to OVCs.

The World Food Program (WFP) has developed programs that use food aid as a means of increasing access to education for OVCs. Providing food for OVCs at school has helped to create an incentive to stay in school; without this incentive, many OVCs drop out of school for work in order to make money to buy subsistence. Those still able to attend school are still faced with poor nutrition and inadequate resources, which greatly reduces their ability to learn. However, the WFP continues to implement such programs in conjunction with the careful monitoring and assessment of such initiatives.¹⁷



The WFP provides meals to help keep OVCs in school.
Source: UN Photo/Martine Perret

In addition, the World Bank has taken a role by hosting meetings on OVCs and their social protection. These meetings have served to start conversations about the current global response to the OVC issue and how to improve traditional structures and programs that are already in place for helping children that have been harmed and made vulnerable through the HIV/AIDS crisis. Under the leadership of the World Bank, agencies have been coordinating intervention programs on a larger scale in areas most devastated by the HIV/AIDS crisis.

RECOMMENDATIONS FOR CREATING A RESOLUTION

Delegates should consider the problems that OVCs face on a daily basis. With this in mind, delegates should address the following when creating draft resolutions:

- Prevention of HIV/AIDS transmission as a means of protecting children;
- Supporting families affected by the AIDS epidemic;
- Protecting OVCs from exploitation, abuse, and neglect; and
- Creating programs to help OVCs meet their basic needs, including food, water, education, love, and protection.

When considering ideas, delegates should take into account the situation of the nations who need to make the most progress in the protection of OVCs. Exactly what obstacles have prevented countries from taking solid steps towards improving conditions for OVCs? Remember, as UNICEF, the committee has limits in terms of what it can and cannot do. As delegates, you have flexibility in suggesting solutions to the committee for improving conditions for OVCs and you are encouraged to think creatively and look at problems and issues not discussed in this background guide.



Questions to Consider:

1. How has the AIDS epidemic affected your country?
2. What potential problems does your country face in the future with the AIDS epidemic?
3. Does your country have a large population of orphans and vulnerable children?
4. What services does this population have access to? What percentage of the OVC population is able to use the services offered?
5. What obstacles currently face international organizations when trying to work with OVCs?
6. Has your country signed and ratified Convention on the Rights of the Child? If it has, how well has it been implemented?

RESEARCH AID

This is the official website on The United Nations' Children's Fund. UNICEF is a great source of information and guides to help you further grasp the UN's efforts to better the lives of OVCs abroad.

- **United Nations Children's Fund:** www.unicef.org

This video by UNICEF TV shows children in Zimbabwe that have been impacted by the HIV of their parents.

- <http://www.youtube.com/watch?v=gJfHiXMQ8hU>

This short video shows what happened at the last large meeting held by UNICEF to talk about the situation of OVCs.

- <http://www.youtube.com/watch?v=bt6Peq3SEQ0>

This is the official website on The United Nations Joint Programme on HIV/AIDS (UNAIDS). It is a great starting point to understand the United Nations' policies and plan of action in regards to combating the implications of the HIV/AIDS crisis.

- **UN AIDS:** www.unaids.org



This is the official website for the World Health Organization. Here, you can find a wealth of information on the WHO's on-going OVC programs. In areas of public health and securing food security, WHO has worked arduously to secure such programs to help OVCs.

- **World Health Organization:** www.who.int

This is the official website for the United Nations Educational, Social, and Cultural Organization. You can find a complete database of all passed resolutions, and find relevant information on the countries that are working towards improving conditions for OVCs.

- **UNESCO:** www.unesco.org

REFERENCES

¹ <http://www.cdc.gov/hiv/topics/basic/index.htm>

² *The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS* p7-8

³ *Africa's Orphaned Generation.* p15

⁴ *The State of the World's Children 2006: Excluded & Invisible.* p40

⁵ *Africa's Orphaned Generation.* p15

⁶ *The State of the World's Children 2006: Excluded & Invisible.* p40

⁷ *The State of the World's Children 2006: Excluded & Invisible.* p47

⁸ *The State of the World's Children 2006: Excluded & Invisible.* p39

⁹ *The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS* p18

¹⁰ *The State of the World's Children 2006: Excluded & Invisible.* P40

¹¹ *The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS* p37

¹² *Africa's Orphaned Generation.* P20

¹³ *Africa's Orphaned Generation.* P22

¹⁴ *Widening the 'Window of Hope': using Food Aid to Improve Access to Education for Orphans and Other Vulnerable Children in Sub-Saharan Africa.* Landis, Robin. P7.

¹⁵ *Children and AIDS Third Stocktaking Report, 2008.* UNICEF, UNAIDS, WHO, UNFPA, pg. 21.

¹⁶ *The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS* p13