



ORPHANS AND VULNERABLE CHILDREN

INFORMATION NOTE

THE CASE FOR INCLUDING OVC IN GLOBAL FUND PROPOSALS

Care and support for orphans and vulnerable children (OVC) is a key aspect of the HIV and AIDS response globally. In 2009, children accounted for 17 percent of new HIV infections and 7.5 percent of people living with HIV, and 16.6 million children had lost a parent to AIDS – including 14.9 million in sub-Saharan Africa where the rate of orphaning is still increasing despite greater access to treatment [1]. Children are also affected by the epidemic through parental illness, death, family impoverishment and social dislocation.

Although more than 80 percent of orphaned children have a surviving parent – usually their mother – or live with close family [2], HIV and AIDS increase family poverty and distress through loss of income or livelihood, increased mobility and additional health care costs. These family stresses can adversely affect children's health, nutrition, mental health and education, and some children may take on arduous or exploitative work. Children may also experience HIV-related stigma and discrimination, keeping them out of school, friendship networks, and health and social services [3].

“Know your epidemic, know your children”

In concentrated epidemics, children and adolescents are often stigmatized and excluded from services because of prejudice towards their parents (or their own) sex work, drug use or sexual behavior [7, 8]. Many men who have sex with men, sex workers and people who use drugs have children [9]. These families may fear that children will be removed from their care because their behavior is illegal or discriminated against. As a result, they may withhold children from services. Family financial insecurity may also affect children's nutrition, schooling and health care [7]. Depending on the local context, the most

Terminology

- An orphan is defined by UNAIDS as a child under 18 whose mother (maternal orphan), father (paternal orphan) or both parents (double orphan) have died [4].
- Orphans and vulnerable children (OVC) are defined by UNICEF, UNAIDS and PEPFAR [5] and other partners [6] as affected by HIV and AIDS by virtue of, among others, living in a household where one or more people are ill, dying or deceased, or which fosters orphans, and children whose caregivers are too ill or old to continue to care for them.
- Children affected by HIV and AIDS (CABA) are defined by UNICEF, UNAIDS and PEPFAR as children living with HIV, and children whose well-being or development is threatened by HIV and AIDS in their families or communities [5].

effective programs for consideration in Global Fund proposals may include advocacy, legal protection, community and outreach services, peer support and education, financial assistance, and access to health, education and welfare services for children and families [7, 8, 9].

In generalized epidemics, increased mortality among young adults has resulted in very large numbers of children losing one or both parents to AIDS [1], more than half of whom are adolescents. The majority of these children live with surviving parents and extended families [3]. Analyses of representative survey data show that poor outcomes for children – such as malnutrition, incomplete schooling and sexual risk-taking – are associated with orphan status and vulnerability, as well as poverty and low education levels among caregivers [10]. Affected adolescents are also more likely to be out of school, and to engage in sexual risk taking at an earlier age and in transactional sex [2, 11].

Minority status, disability and residence in under-served areas can also make children vulnerable [12]. The youngest children are the most vulnerable over the long-term because their bodies, brains, social relations and self-confidence develop rapidly during early childhood. Any interruptions and delays in young children’s developmental potential are difficult to recover in later years, especially when children continue to live under difficult conditions [13]. Young children need good nutrition, care and encouragement from stable caregivers, as well as opportunities to learn, protection from harm and preventive health care [14]. Community-based early childhood development activities can provide such support and care, especially when parents are also engaged in livelihood activities [15].

Girls are especially vulnerable to infection, including through greater physiological susceptibility. In many settings, adolescent girls face a risk of sexual violence and rape, both inside and outside of marriage, due to gender disparities and sexual and social norms [16, 17]. They also carry a large burden of care [18]. While adolescents share the same needs for housing, food, social support, and education as their younger counterparts, they face key developmental steps which may be particularly challenging for those who are vulnerable [8]. Community programs, peer education and health services addressing the needs of vulnerable adolescents should be delivered through sex- and age-appropriate interventions aimed at increasing support and reducing risk [17].

HOW TO INCLUDE OVC IN GLOBAL FUND PROPOSALS

The Global Fund explicitly supports evidence-based interventions and activities that provide the best value for money – and this includes a wide range of interventions for the care and support of affected children and adolescents. As the needs of OVC vary according to age, gender, socioeconomic status and geography, applicants are encouraged to conduct careful assessments of the local OVC context and their service needs. Proposals should provide details of these assessments in order to justify the interventions that have been included, as well as details of how Global Fund grants will complement funding from other international and national sources in order to provide comprehensive care and support for OVC.

Applicants can use a range of resources when planning proposals and services for OVC – including the *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* published by UNICEF and partners [19]. This Framework is supported by evidence generated from the *Joint Learning Initiative on Children and HIV/AIDS* [20], and outlines interventions that focus on five key strategies:

- 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.

- Mobilize and support community-based responses by engaging local leaders and strengthening community-based child care.
- Ensure access for OVC to essential services including education, health care, birth registration and others.
- Ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities.
- Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for affected children and families.

In formulating OVC interventions, a careful situation analysis must be conducted as well as an assessment of what will be most cost-effective in the context to address disease-related impacts for the specific profile of vulnerable children in the country. For example, providing individual secondary school bursaries for affected youth may not achieve value for money in countries with very low secondary school enrolment among the general population. UNICEF has published new guidance to support countries in building and strengthening their systems of care, from the family-level to government-led national policies and programs [21]. The guidelines include several components that have been incorporated into previous Global Fund proposals, some examples of which are given below:

1. **Family strengthening** through, for example, social and economic support, home visiting and child care [15], livelihood and food support, income generation, micro-finance and direct income transfers for the poorest households [22]. Such interventions aim to assist families to continue to care for children, thus averting children's vulnerability due to mobility, lack of parental care and destitution.
2. **Access for OVC to health and nutritional care, education and social services** through, among others, block grants to schools in communities that are severely impacted by HIV and AIDS, health insurance for affected families, and decentralized and community-based health and social services. To better address the needs of adolescents, youth friendly services, psychosocial support and livelihood development initiatives that focus on skill development are important [11]. In Rwanda, for example, the Global Fund is supporting health insurance cover for OVC and their families through a Round 9 (2009) National Strategy Application [23].
3. **Family-centered services** that seek entry points into families and use the family as the unit for service delivery for all those who need assistance [24]. Because of the effects of HIV and AIDS on families, family-centred services can help to link economic and social support to clinical treatment and prevention, including for children [25].
4. **Social protection** (which refers to government-led policies and programs that reduce poverty and vulnerability across the whole of society) can reduce the hardship of children and families affected by HIV and AIDS [26]. HIV-sensitive social protection interventions include, for example, cash or income transfers (such as pensions or child grants), subsidized or free schooling and health care, school feeding, food vouchers, agricultural subsidies, health insurance and social services (including those addressing the neglect and abuse of children). For example, Thailand's Round 10 (2010) grant aims to increase access to essential child-focused services for OVC through strengthened social protection laws and policies alongside community systems delivery that is coordinated by the Ministry of Public Health [27]. These interventions are often more cost-effectively delivered as part of state-led policies than through *ad hoc* programs. They help to avert destitution and suffering for children and families resulting from AIDS impacts as well as vulnerability to new infections arising from social exclusion and disadvantage.

KEY CONSIDERATIONS FOR APPLICANTS

HIV-sensitive, rather than HIV-specific, programming

Providing all children in poor communities with services can cost-effectively address the needs of those children that are directly affected by HIV and AIDS. HIV-specific approaches can increase the stigmatization of vulnerable children by singling out individuals in contexts where most children are also in need. Where HIV-sensitive approaches are used, this risk can be avoided [21].

Keeping children in supportive family environments

Families are the first line of protection and support for OVC and are crucial throughout the development of all children. In most settings, families and communities carry the greatest burden in terms of the impacts of HIV and AIDS on children, with some assistance from community- and faith-based organisations [3]. Applicants are encouraged to strengthen family care through support for families, reunification, kinship care, fostering and adoption as the first choice for all children [30]. It is also important to take note of guidance provided by the United Nations on the protection of children outside of family care, such as street children and children in orphanages [31].

HIV-sensitive targeting reaches HIV-affected households.

Cash transfer schemes in Zambia and Malawi target extremely poor and labor-constrained households. Analysis has shown that 70 percent of the households reached by these schemes were also directly affected by HIV and AIDS [28]. The Malawi cash transfer scheme receives support from the Global Fund among others [29].

Program scale

One of the key issues to be addressed when developing proposals to the Global Fund is the scale of interventions. In many settings, efforts to support children tend to be small-scale and fragmented – whereas similar outputs could be more cost-effectively achieved through expanding and improving wider programs such as food and livelihood security, schooling, health care and social welfare [21]. Information from nationally representative surveys and country reports on UNGASS indicators shows that less than 15 percent of households looking after OVC received any form of external care and support, illustrating the lack of reach of many current programs [21]. Applicants should demonstrate in their proposals that the issues of program scale, effectiveness and value for money have been considered and addressed.

Monitoring and evaluation

The Global Fund assembles data on care and support services for OVC as part of its “Top Ten” programmatic indicators. In order to ensure the delivery of high quality programs, it is recommended that monitoring and evaluation data are also collected at the country level on 1) the proportion of vulnerable children and families reached; 2) the nature of services provided; and 3) the time scale over which assistance is provided. This can help to ensure the comprehensiveness and effectiveness of the services provided [32]. In order to assess coverage and impact, the following steps should be considered to monitor outcomes and impact [33]:

- **Inputs** should be well defined, and staffing and other costs calculated (for example, the size and number of block grants to schools to support attendance of vulnerable children).

- **Activities or processes** should be described and standardized (for example, how and when grants are paid).
- **Outputs** should be counted (for example, numbers of children attending schools that receive block grants; the number of families supported to care for children; the number of children receiving nutritional support).
- **Impact** should be assessed (for example, reduction or elimination of the number of vulnerable children out of school in areas covered).

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FURTHER READING

- [An obvious truth: children affected by HIV and AIDS are best cared for in functional families with basic income security, access to health care and education, and support from kin and community. Cambridge, MA: Joint Learning Initiative on Children and AIDS; 2008.](#)
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