POLICY

SOS

JOINING THE FIGHT AGAINST HIV and AIDS

HIV/AIDS policy

October 16, 2008

This policy expresses the organisation's stand on the topic and sets an action framework for the SOS Children's Villages organisation. It is implemented by co-workers and other relevant stakeholders within the organisation, and has an impact on all aspects of the organisation's work. It has been elaborated in accordance with SOS Children's Villages' roots, vision, mission and values ("Who we are") and the UN Convention on the Rights of the Child (CRC). It has followed a consultative development process with participation and feedback from national associations, and in consideration of the views of children and young people.

SOS-KINDERDORF International

WHAT WE STRIVE FOR:
POLICY STATEMENT

AIDS is a preventable disease

The SOS Children's Villages organisation recognises the devastating effects of the global AIDS pandemic on the lives of children and families and promotes full respect for and protection of children and family members' human rights irrespective of their HIV status. We believe that AIDS is a preventable disease and thus commit ourselves with the participation of children and young people, to create and maintain a supportive environment that reduces the vulnerability of children and their care-givers to HIV infection. We put all our effort into programmes that enable children orphaned and made vulnerable by AIDS to grow up in a caring family, have equal access to education and other essential services, and be protected against stigma and discrimination. We work in partnership with others to strengthen community-based responses and advocate for stronger national and international commitment to meeting the needs and rights of children growing up in communities affected by AIDS. In all our activities we involve children and young people, as they are key to the response to the epidemic.

INTRODUCTION

A. Background and scope

Over 15 million children have lost one or both parents to AIDS

The AIDS pandemic has a devastating effect on the lives of millions of children and young people. They are deprived of a safe childhood, of their adolescence, and of their future as they loose their parents, relatives, teachers, doctors and their own lives due to AIDS.

In 2007, 33 million people worldwide were estimated to be living with HIV. The impact of AIDS is most profoundly reflected in the lives of children, whose very survival and development are at stake. 2.1 million children below the age of 15 are estimated to be living with HIV globally. Currently, children under 15 account for one in six AIDS-related deaths worldwide and one in seven new HIV infections – most of them infected through mother-to-child transmission of the virus. Over 15 million children have lost one or both parents to AIDS. Most of the children orphaned by AIDS live in economically weak countries, the vast majority of them in Sub-Saharan Africa. As the infection spreads, the number of children who are living with HIV-infected parents or who have lost parents to AIDS is beginning to grow in other regions, including Asia, Latin America and the Caribbean, and Eastern Europe. By 2010, the number of children orphaned by AIDS is expected to exceed 25 million globally (UNAIDS/WHO, 2007; UNICEF, 2005).

HIV/AIDS has an impact on individual children, caregivers, households, communities and nations. Children living in communities affected by AIDS tend to experience a wide range of rights violations, including deprivation of parental care, love and guidance; stigmatisation and discrimination; lack of nutritious food and shelter; lack of access to adequate health care and treatment resulting in illness and death; deprivation of their inheritance rights; sexual and economic exploitation; and decisions which do not take children's views and their best interests into account. Also, children, especially girls, are often forced to drop out of school to help care for ill parents or siblings and/or to earn an income to contribute to the diminished

family livelihood – thus depriving them of an education. The SOS Children's Villages organisational HIV/AIDS policy recognises and builds on internal experiences in high-HIV-prevalence countries, mainly in Sub-Saharan Africa but also in some countries in Latin America, in working with our target group; and it will build on these experiences and knowledge for its work in other regions.

B. Target group

Working with and for children without parental care or at risk of losing it

The SOS Children's Villages organisation works with and for children without parental care or at risk of losing it. Children affected by AIDS are at considerable risk of losing parental care and are thus a particularly vulnerable group of children within the target group. Consequently, the organisation's target group includes:

- Children living with HIV
- Children living with parents, relatives or care-givers who are living with HIV
- Orphaned children, including children living in child- and sibling-headed or grandparent-headed households
- Children living in households that foster orphaned children

The AIDS epidemic is tearing away at the social, cultural and economic fabric of families. The family is the first line of protection and provision for children; it is the safeguard against exclusion and exposure to harm. Within Sub-Saharan Africa, the majority of orphans are being cared for by their relatives, but with insufficient support. A disproportional burden falls on elderly, female-headed households, child-headed households and economically weak households, contributing to a negative cycle of child-rights violations. In other regions such as Central and Eastern Europe, there has been a tendency to place children in institutions when their parents die of AIDS or even keep them in hospitals when they are HIV-positive. Evidence shows that orphans living with extended families or in institutions are more likely to face discrimination and exclusion from health, education and other services. (UNAIDS/UNICEF/USAID, 2004)

C. Definitions / terminology

HIV - AIDS

HIV stands for Human Immunodeficiency Virus, which primarily infects vital cells in the human immune system. Without treatment, HIV-infected individuals eventually develop AIDS which stands for Acquired Immune Deficiency Syndrome and is a condition in which the human immune system gradually fails, leading to life-threatening opportunistic infections. Opportunistic infections take advantage of the weakened immune system. Currently there is no cure for AIDS. However Antiretroviral Therapy, psychosocial support, economic and legal support can significantly increase the life expectancy of people infected with HIV.

PRINCIPLES

GUIDING SOS CHILDREN'S VILLAGES' ACTION

1. Effective measures to prevent HIV infection among children, young people and care-givers are integral to all programmes implemented and supported by the organisation.
2. All SOS programmes, from service delivery to advocacy, actively work towards reducing the stigma and discrimination which people face because of their HIV status.
3. Protection and support measures for children and families affected by AIDS are built into SOS programmes to reduce the burden on children's lives and to improve their chances of survival and development.
4. The involvement of children and young people is key to the response to the epidemic. They are empowered to take a leading role as advocates and educators, and they participate in developing, implementing and evaluating programmes that address them. Children's views are heard and given due weight in all decisions that affect their lives.
5. Partnerships with key stakeholders allow for strong and concerted responses to children's and families' needs as well as to strengthen the accountability of those whose responsibility it is to realise children's rights.

IMPLICATIONS

1. Effective measures to prevent HIV infection among children, young people and care-givers are integral to all programmes implemented and supported by the organisation.

Preventing HIV infection

1a. Access to age-appropriate information and education on sexual and reproductive health, including HIV and AIDS, and youth-friendly services are ensured and their use encouraged.

1b. Life skills education is provided to help children and young people to adopt safe sexual behaviours and protect themselves from abuse and exploitation. This includes communication, negotiation, assertiveness and conflict-resolution skills.

1c. Acknowledging girls' and women's increased vulnerability to HIV infection because of physiological reasons as well as because of the particular social, economic and legal disadvantages they suffer, strong emphasis is placed on tailoring preventative measures specific to their needs.

1d. We promote the prevention of mother-to-child transmission through increased access to information, voluntary counselling-and-testing, safe maternal health services, access to antiretroviral therapy, and breastfeeding counselling, mainly through advocacy to improve government health services and, where feasible, through SOS medical and social centres.

1e. Where feasible, confidential voluntary counselling-and-testing services are provided in SOS children's villages' medical centres.

1f. We advocate that government authorities significantly scale up prevention efforts in the area of mother-to-child transmission, voluntary counselling-and-testing, youth-friendly sexual and reproductive health services, life skills and sexual education, and harm reduction, particularly for children and young people who are the most vulnerable to HIV infection.

2. All SOS programmes, from service delivery to advocacy, actively work towards reducing the stigma and discrimination which people face because of their HIV status.

Fighting stigma and discrimination

2a. All efforts are made to protect from stigma and discrimination children and care-givers infected with HIV or affected by AIDS who participate in programmes implemented and supported by the organisation.
2b. Measures are taken to guarantee privacy and confidentiality concerning HIV status.
2c. SOS Children's Villages avoids labelling individual children as 'AIDS orphans' and avoids the use of acronyms such as 'OVC', which stands for 'Orphans and Vulnerable Children', as these terms are eventually used at the community level, and this contributes to inappropriate categorisation and stigmatisation of children and their families.
2d. Testing for HIV is never used as a pre-condition for admission to SOS children's villages and other programmes. The HIV status, if it is already known, is not a decisive admission criterion.
2e. To improve the public's attitudes and behaviour towards people living with HIV, community-based awareness and education campaigns are organised in cooperation with local groups, such as youth clubs, women's clubs, and schools.

3. Protection and support measures for children and families affected by AIDS are built into SOS programmes to reduce the burden on children's lives and improve their chances of survival and development.

Protection and support for children and families affected by AIDS

3a. Within family strengthening programmes we put all our efforts into strengthening the immediate and extended family to prevent family breakdown and the separation of a child from his/her family.
3b. Measures to protecting children affected by AIDS include, in particular, interventions to prolong HIV-positive care-givers' lives and improve families' living standards through economic, psychosocial, medical and legal support. Special attention is given to ensuring a continuum of care for children through succession planning, and to protecting children's inheritance and property rights.
3c. Within children's villages and family strengthening programmes, access to positive-living counselling and special nutritional and medical support is ensured for children and care-givers living with HIV. Programmes are designed particularly to address the obstacles that girls and women face in accessing care and treatment.
3d. Community members are encouraged to organise themselves into HIV/AIDS support groups and broader community-based child-care and child-protection committees. The organisation also supports the self-organisation of girls and boys.
3e. When families do not have the capacity to provide adequate care and protection for their children, alternative family-based care options are sought. Depending on the child's best interests and locally available care structures, options may include support to foster-families and adoptive families or admission to an SOS children's village.
3f. To ensure early access to care and treatment and for prevention, voluntary counselling-and-testing is encouraged for children and care-givers particularly in high-HIV-prevalence countries. Informed consent of children and/or care-givers privacy and confidentiality are preconditions. In SOS children's villages, sharing information on a child's HIV status is guided by the principle of best interests.

3g. The organisation guarantees specific training provisions for care-givers of children living with HIV in family-based alternative care, and family strengthening programmes. In high-prevalence countries AIDS-specific child-care skills and knowledge form part of the care-givers regular training curricular.

3h. The decision to provide antiretroviral therapy in SOS medical centres is based on needs and resources available as well as national legislation regulating access to antiretroviral therapy.

3i. Together with our partners, we advocate that state governments provide increased access to voluntary counselling-and-testing and the treatment of opportunistic infections, universal access to antiretroviral therapy, and access to basic health, education and social protection services.

4. The involvement of children and young people is key to the response to the epidemic. They are empowered to take a leading role as advocates and educators, and participate in developing, implementing and evaluating programmes that address them. Children's views are heard and given due weight in all decisions that affect their lives.

Involving children and young people

4a. Within our programmes, we provide a forum where children can speak openly about the impact of HIV and AIDS on their lives and the support they need to effectively protect them and cope with being infected or affected by HIV and AIDS. Children are consulted and directly involved in the design, implementation and evaluation of prevention and protection programmes in response to HIV and AIDS.

4b. The participation of children as peer educators is actively promoted within all programmes.

4c. Children infected or affected by HIV and AIDS are heard in all decisions affecting their lives, including decisions about their care, treatment and protection. This is ensured particularly through the individual child development planning process in family-based care programmes as well as the family development planning process in family strengthening programmes.

4d. Children are empowered to participate in the decision-making process of alternative care options, account being taken of their age. They are provided with all the relevant information concerning the current situation and future options, and their opinion is sought, respected and carefully considered.

5. Partnerships with key stakeholders allow for strong and concerted responses to children's and families' needs as well as to strengthen the accountability of those whose responsibility it is to realise children's rights.

Developing networks and partnerships

5a. We put all effort into building the capacity of community-based organisations and local governments to respond more adequately to the needs and rights of children and families affected by AIDS.

5b. We support the development of cross-sectoral networks of governmental, non-governmental and community-based organisations.

5c. At local, national and international levels, the organisation serves on HIV/AIDS committees and working groups to advocate for and monitor the effective implementation of government policies and practices on prevention, treatment and care. The eradication of poverty and inequalities as the root causes of the pandemic are addressed.

References

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