

## **ORPHANS, VULNERABLE CHILDREN AND HIV AND AIDS**

### **Who is a vulnerable child?**

A vulnerable child is one who lives in difficult circumstances. A child becomes vulnerable the more it lacks access to basic needs such as food, health care, parental care, love, protection, education, shelter and so on. A vulnerable child is at higher risk of disease or disorder than a child whose needs are met.

Any child can be living in a vulnerable situation, but not necessarily every orphan is a vulnerable child; each child's specific living environment needs to be assessed in order to find out if the child is vulnerable, at risk and needs help.

### **Who is an orphan and at what age is somebody considered an orphan?**

In Tanzania, children who are below the age of 18 and who have lost one or both parents are orphans. Some children have also been left alone by parents who are still alive; these children are sometimes also called orphans, or 'social orphans'.

The number of children orphaned by the HIV pandemic is ever increasing in Tanzania. Yet it is also important to consider that the cause of death of parents is often unknown, or parents die of other causes. Nevertheless, children who have lost one or two parents need a caregiver and may need community support.

The term *OVCs* is used in the international "AIDS language" to refer to children who have lost one or both parents and/or live in circumstances that put them at high risk for diseases and disorders.

### **What are the main causes of vulnerability?**

There are many reasons why a child (or a household) may be vulnerable. It may be due to the death of a parent or caregiver, or a disease or disorder that causes the child to lose access to basic needs; there is a link between poverty and vulnerability: The poorer a child (or a household), the lower the chances are that basic needs can still be met.

### **What are the possible groups of vulnerable children?**

There are several groups of vulnerable children: Children orphaned by AIDS, children infected with HIV, children with disabilities, children who have been neglected by parents or caregivers, children from poor families and children with disabilities.

These causes can lead to children having to live on the streets, children exposed to strenuous labour (child labourers), or children engaged in sex trafficking or commercial sex work.

### **What are the rights of OVCs?**

Generally the best interests of a child should be of primary consideration. However, specific rights are:

- The right to survival, development, and protection from abuse and neglect.
- The right to freedom from discrimination.

- The right to have a voice and be listened to.

### **Do OVCs have special rights both at school and at home?**

Essentially OVCs have the same basic rights as other children. However, OVCs may have certain special rights at school and at home, like the right of not being stigmatized and having reasonable accommodation.

### **Why are HIV-positive children not allowed to sit on the chair? Why are some told to wear identities?**

This is stigmatization and discrimination of HIV-positive people. It is a bad practice that psychologically PLHIV are able to live a healthy and productive life as HIV and AIDS is a chronic disease and not a death sentence. The HI-virus is not contagious in daily life situations, in living and playing together, sharing toys or hugging and touching.

### **How can you identify a person with HIV?**

One cannot identify an HIV-positive person by just looking at him or her. The only way to be sure if a person is infected is through an HIV test.

### **How do we identify vulnerable children and orphans in the community?**

It is difficult to collect reliable data on children orphaned by AIDS. Because of stigma attached to being an 'AIDS orphan' in most communities, many people would not like to be part of this group. Yet for planning activities for vulnerable children, a community should know roughly how many of its children and households are vulnerable irrespective of the reasons behind it. In Tanzania, UNICEF, among others, is currently supporting communities in identifying most vulnerable children. They are looking at:

- The health status of children and caretakers.
- The nutrition status of children.
- Orphans with limited care.
- Lack of clothing.
- Lack of reasonable shelter.
- Abandoned and neglected children.
- Children who care for sick parents.
- Child-headed households.
- Children from very poor homes.

### **Why is the number of orphans and vulnerable children increasing?**

For Tanzania, UNAIDS estimated that about 1.1 million children were orphaned by the causes of HIV and AIDS by the year 2006. A reason for the high number of orphans and other vulnerable children may be that more and more deaths occurred due to AIDS.

Some orphans are themselves living with HIV, caring for siblings and chronically ill family members, and living in financially stretched households that have absorbed other children affected by HIV.

### **Is it true that the OVC epidemic is greater than the HIV and AIDS epidemic?**

The issue here is not to compare the magnitude of HIV and AIDS and the OVC problem, but rather to acknowledge the fact that both are big problems that are closely linked. The question to ask yourself is whether you have an OVC and HIV and AIDS problem in your community, how big the problem is and what you can do about it.

### **There are more and more orphans, is there a way of stopping this?**

We do not know what will happen in the future and how many more children will become orphans. But it is important now to do the best we can in preventing orphans and other children from becoming vulnerable children. It is everybody's responsibility to take care of our children and ensure that their basic needs are met. In addition, care and treatment for HIV-infected parents helps them to live longer and to be able to care for their children.

However parents can only get life-prolonging treatment if they go for a test on time and if treatment starts early enough.

### **How do infected children protect their classmates from being infected?**

HIV virus is only transmitted when body fluids with high concentration of HIV (blood, semen, vaginal fluids, breast milk) of an infected person enter the body, such as during sexual intercourse, sharing of piercing instruments such as needles, through a blood transfusion with HIV-infected blood, or through breast milk.

If an HIV-negative child is not exposed to blood or seminal fluid of a positive child, there is no chance of infection. When children play together, it is important for all children to touch and hug each other, share toys or eating utensils, shake hands, and sit close together. Even if a child sneezes on someone else, this will not infect someone with HIV, there is no risk involved in social contacts.

### **How do the guardians of children whose parents died of AIDS know that the children are not infected?**

The only way a guardian can know that a child or any person is or is not infected with HIV is to test for HIV. But not all children whose parents died of AIDS are also infected with HIV. A decision to test a child should be made in the best interest of the child, respecting the age and maturity of the child to be able to understand the test results. However, the basic rule: "Protect yourself and your partner from unwanted pregnancy and disease", applies to all adolescents.

### **What important information do OVCs need in their teens especially for SRH?**

The needs of all young people who are HIV-positive or -negative, or who are orphans or not, are similar. Adolescents undergo important physical and emotional changes. At this time all adolescents need correct and comprehensive information so they understand the changes and how to deal with them. At this age, sexual feelings and desires develop and young people need to know how to live a responsible life as an adolescent and how to protect themselves from HIV and other STIs.

### **What are the advantages and disadvantages for an OVC to grow up in a family instead of an institution (like an orphanage)?**

An orphanage is helpful in providing immediate care to OVCs, such as food, shelter and health services so they do not have to live on the street. But for each person it is important to have people who care for you and support you. The government encourages families to adopt or take OVCs into the family. When the OVC grows up in a family, there are many advantages. This includes relief from stress of being alone as they become part of the family. Children will be able to grow in a family culture and a supportive environment.

### **If your neighbor is very sick and cannot take care of his/her children anymore, what advice do you give?**

The best advice is to look into ways of giving support yourself if you can. You can initiate discussion in the community (among community groups) to decide about possible ways of caring for their fellows, and give various kinds of support, especially to sick persons and children. The kind of support may include medical, financial, psychological and even spiritual. It is also important to make sure that enough food is in the household.

### **Support to OVCs is not consistent and well planned. What is the best way to handle OVCs in a district or ward?**

Tanzania has a national plan for OVCs that stipulates that there should be a committee to deal with OVCs at each level, starting from households up to the national level. The steering committee at the national level is constituted of high-level officials, including

Permanent Secretaries from Ministries dealing with children affairs. Committees at each level have been given specific mandates and responsibilities to deal with OVC issues.

On top of that, roles and responsibilities have been given to various institutions and stakeholders including CSOs, international organizations and private individuals. In short, there is a systematic plan of action of dealing with the OVC problem that, if well implemented, may lead to consistent way of dealing with OVCs.

### **What is TACAIDS' plan for OVCs in the near future?**

- TACAIDS is not an implementer of any HIV and AIDS or OVC intervention but facilitates intervention. TACAIDS can mobilize resources and channel them to support OVCs through the relevant authorities such as LGAs, CSOs and other

stakeholders; but channeling of resources to those in need is only possible if there are plans from villages, wards and districts requesting support.

- **How do children who are taking care of themselves get income?**
- It is extremely difficult for OVCs to get any income when they are on their own. It is therefore crucial for the CMAC to find the best ways of supporting OVCs together with communities and CSOs so that all OVCs have food, shelter, clothing and access to education and health services, plus income of their own if they are already old enough.

### **Are CSOs helpful to the OVCs?**

CSOs came to complement the services that ought to be offered by government and the private sectors. As such, it is good to acknowledge the enormous contribution they add, not only to the OVC services, but also to other social services sectors. CSOs are also operating at community level and often have a better understanding of community needs than governments. It is crucial for the CMAC to cooperate and collaborate with CSOs in planning and implementation of activities, as well as monitoring and evaluation of outcomes and impacts. RFAs and CMAC in the mapping and assessment process were making an inventory of CSOs in the district in order to identify those CSOs that have the capacity to help the CMAC implement their HIV and AIDS activities.

RFAs are Regional Facilitating Agencies that were contracted by TACAIDS to build the capacities of Multi-sectoral HIV/AIDS committees at Local Government level and those of CSOs, and to finance activities by CSOs for the response to HIV and AIDS.

### **How can CMAC together with the community support OVCs?**

As it has been said earlier, OVCs are born and live in the same community where we live. The OVC problem and situation is complex, interrelated, and cuts across all sectors of development. Therefore it is important that CMAC, WMAC and VMAC take on the responsibility of dealing with the problem of increasing numbers of OVCs. CMAC need to provide guidance in identifying OVCs, coordinating efforts from various stakeholders and ensuring that OVCs are able to access services that will help them to mitigate the impact of their vulnerability.

The aim of communities and governments should be to offer each child a protective environment in which he/she can develop and learn without exploitation, violence, deprivation or abuse.

The following conditions can support the wellbeing of all OVCs:

- OVCs should be exempted from financial contributions at schools.
- OVCs should get free health services.
- OVC should have access to food, shelter and clothing.
- Families should be encouraged to adopt/take in OVCs and should be supported with small loans to start their own businesses. The government can support orphans by building orphanages for children so they have a place to

stay. But community members can take orphans into their houses and give them a home.

Activities in the support of OVC should be to:

- Strengthen the protection and care of OVCs within their extended families and communities.
- Strengthen the economic coping mechanisms and capabilities of families and communities.
- Enhance the capacity of families and communities to respond to the psychosocial needs of OVCs and their caregivers.
- Link HIV and AIDS prevention activities, care and support for PLHIV, and efforts to support OVC.
- Focus on all vulnerable children, not only those orphaned by HIV and AIDS.
- Ensure access to school for all children.
- Ensure access to health services for all children and adolescents.
- Support drama groups that can address all kinds of issues concerning OVCs, such as stigma and discrimination or lack of care of a community.
- Mobilize resources to increase access to care and treatment for children.
- Create awareness in the community for children's rights.
- Provide food to vulnerable families and households.
- Form and support income-generating groups such as widows.