

## FOCUS

### *Social protection in a landscape of AIDS*

The millions of children affected by AIDS need care and protection, which can come from many sources: their parents, their communities, non-governmental organizations, schools or programmes set up by governments. One source of protection and care for children is the web of public and private services that address poverty, vulnerability and exclusion affecting people of all ages. These services can more broadly be defined as social protection, and can include social transfers, social welfare services and social policies that protect children from abuse and exploitation. Research has shown that helping children and families affected by AIDS can be accomplished by strengthening such social protection.

To maximize impact, social protection should be targeted towards the most vulnerable households and children while ensuring that children affected by AIDS, such as orphans and those living with sick parents, are also reached. Aiming social protection programmes exclusively to reach children affected by AIDS can result in further discrimination against these vulnerable children. The evidence shows that just as a rising tide will lift all boats, so assisting all children will help those touched by AIDS. But to achieve this, communities and services need to ensure that AIDS-affected households and children are identified and not left out because of stigma or other types of discrimination.



#### DID YOU KNOW...

- Around 95 per cent of children affected by AIDS continue to live with their extended family. The vast majority of children who have lost parents have remaining relatives with whom they can live. It is poverty rather than lack of familial support that drives many children into institutions.
- The United Nations defines an orphan as 'a child who has lost one or both parents'; around 88 per cent of children so designated by international agencies do have a surviving parent.
- Living with sick or dying relatives can be very challenging for children. Besides facing trauma, many of them are forced to take on greater adult responsibilities – earning wages and caring for siblings.
- Nearly 50 countries are developing AIDS-sensitive responses to the needs of orphans and vulnerable children; a number have created formal National Plans of Action. In general, however, work to develop comprehensive national social protection frameworks that are child-sensitive is in the early stages.

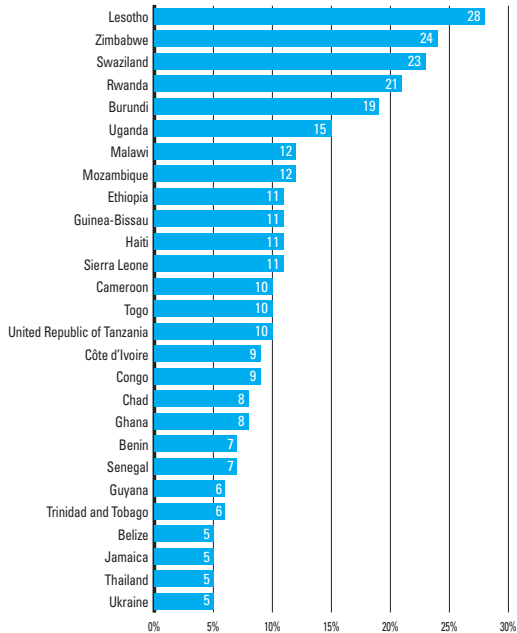
# UNDERLYING ISSUES

Most children affected by AIDS continue to live with immediate or extended family whose capacity is often stretched to the limit. Where possible, it is important to support the household while ensuring that such support translates into support for the children within it. Effective child-sensitive social protection can stabilize families during times of turmoil.

Yet in many countries, including many with high HIV prevalence, the government systems that are typically a backbone of social welfare programmes are weak, lacking the resources and capacity to oversee the full range of child support services that fall within their mandate. Strengthening national social protection systems provides opportunities to develop sustainable and cost-effective ways to support households on a much wider scale than through community-based programmes alone.

One obstacle that must be overcome is lack of access to social transfers and essential services among the poorest and most vulnerable households. This lack of access is due to poor delivery mechanisms, high incidental costs associated with seeking and obtaining services, and difficulty identifying and determining the eligibility of potential beneficiaries because they lack documentation.

**Percentage of children under age 18 who have lost one or both parents, in countries with HIV prevalence greater than 1 per cent, 2003–2007**



Source: UNICEF, *Children and AIDS: Third Stocktaking Report*, December 2008.

## ACTIONS

**1. Address family poverty through national social protection.** Evidence shows that such social services as cash transfers raise family income and benefit children in many areas, including nutrition, health and education. Social insurance can also protect children and families from the risks and consequences of livelihood shocks.

**2. Support development of robust social welfare systems.** Effort and investment should be directed towards increasing access to basic services, ensuring appropriate alternative care, and providing social support to protect children from abuse and neglect. To do this, it is particularly important to strengthen weak social welfare systems; one crucial task is enhancing the capacity of human resources within the sector.

**3. Put families at the centre of efforts to support children.** Whenever possible, children should be kept with families, and these families must have access to social services so that they may be able to protect and nurture their children. Where alternative care arrangements exist, social welfare systems must provide effective oversight.

**4. Deliver integrated, family-centred services to meet children's needs.** Services such as cash transfers have the greatest impact when combined with other social services. An extensive

analysis by the Joint Learning Initiative on Children and HIV/AIDS found that a delivery model providing a range of services to the entire family works best for children.

**5. Strengthen communities and their resource systems.** Sustained assistance for children affected by AIDS will depend on locally led responses that receive respect and support from government agencies and other service providers. Communities should determine how resources for children are allocated and used in their local settings.

**6. Support education systems.** Schools can be places for children to learn information and skills that can help them navigate life in an environment where HIV is endemic. What's more, obtaining an education is a protective factor against HIV in and of itself, particularly for girls.

**7. Collect and disaggregate high-quality data to better plan programmes and to assess equity of services and access.** Strong national strategies depend on understanding what is happening among various groups of children and youth, for example, children under age five and young people aged 15–18. Detailed knowledge of programme reach and efficacy is crucial to understanding who is being reached and who is being missed; it is a first and necessary step in ensuring access for all.

## SPOTLIGHT

### ON ACHIEVING RESULTS

In **Ghana**, the Livelihood Empowerment Against Poverty (LEAP) programme uses social transfers tied to such actions as encouraging regular school attendance among children and attending well-baby health check-ups with infants. The programme is intended to serve the extremely poor, including – but not limited to – households with orphans and other vulnerable children. It began in March 2008 after a determination that it would be affordable and have a measurable impact on poverty. The lead agency is the Ghana's Department of Social Welfare.

In **Namibia**, the Church Alliance for Orphans (CAFO), with a membership of 380 local congregations and faith- and community-based organizations, plays a key advocacy role with the country's Ministry of Gender Equality and Child Welfare, which leads a permanent task force on orphans and vulnerable children. CAFO's executive director chairs the task force's subcommittee on care and support, an example of cooperation that has expanded the coverage and capacity of both the government sector and faith- and community-based organizations.

**Zimbabwe** has expanded its definition of vulnerability and empowered a network of civil society organizations to distribute the necessary resources for orphans and vulnerable children at the district and local levels, via a large pool of local partners and implementing organizations. This type of approach has succeeded in dramatically increasing the number of children who receive social assistance.

#### *For more information, see:*

United Nations Children's Fund, *Children and AIDS: Third Stocktaking Report*, UNICEF, New York, December 2008.

Joint Learning Initiative on Children and HIV/AIDS, *Home Truths: Facing the facts on children, AIDS, and poverty*, JLICA, February 2009.

Inter-Agency Task Team (IATT) on Children and HIV and AIDS, Working Group on Social Protection, *Social Protection for Vulnerable Children in the Context of HIV and AIDS*, working paper, July 2008.

#### **United Nations Children's Fund**

Division of Communication  
Development Professionals Section  
3 United Nations Plaza, 6th Floor  
New York, NY 10017 USA  
devpro@unicef.org

[www.unicef.org/devpro/](http://www.unicef.org/devpro/)

© United Nations Children's Fund (UNICEF)  
September 2009