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Plan Enhanced Protection for Children Affected by HIV & AIDS – Lessons and best practices from the field

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Introduction

- Plan's vision is a world in which all children achieve their full potential in societies that respect people's rights and dignity
- It is based on promoting the rights of children and ensuring that their rights are not only respected and protected, but more importantly are fulfilled
- Its implementation rests on 4 building blocks, namely:
 - Facilitating participation
 - Child-centred programming
 - Supporting groups and organisations
 - Partnerships, networking and relationship building



A Global Perspective

- Plan's response to HIV dates back in 1993 when the first policy for children affected by HIV was adopted
 - defined the essential parameters for mainstreaming HIV within a child-centred and sponsorship-based development work
- Promising developments have been seen in the global efforts to address the AIDS epidemic
 - Increased access to effective treatment and prevention programs
 - Increased funding- PEPFAR, Global Fund, several Foundations and a host of government support



Operating Environment- HIV Situation

- Number of people living with HIV continues to grow- more than 68% of all HIV positive people (33.2 million) live in sub-Saharan Africa
- Number of deaths due to AIDS related complications also on increase- Three quarters (76%) of all AIDS deaths in 2007 (estimated at 2.1 million) occurred in the same region
- In sub-Saharan Africa, HIV and AIDS epidemic is still one of the biggest challenges to attaining national poverty reduction targets and the MDGs
- HIV has led to escalated numbers of OVC- by December 2007, there were an estimated 11.4 million orphans due to AIDS in sub-Saharan Africa
- Out of an estimated 2.5 million new infections occurring in 2007, an estimated 1.7 million were from sub-Saharan Africa (UNAIDS)



Lessons & Best Practices from the Field

1. Alternative Care-

- Kenya
- Thailand
- Burkina Faso
- Haiti

2. Legal Rights-

- Uganda



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Kenya-mobilizing community resources for social protection

- Plan pilot-tested Foster Care Model in western part of Kenya (St. Camillus, Migori District, Nyanza Province)
- In Migori District, 14% of population are OVC (CBS, 2005)
- The foster family care and protection for OVC model brings together community and government in the placing of vulnerable children in appropriate local foster families
- Involves identification of willing foster families, undertaking assessment, capacity building, placing children and continuous follow-up and support



Thailand- Strengthen a Community-Based Approach to caring for HIV-Positive Children

- Worked with Grandparents and relatives in Chiang Rai who were taking care of HIV+ children- faced barriers that hindered children from accessing treatment, care and support
- Project began in 2003 and was implemented in partnership with four other organizations and involved caretakers, community leaders, district government officers, health care providers and community committee members - targeted 1,000 children
- The project's aim was to enable the community to address the challenges of caring for HIV-positive children by enhancing access to treatment for the children and enabling caregivers to provide support more effectively
- Caregivers were provided with training and start-up materials for income generation, food security and home-based care



Burkina Faso- use of Traditional Structures for Social protection

- Project implemented in Poni Province in Burkina Faso with the highest rate of orphans in the country.
- As a traditional coping system, women were required to care for orphans. With increased orphans, children were often badly cared for, suffer from poor health and malnutrition, and have low school attendance rates
- Through collaboration between the Government and Plan, 800 women were organized into a network of traditional caregivers and benefited from a comprehensive childcare training, ongoing support, and capacity building on income generation
- Now an administrative structure supports this customary system of care and support. The government's validation of the traditional caregivers has reduced stigma and discrimination of orphans and their foster families



Haiti- Home-Based Care for families living with HIV

- Plan works with a local Organization, the Maison l'Arc-en-ciel (MAEC)
- In 1998 MAEC began an outreach program for children and families affected by AIDS in some of the poorest and most unstable neighborhoods of Port-au-Prince
- It provided home visits by a Social worker and an auxiliary nurse, monthly clinic visits for children for primary medical care, material assistance such as dry food rations and the payment of school fees, and organized activities for the children.
- They use Delegate Mothers to provide home-care for initial 6 months then are re-elected -are trained in primary care and other home-care tasks, and develop a schedule of visits. They receive a transport stipend of US\$2 per visit



Haiti- Home-based care for families living with HIV

- The Delegate Mothers visit each family in their neighborhoods twice a month. They help with household chores and child care, check on the health status and well-being of the children, and ensure that they take their medications regularly
- They provide health care, social support, psychological support, and act as advocates for families living with HIV like themselves



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Uganda- Protecting the Legal rights of women & children

- In 2001, a study in Tororo and Luwero Districts of Uganda, conducted by Horizons in partnership with Plan found that more than one in five orphans and widows had lost all or part of their inheritance because of theft by relatives.
- Plan entered into a partnership with the Association of Uganda Women Lawyers (FIDA) to provide legal aid to people living with HIV
- The program raised awareness about the inheritance rights of women and children, trained community volunteers as advisers and mediators on issues of succession planning and inheritance rights, developed referral structures for accessing legal services provided by FIDA and following up cases of violation of inheritance rights and strengthening the capacity of local government institutions to deal with cases



Best Practices/Lessons learnt- Alternative care

- The alternative care model ensures double orphans are not separated from each other, strengthens community values and ensures that OVC receive appropriate essential support in a stable family set-up
- Traditional practices and structures can be strategically utilized to address social protection issues
- The mental and physical capacity of caregivers to care for HIV-positive children is a vital element in the provision of quality care and support
- The volunteer work by the Delegates Mothers greatly increased their self-esteem, and given them renewed hope in their own lives and also a source of renewed hope among families living with HIV in their communities
- Creation of partnerships/strategic alliances is key to intervention



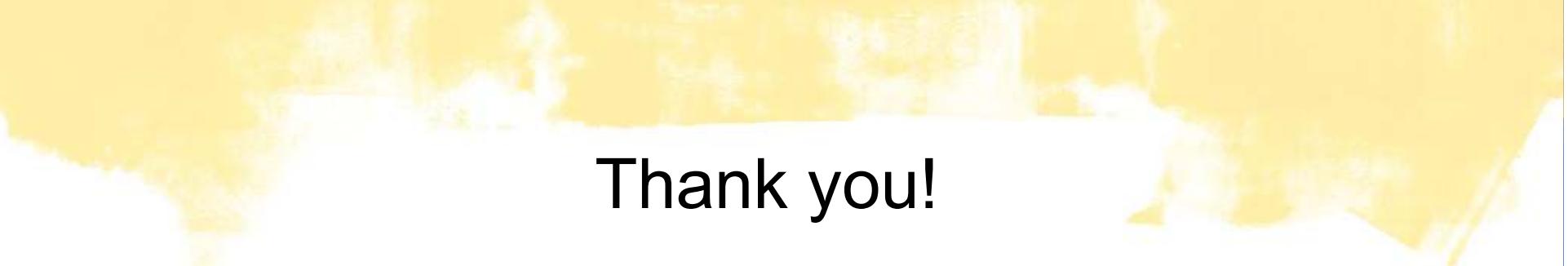
Best Practices/Lessons learnt- Legal protection

- Societal norms and gender discrimination affected men's participation in the program and their acceptance of women's rights to inheritance.
- After 3 years of the program, there was a significant reduction of legal rights abuses. Women were more aware of their rights, and more confident about seeking redress when family members tried to deprive them of their inheritance.
- More people started to report cases of property grabbing to local courts. There was an increase in inheritance disputes being settled through alternative dispute resolution- only a few were taken up by FIDA



Conclusion/Observations

- Whose reality counts- The affected children should be allowed to participate in the selection of their new home/family and other decisions on program implementation.
- An empirical study is required to measure the cost effectiveness of the alternative models of social protection in relation to others and scale them up if proved to be cost effective. The Haiti case has, however, proved to be cost effective (US\$50/family/year)
- There is need to encourage relatives to participate in supporting children, instead of leaving the children to the foster parents alone



Thank you!



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