

Prioritising Children

Karnataka State Level
Consultation on the
11th Five Year Plan

Bangalore
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Lack of Policy and Programme Preparedness to deal with the issue of HIV/AIDS and children

- No mention in the 10th plan or the State PIP for NACP II
- No systematic and large scale attempt so far to estimate the number of children, vulnerable or affected and their needs.

Subsequent documents touch upon it: The Health Task Force Report (2001), the Karnataka Health Policy Document (2002), the Mid Term Appraisal of the 10th plan; NACP III draft PIP for Karnataka and the National Consultation on Children affected or vulnerable to HIV/AIDS (2005) but there are gaps

need for structured + mechanisms

Current Situation and Gaps

Vulnerability Issues

Mother to Child Transmission : PPTCT good beginning, but only 51.1% institutional deliveries. Private health care, no guaranteed PPTC services

Children born with HIV: no data, but 1.25% ante- natal sero prevalence. 49% or more do not access PPTC services; 30% of children born to these could be HIV positive

No coverage for them

Current Situation and Gaps

Vulnerability Issues

School AIDS Programmes : 1.3 million children reached so far; No access to information for out of school children; (3.8 million children) drop out rate among girls 46%; literacy rates among girls 57.45%.

Child protection programmes : Lack of access to information for children in risk situations; larger child protection measures (missing children, trafficking, child abuse, exploitation) including to meet the needs of those orphaned/ destitute due to AIDS, lacking.

Current Situation and Gaps

Children Living with HIV

Poor access to care facilities: No training of doctors health care providers on paediatric HIV; sensitising on issues of stigma and discrimination

No access to Paediatric Formulations of ARV; *not available*

No access to special nutrition Only 9.4% children reported to have normal nutritional status in Karnataka. Anaemia 70%

Cipla child formula developed for infants for international market not available in India

Current Situation and Gaps

- Reduced resources for health care for mother and child as increasing number of HIV positive widows. Household income is reported to fall by 9.24% with one HIV positive member (NCAER study) *- recent*
- For mothers, no helpline or support services; currently no access to creches;
- For children, parenting and nurture; basic needs- food shelter, educational access social inclusion issues
- Care of children from vulnerable communities (children of sex workers; trafficked children)

stigma + discrim cuts off natural support

CHC led - child Health 11th Plan Karnataka resource file

Children affected by HIV

- No large scale study capturing the needs of children; with serial life events, illness in parents; loss of one or both parents; sometimes siblings as well; stigma and discrimination; often shift of school and residence; reduction in income and drop in spending on basics
- No provisions for care during the hospitalisation of parents and after their death

Small Samatsha study on CWHs

most proposals for inst. care not com based

Tenth Five Year Plan (2002-07) - Goals for children

- All children in school by 2003; all children to complete five years of schooling by 2007
- Reduction in Infant Mortality Rate (IMR) to 45 per 1000 live births by 2007 and 28 by 2012

Doubtful unless the HIV related issues are tackled

Recommendations

Key Approach

All measures to protect vulnerable children from HIV infection and to mitigate the impact of HIV on those living with and affected by HIV so that they can progress on their path of normal development through the development and support of child / family-centred, community based approaches

Recommendations

Child protection to take priority

- To ensure access to information and life skills training to all children but especially those in difficult circumstances and out of normal channels for information flow; like school drop outs, working children, children of sex workers, street children and children orphaned by HIV through sustained multi-sectoral programmes

Recommendations

Child protection to take priority

- To consider establishment & promotion of child protection help lines with crisis support teams that extend their help beyond trafficking to address different crisis situations
- To consider PPTC service access through private and NGO care providers to ensure 100% coverage

only in future

primary govt response kbty

Recommendations

Reducing the Impact on children living with, and affected by HIV

- Immediate procurement and provision of Paediatric ARTs at least at all taluka hospitals, along with training of health care providers on prescription, management and adherence guidelines
- Inclusion of children living with HIV into schemes for children with special needs for nutritional support

Recommendations

Reducing the Impact on children living with, and affected by HIV

- All existing child development programmes and institutional facilities **made accessible** to children vulnerable to, living with or affected by HIV through sensitisation and special training of care providers in those programmes.
- Special **family support programmes** for HIV positive BPL families

Recommendations

Reducing the Impact on children living with, and affected by HIV

- **Foster Care Programme** to be extended to rural areas ; to include extended family / community carers. The programme to be linked with community monitoring by women's SHGs
- Development of programmes that support **community counsellors** to provide local support through crisis situations for children in rural areas.